

Rapidly growing extramedullary hematopoiesis in lymph nodes: unusual findings of long-standing idiopathic myelofibrosis

A 64-year old woman was referred for investigation of superficial inguinal, axillary, laterocervical and supraclavicular lymphadenopathy and continuous lumbar pain. Six years before she had been diagnosed and treated for idiopathic myelofibrosis and after three years splenectomy had been necessary. At this referral her liver function tests were normal, hepatitis and tumor markers were negative, and inflammation indicators were mildly elevated. We performed computed tomography (CT) of the neck, chest, abdomen and pelvis (Figures 1A,B,C,D), and took a fine-needle biopsy of a large left para-aortic lymph node. Cytology confirmed by iliac crest marrow biopsy was extramedullary hematopoiesis. A good response was obtained to conventional dose fractionation radiation therapy to abdominal lymph nodes (total 23.4 Gy) and has been maintained at 12 months' follow-up.

CT patterns showing enlarged and partly confluent lymph nodes in various anatomical districts correctly indicated a systemic disorder.<sup>1,2</sup> The absence of nodular parenchymal masses in the liver and other organs that are frequent sites for extramedullary hematopoiesis and the absence of the typical fatty component in

the extramedullary hematopoiesis masses are the features of this unusual presentation.<sup>3</sup>

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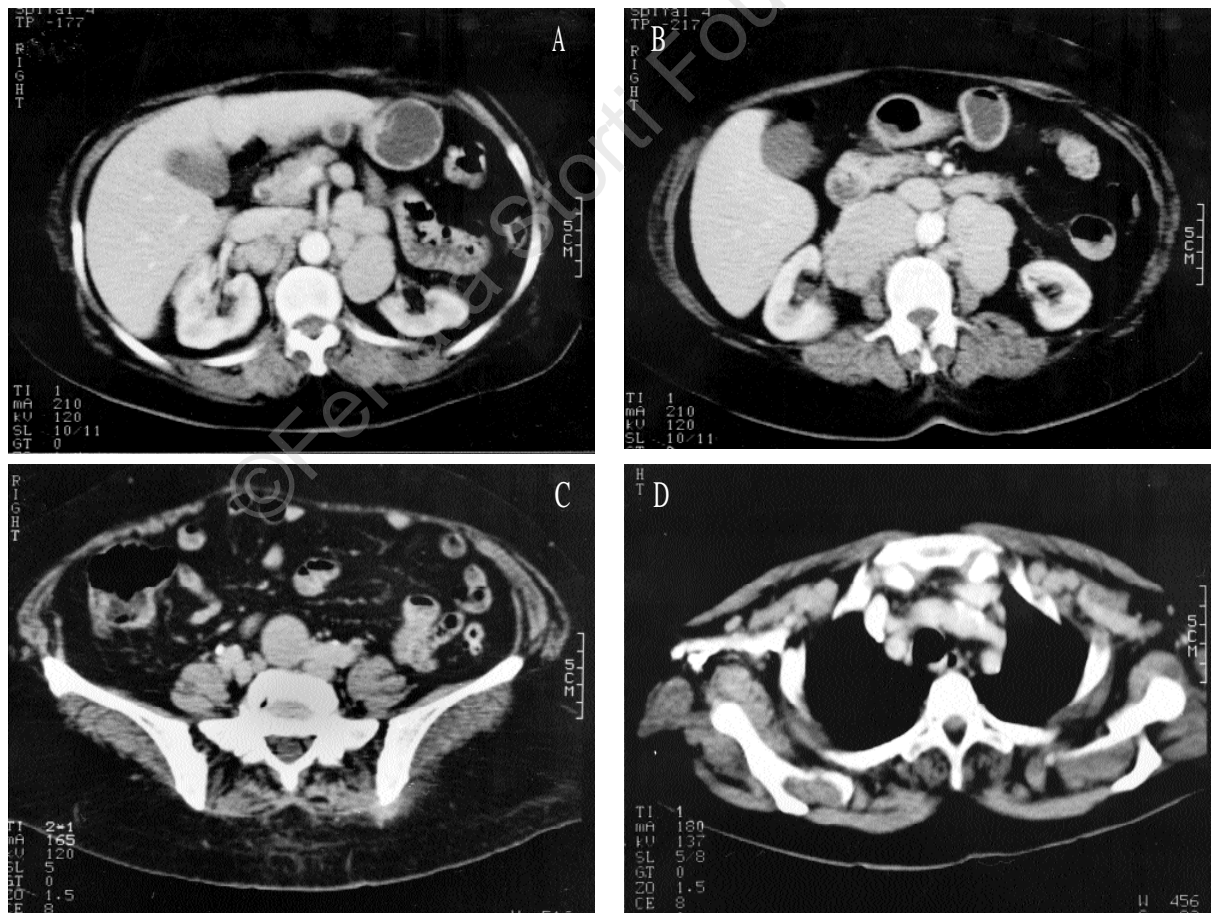


Figure 1. A, Abdominal CT after i.v. contrast agent administration shows multiple retroperitoneal lymph nodes in the periaortic site, around the renal vascular peduncle and the celiac tripod, B, in the retroperitoneum, C, in the presacral region; D, many small nodes are also demonstrated bilaterally in the anterior chest wall, above the superficial pectoral muscle.