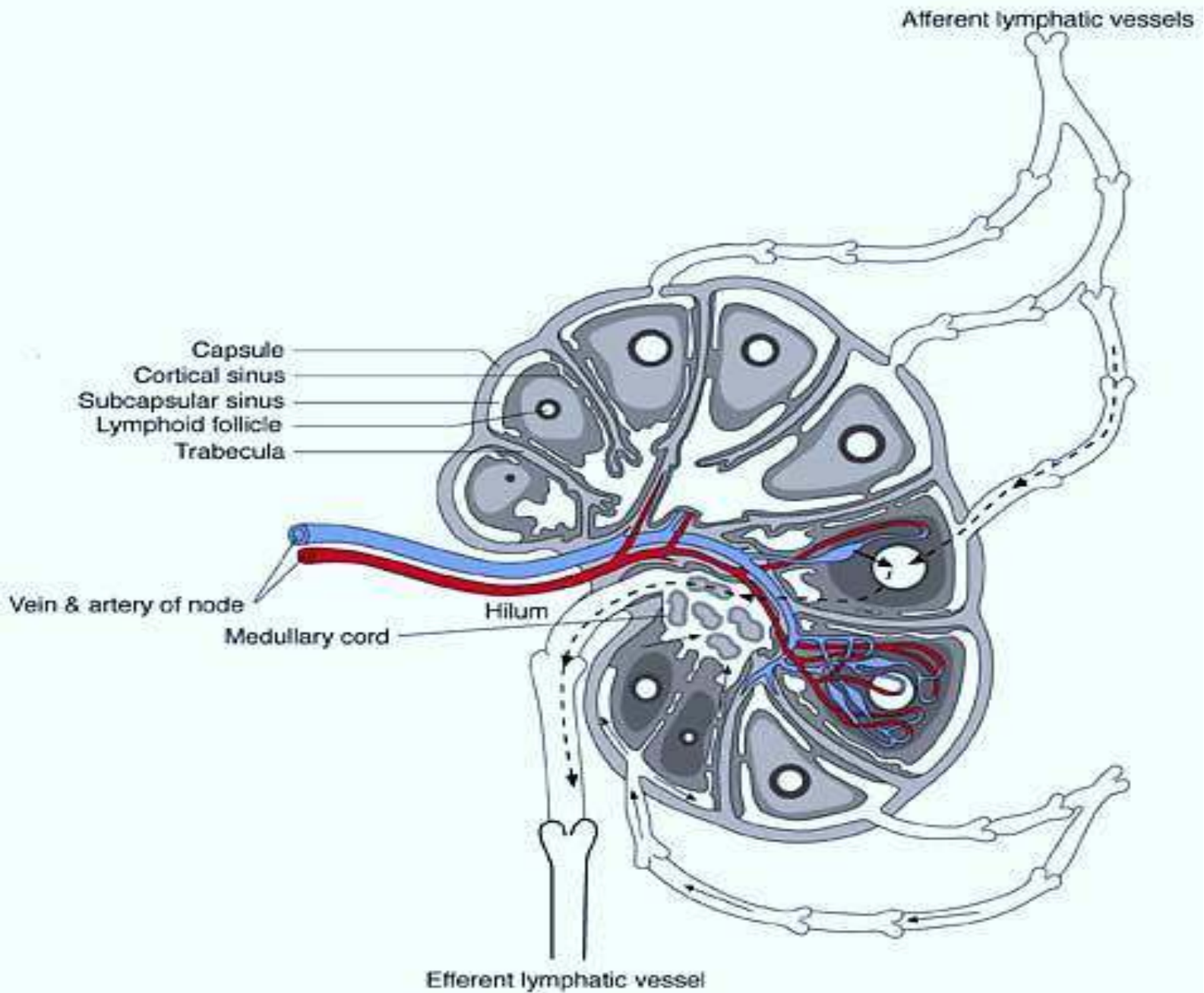


Enfeksiyon Hastalıklarında Ayırıcı Tanı- Ateş&Lenfadenopatili hastaya yaklaşım



Dr.Fehmi Tabak

2 Ocak 2018

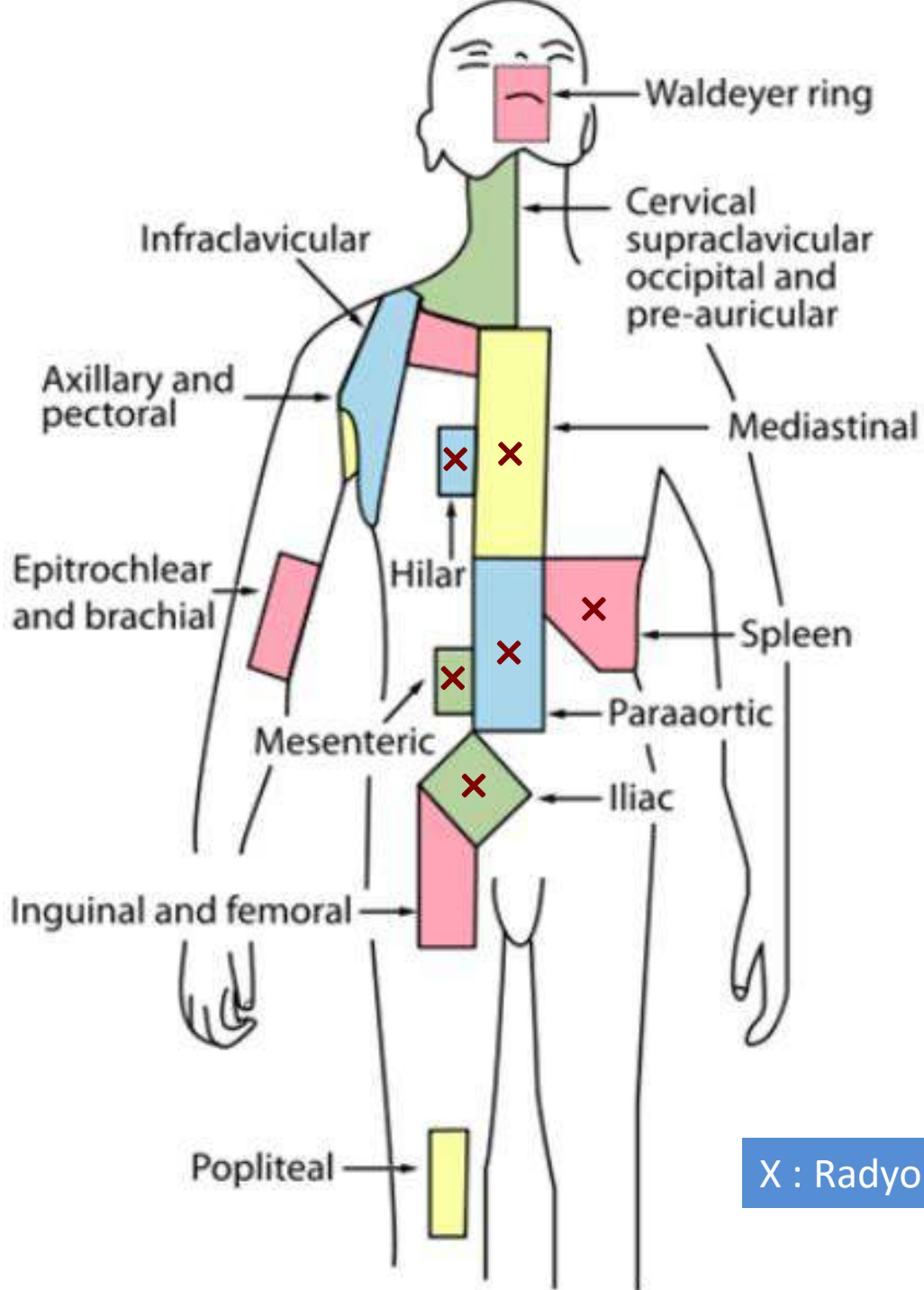


Tanım

- Vücutta yaklaşık 600 lenf düğümü bulunur
- Submandibular veya inguinal Lenf bezleri sağlıklı kişilerde de palpe edilebilir.
- **Yaygın (Generalize)** : Birbirine komşu olmayan 2 veya daha fazla alanda LAP
- **Lokalize**: Sadece bir alanda LAP
- Yaygın LAP'ler sistemik bir hastalığı akla getirmelidir.

Lenf düğümü niçin büyür?

- Antijenlere yanıt olarak selim lenfosit ve makrofajların sayıca artışı
- Enfeksiyonlarda inflamatuvar hücrelerin infiltrasyonu (Lenfadenit)
- Malin lenfosit veya makrofajların proliferasyonu
- Metastatik malin hücrelerin infiltrasyonu
- Metabolit yüklü makrofajların infiltrasyonu (lipid depo hastalıkları)



X : Radyolojik görüntüleme

Normal olarak değerlendirilebilir!

- Küçük, sert, 1-kaç mm lik LAP'ler
- Bilateral ön servikal : <2 cm
- İnguinal:<1.5 cm
- Oksipital

Anormal olarak değerlendirir!

- Yenidoğanda LAP daima anormal
- LN>10 mm
- Epitrokleer : 5 mm dahi anormal
- İnguinal>15 mm
- Posterior aurikular
- Supraklavikular ve aksillar LAP ler (<0.5 cm olsa bile) araştır
 - Sol Supraklavikular: İntraabdominal malignite
 - Sağ Supraklavikular: Torasik malignite

Selim ve Malin LAP ayrımı

Özellik	Malin	Selim
Büyükük	> 2 cm	< 2 cm (< 1 cm)
Kıvam	Sert, lastik gibi	Yumuşak
Süre	> 2 hafta	< 2 hafta
Mobilite	Sabit	Hareketli
Cevresi	Yapışık(Invaze)	Yapışık değil
Konum	Supraklavikular, Epitroklear veya Generalize	Inguinal, Submandibular
Hassasiyet	Genellikle hassas değil	Hassas

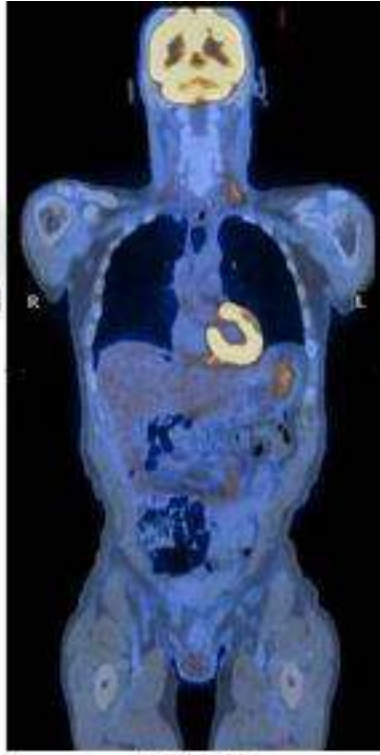
PET-BT



CT Transmission
Scan



Attenuation
Corrected
PET Emission Scan



PET-CT
Fusion Scan



Non-Attenuation
Corrected (NAC)
Emission Scan

Kafa kaidesinden pubik kemik kaudaline kadar önce BT ile daha sonra PET ile tarama yapılmakta

BT çekimi sırasında IV kontrast madde, PET çekimi öncesinde de Fluorodeoxyglucose (FDG) verilmektedir

Malign kitle veya LAP'lar hipermetabolik özellik gösterirler

Maximum standardized uptake value (SUVmax) değeri ≥ 4 olan hastalarda malignite düşünülmelidir

Elde edilen görüntüler BT, PET ve her ikisinin füzyonu şeklinde olmaktadır

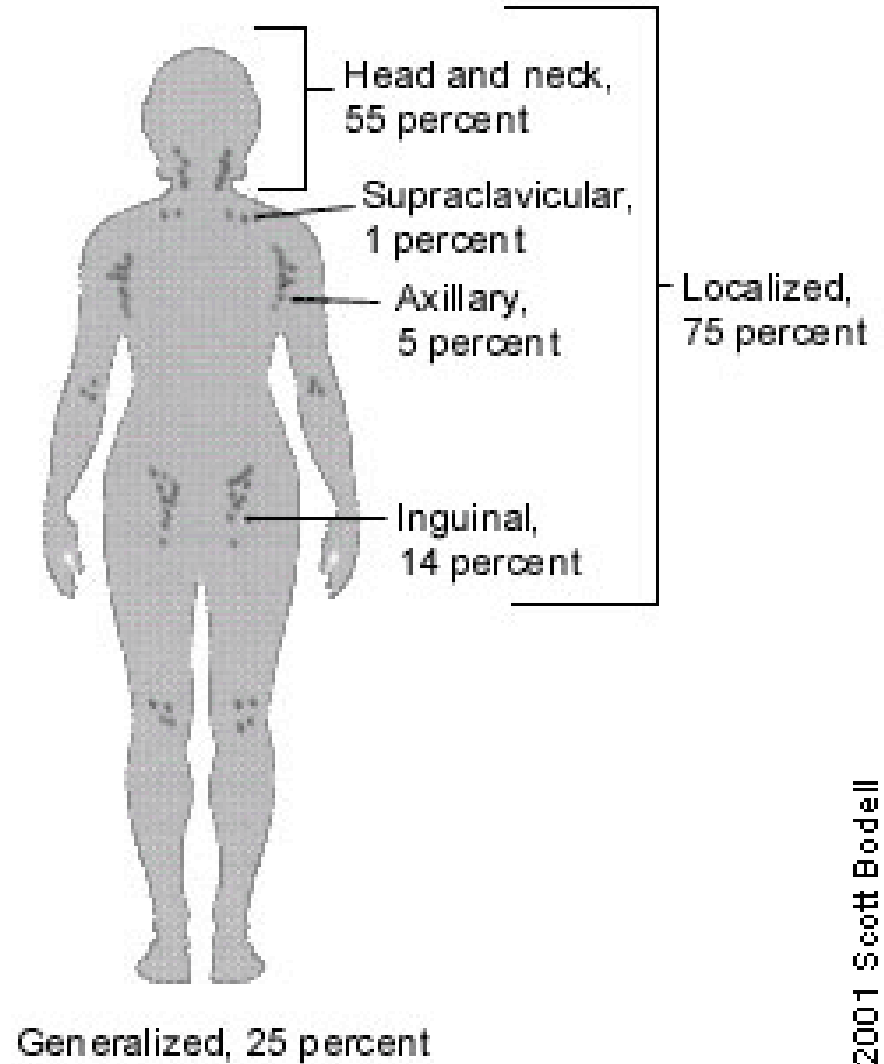
Biyopsi



Biyopsi endikasyonları

- Malignite kuşkusunu
- Enfeksiyon düşünülmemeyen olgularda LAP > 2.5 cm
- Yaş > 40
- Persiste ve büyüyor
- Sert ve hassas değil
- Uygun antibiyotikle haftada 2 küçülmüyor
- Supraklavikular (>40 yaş : %90, <40 yaş: %25 Malin)
- İİAB: Tiroid nodülleri veya primeri bilinen hastada relapsı değerlendirmek için
- Açıklanamayan ateş, kilo kaybı, gece terlemesi
- Sert ve çevre dokuya yapışık LAP

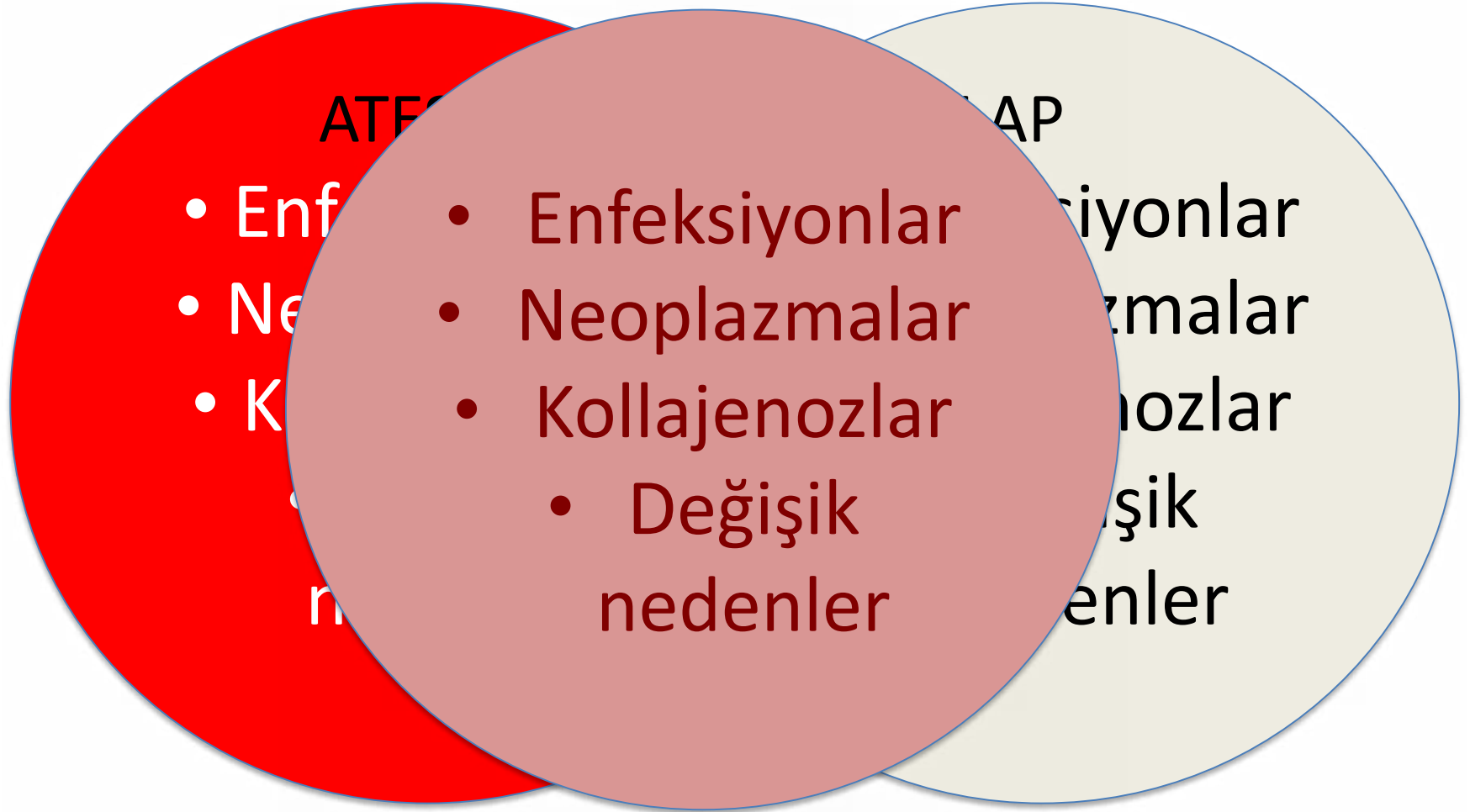
Açıklanamayan
LAP'lerin $\frac{3}{4}$ ü lokalize,
 $\frac{1}{4}$ ü yaygın



- Etyoloji
- Tanı
- Sık görülenler



Ateş&LAP



Lymph Node Smears in the Diagnosis of Lymphadenopathy: A Review

P. F. LUCAS Blood 1955 10:1030-1054;

TABLE 1.—*Final Diagnoses in 85 Consecutive Cases of Lymphadenopathy. Figures in parentheses give the numbers in which a diagnosis was made by aspiration*

Inflammation	18 (8)
Non-specific	3 (1)
Syphilis	3 (2)
Glandular fever	2 (1)
Herpes Zoster	1 (1)
Erythrodermia	3 (2)
Tuberculosis	6 (1)
Reticulosis	43 (23)
Hodgkin's disease	17 (5)
Lymphoid follicular reticulosis	1 (—)
Reticulum cell medullary ret's	1 (1)
Sarcoid	1 (—)
Uncertain	1 (1)
Lymphatic leukosis	
acute	1 (1)
chronic	19 (13)
Monocytic leukosis	1 (1)
? Myeloid leukosis	1 (1)
Neoplasm	24 (21)
Sarcoma	13 (10)
Secondary carcinoma	8 (8)
Secondary melanoma	2 (2)
Salivary tumor	1 (1)
	85 (52)



Diagnostic biopsy of lymph nodes of the neck, axilla and groin: rhyme, reason or chance?

JAMES W MOOR¹, PATRICK MURRAY¹, JANE INWOOD¹, DAVID GOULDESBROUGH², CHRIS BEM¹

Departments of ¹Otorhinolaryngology Head and Neck Surgery and ²Histopathology, Bradford Royal Infirmary, Bradford, UK

Table 1 Histology of lymph node biopsies in Bradford 1998–2000

	Adult cervical	Adult axillary	Adult Inguinal	Children all sites	All cases
Lymphoma	30 (16%)	12 (25%)	20 (27%)	2 (6%)	64 (19%)
Metastatic lymphadenopathy	35 (19%)	7 (15%)	11 (15%)	–	53 (15%)
Tuberculous lymphadenitis	45 (24%)	4 (8%)	1 (1%)	2 (6%)	52 (15%)
Specific non-tuberculous lymphadenitis ^a	14 (8%)	1 (2%)	1 (1%)	4 (12%)	20 (6%)
Non-specific lymphadenopathy ^b	61 (33%)	24 (50%)	42 (56%)	26 (76%)	153 (45%)
Total	185 (100%)	48 (100%)	75 (100%)	34 (100%)	342 (100%)

^aAdult nodes, cervical – Kikuchi's disease 5, sarcoidosis 4, toxoplasmosis 2, SILE lymphadenopathy 1, foreign body reaction 1, abscess 1; axillary nodes – sarcoidosis 1; inguinal nodes – infectious mononucleosis 1. Children's nodes – cat scratch disease 2; granulomatous inflammation (non-diagnostic) 1, toxoplasmosis 1.

^bNon-specific lymphadenopathy defined as non-specific follicular hyperplasia indicative of reactive hyperplasia or dermatopathic lymphadenopathy with no distinguishing histological features.

Original Article

Evaluation of peripheral lymphadenopathy with excisional biopsy: six-year experience

Esra Akyüz Özkan¹, Ceren Canbey Göret², Zeynep Tuba Özdemir³, Serdar Yanık⁴, Nuri Emrah Göret⁵, Meryem Doğan⁶, Fatma Gökşin Cihan⁷, Ayşe Neslin Akkoca⁸

Table 1. Excisional biopsy results of patients with lymphadenopathy

Pathological diagnosis	N (%)
Reactive lymphadenopathy	40 (21.5%)
Necrotizing granulomatosis	14 (7.5%)
Non-necrotizing granulomatosis	2 (1%)
Other granulomatous diseases	5 (2.7%)
Cat-scratch disease	4
Toxoplasmosis	1
Malignancy	123 (66.5%)
Hodgkin lymphoma	38
Non-Hodgkin lymphoma	77
Metastasis	8
Kikuchi-Fujimoto disease	1 (0.8%)

Table I. Causes of Lymphadenopathy

Infections

Localized infections: cellulitis, cat-scratch disease, abscess, pharyngitis

Zoonotic infections: *Yersinia pestis* (plague), *Francisella tularensis* (tularemia)

Mycobacterial: tuberculosis

Fungal: histoplasmosis, cryptococcosis, sporotrichosis

Viral: infectious mononucleosis, cytomegalovirus, HIV

Parasitic: toxoplasmosis

Malignancies

Hematologic: lymphoma, leukemia

Solid tumors

Cervical adenopathy: head and neck cancers

Supraclavicular adenopathy: thoracic and abdominal malignancies

Axillary adenopathy: breast cancer, melanoma

Inguinal adenopathy: squamous cell cancer, melanoma

Immunologic disorders

Connective tissue disorders

Serum sickness (drug reactions, hepatitis B, immunizations, exposure to animal serum)

Sarcoidosis

Miscellaneous

Castleman's disease (lymph node hyperplasia)

İLAÇLAR ve LAP

Allopurinol

Atenolol

Kaptopril

Karbamazepin

Sefalosporinler

Hidralazin

Penisilin

Fenitoin

Primidon

Primethamin

Kinidin

Sulfonamidler

Sulindak

Pangalis GA, Vassilakopoulos TP, Boussiotis VA, Fessas P.

Clinical approach to lymphadenopathy. Semin Oncol 1993; 20:570-82

LAP ile birlikte olan yakınmalar, FM bulguları ve tanı

Mononükleoz sendromları

Halsizlik, ateş, atipik lenfositler

EBV

%50 Splenomegali

Monospot, IgM EA ve VCA

Toxoplasmoz

%80-90 asemptomatik

Toxo-IgM

CMV

Hafif yakınmalar, hepatit

CMV IgM

Akut HIV

"Flu-like" sendrom, döküntü

Anti-HIV

Kedi tırmalaması h

Ateş (1/3), servikal ve aksiller LAP

Klinik olarak veya biyopsi

AGBHS

Ateş, eksüdalı farenjit, LAP

Boğaz kültürü

TB lenfadenit

Ağrısız servikal LAP

PPD, biopsi

Sekonder sifiliz

Döküntü

RPR

SLE	Artrit, döküntü, serozit, renal, nörolojik ve hematolojik tutulum	Kriterler, ANA, C3
RA	Artrit	Kriterler, RF
Lenfoma	Ateş, kilo kaybı, gece terlemeleri (%20-30)	Biyopsi
Lösemi	Kan bozukluğu, morarma	Yayma, Kİ
Sarkoidoz	Hilar LAP, deri tutulumu, dispne	Biyopsi

Selim Torasik Lenfadenopatiler

Main features of benign lymphadenopathy.

High density	Asymmetrical	Bilateral	Calcification
Sarcoidosis		X	X
Silicosis		X	X
Amyloidosis		X	X
Berylliosis		X	X
Tuberculosis	X		X
Castleman's disease	X		
Normal Density			
Heart failure			
Pulmonary fibrosis			
COPD			
Drug-induced lymphadenopathy	X		
Pulmonary embolism			
Viral infection		X	
Low Density			
Tuberculosis	X		X
Fungal infection	X		X

Bilateral hilar LAP

- Sarkoidoz
- Tüberküloz
- Lenfoma
- Mycoplasma
- Mediastinal tümörler
- Silikoz
- Berilyoz



Intra-Torasik Lenf Bezi Doku Tanısı

- BT eşliğinde İİA veya Biyopsisi
- Mediastinoskopi
- Torakoskopi
- Endobronşiyal Ultrasonografi (EBUS)
Rehberliğinde Transbronşiyal İğne Aspirasyonu
(TBNA)

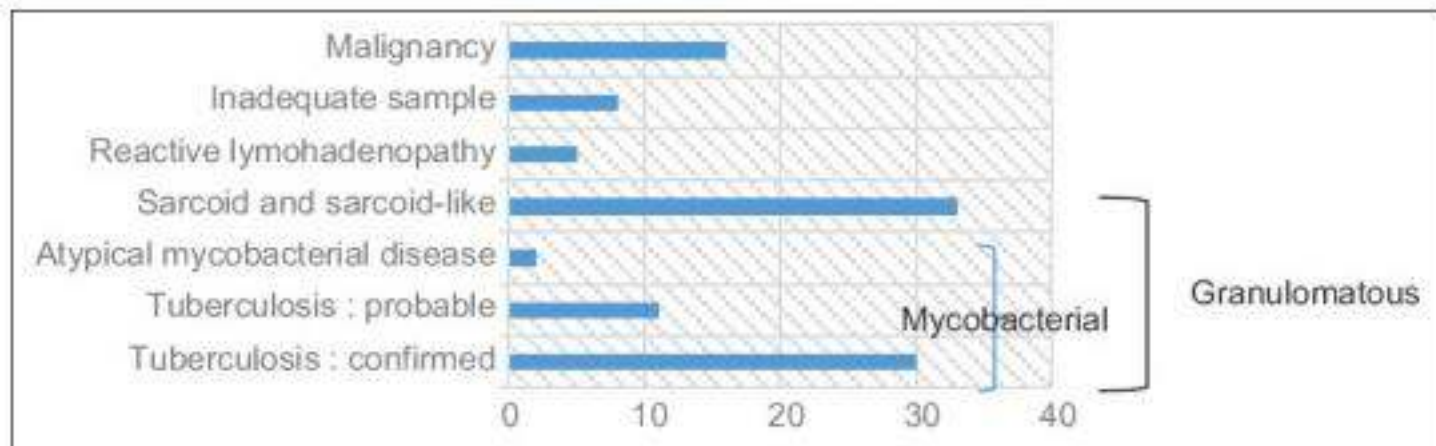
Lung India : Official Organ of Indian Chest Society

Wolters Kluwer -- Medknow Publications

Lung India. 2017 May-Jun; 34(3): 241–246.

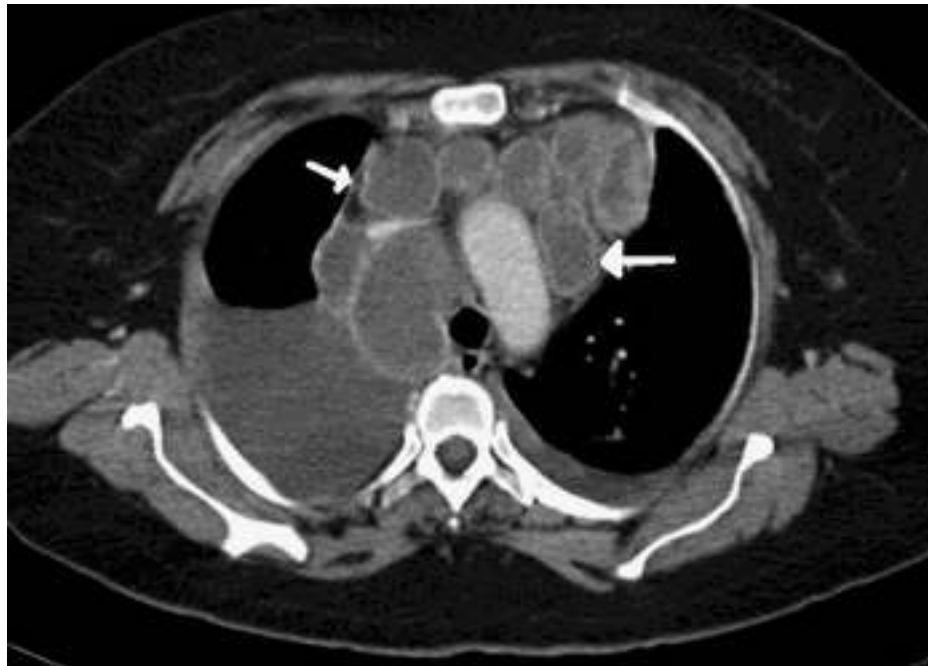
Endobronchial ultrasound-guided transbronchial needle aspiration in diagnosing mediastinal lymphadenopathy

Tanushree Gahlot, Ujjwal Parakh, [...], and Neeraj Jain



TB / Lenfoma?

- Periferal kontrastlanma TB lenfadenitin, homojenite lenfomanın özelliğidir.



Tuberculosis Versus Lymphomas in the Abdominal Lymph Nodes: Evaluation with Contrast-Enhanced CT

TABLE 2 Enhancement Patterns of Lymphadenopathy in 69 Patients with Tuberculosis and Untreated Lymphomas

Enhancement Pattern	Tuberculosis		Lymphomas		<i>p</i>			
	DTB (<i>n</i> = 5)	NDTB (<i>n</i> = 21)	HD (<i>n</i> = 16)	NHL (<i>n</i> = 27)	DTB vs HD	DTB vs NHL	NDTB vs HD	NDTB vs NHL
Homogeneous	0 (0)	1 (5)	14 (87.5)	19 (70)	<.01	<.01	<.01	<.01
Peripheral	4 (80)	19 (90)	0 (0)	1 (4)	<.01	<.01	<.01	<.01
Homogeneous mixed with peripheral	1 (20)	1 (5)	2 (12.5)	7 (26)	NS	NS	NS	NS
Multilocular (a subtype of peripheral)	4 (80)	13 (62)	1 (6)	3 (11)	<.01	<.01	<.01	<.01

Note.—Numbers in parentheses are percentages. DTB = disseminated tuberculosis, NDTB = nondisseminated tuberculosis, HD = Hodgkin's disease, NHL = non-Hodgkin's lymphoma, NS = not significant.



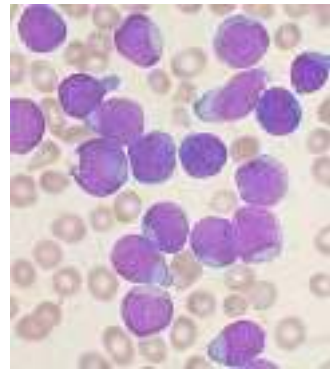
Table 2. Sexually Transmitted Diseases That Cause Inguinal Lymphadenopathy

Disorder or Disease	Characteristics of Genital Lesion	Organism
Primary syphilis (chancre)	<i>Painless ulcer with indurated border</i>	<i>Treponema pallidum</i>
Genital herpes	<i>Cluster of shallow, small, painful vesicles/ulcers on a red base</i>	<i>Herpes simplex virus</i>
Chancroid	<i>Painful ulcer with sharp, undermined borders</i>	<i>Haemophilus ducreyi</i>
Lymphogranuloma venereum	<i>Painless papule, shallow erosion, or ulcer; may be multiple or single</i>	<i>Chlamydia trachomatis</i>

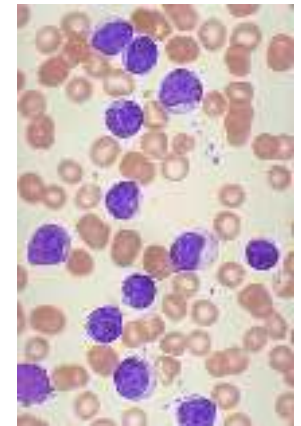


GROOVE İŞARETİ

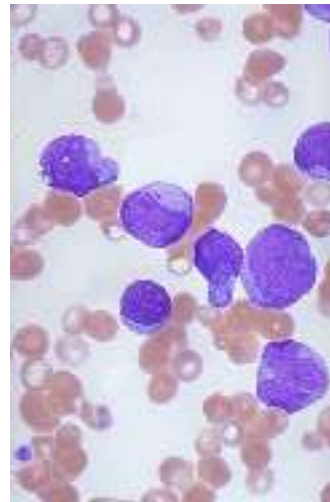
Table 3. Differentiating the Leukemias



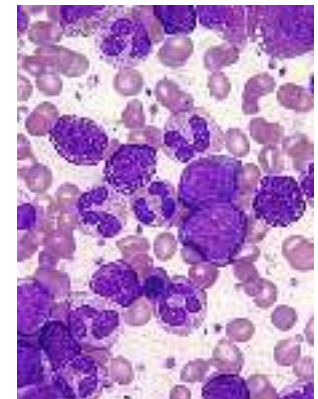
ALL* Childhood leukemias (80%), adult leukemias (20%)
Fatigue, easy bruising, lymphadenopathy, splenomegaly
Pancytopenia (anemia, granulocytopenia, thrombocytopenia)
Leukocyte count elevated ($> 100 \times 10^3/\mu\text{L}$)



AML Median age, 45–55 years (80% of adult leukemias)
Bruising, fever, lethargy, anemia, thrombocytopenia
Causes: radiation, benzene, alkylating agents, myeloproliferative syndromes



CLL* Median age, 60 years
Stage 0 Lymphocytosis (prognosis 10 years)
Stage I Lymphadenopathy
Stage 2 Splenomegaly
Stage 3 Anemia
Stage 4 Thrombocytopenia (prognosis 1.5 years)



CML Middle-aged adults
Anemia, thrombocytosis, splenomegaly
Elevated leukocyte count $> 150 \times 10^3/\mu\text{L}$ (chronic phase 2–4 years)
Blast crisis (acute phase 2–6 months)

Tumors of lymphoid tissues in the 2008 WHO classification

B cell neoplasms

B lymphoblastic leukemia/lymphoma
Chronic lymphocytic leukemia/small lymphocytic lymphoma
B cell prolymphocytic lymphoma³
Splenic B cell marginal zone lymphoma²
Hairy cell leukemia³
Splenic B cell lymphoma/leukemia, unclassifiable⁴
Lymphoplasmacytic lymphoma
Heavy chain diseases⁶
Plasma cell myeloma, solitary plasmacytoma of bone, extramedullary plasmacytoma⁴
Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma)⁴
Nodal marginal zone lymphoma
Follicular lymphoma
Primary cutaneous follicle center lymphoma²
Mantle cell lymphoma
Diffuse large B cell lymphoma, including T cell/histiocyte-rich large B cell lymphoma, primary cutaneous DLBCL, leg type⁴ and EBV-positive DLBCL of the elderly
DLBCL associated with chronic inflammation
Lymphomatoid granulomatosis⁶
Primary mediastinal (thymic) large B cell lymphoma⁴
Intravascular large B cell lymphoma⁶
ALK positive large B cell lymphoma
Plasmablastic lymphoma
Large B cell lymphoma arising in HHV8-associated multicentric Castlemans disease
Primary effusion lymphoma²
Burkitt lymphoma
B cell lymphoma, unclassifiable

T cell neoplasms

T-lymphoblastic lymphoma/leukemia
T cell prolymphocytic leukemia³

Aggressive NK cell leukemia⁴
Systemic EBV-positive T cell lymphoproliferative disease of childhood
Hydroa vacciniforme-like lymphoma⁴
Adult T cell lymphoma/leukemia
Extranodal NK/T cell lymphoma, nasal type⁴
Enteropathy-associated T cell lymphoma⁴
Hepatosplenic T cell lymphoma⁴
Subcutaneous panniculitis-like T cell lymphoma⁴
Mycosis fungoides/Sezary syndrome²
Primary cutaneous CD30-positive T cell lymphoproliferative disorders including lymphomatoid papulosis², primary cutaneous anaplastic large cell lymphoma⁴
Primary cutaneous gamma-delta T cell lymphoma⁴
Primary cutaneous CD8 positive aggressive epidermotropic cytotoxic T cell lymphoma⁴
Primary cutaneous CD4 positive small/medium T cell lymphoma³
Peripheral T cell lymphoma, unspecified
Angioimmunoblastic T cell lymphoma
Anaplastic large cell lymphoma, ALK positive

Hodgkin lymphoma

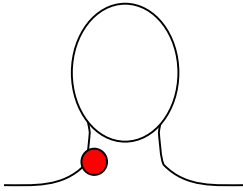
Nodular lymphocyte predominant
Classic Hodgkin's Lymphoma
- Nodular sclerosis
- Lymphocyte rich
- Mixed cellularity
- Lymphocyte-depleted

Histiocytic and dendritic cell neoplasms

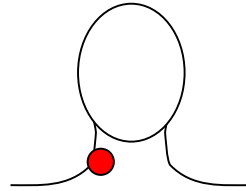
Histiocytic sarcoma
Langerhans cell histiocytosis/sarcoma
Interdigitating dendritic cell sarcoma
Follicular dendritic cell sarcoma
Fibroblastic reticular cell tumor
Indeterminate dendritic cell tumor
Disseminated juvenile xanthogranuloma

Lenfomalarda evrelendirme

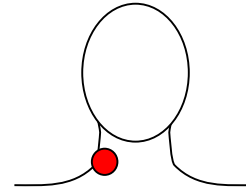
Evre I



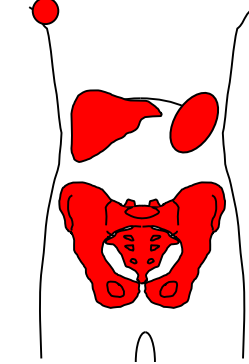
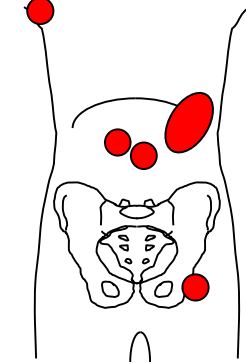
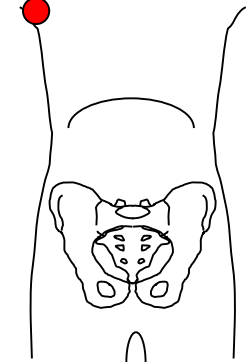
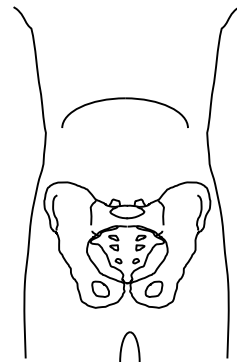
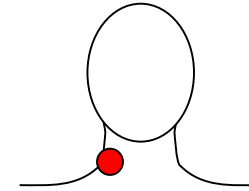
Evre II



Evre III



Evre IV



A: B semptomlarının yokluğu

B: Ateş, gece terlemesi, kilo kaybı

Granülomatoz Lenfadenit

Table 1. Granulomatous lymphadenitis

1. Noninfectious granulomatous disorders
1) Sarcoidosis lymphadenitis
2) Sarcoid-like lymphadenitis
3) Berylliosis
2. Infectious granulomatous disorders
A. Suppurative
1) Tularemia lymphadenitis
2) Cat scratch lymphadenitis
3) Yersinia lymphadenitis
4) Lymphogranuloma venereum
5) Fungal infection
B. Non-suppurative
1) Tuberculous lymphadenitis
2) Atypical mycobacterial infection
3) BCG-lymphadenitis
4) Toxoplasma lymphadenitis (Piringer-Kuchinka lymphadenopathy)
5) Lepra
6) Syphilis
7) Brucellosis
8) Fungal infection (Cryptococcus, Histoplasma, Coccidioidomycosis, Pneumocystis)

Hodgkin Lenfoma
NHL
Crohn Hastalığı

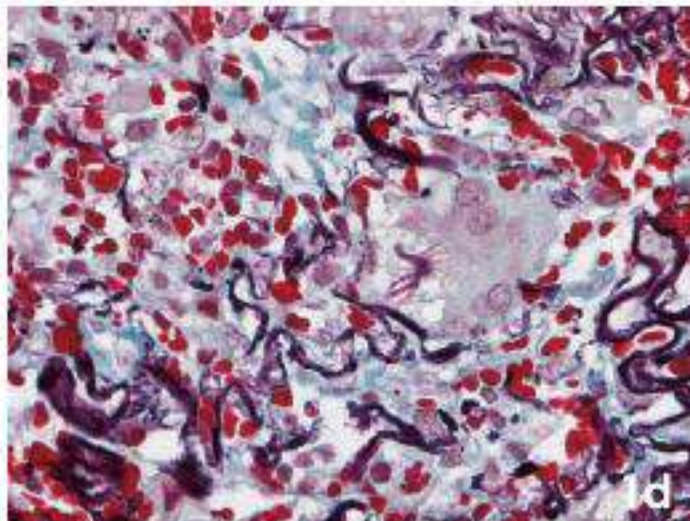
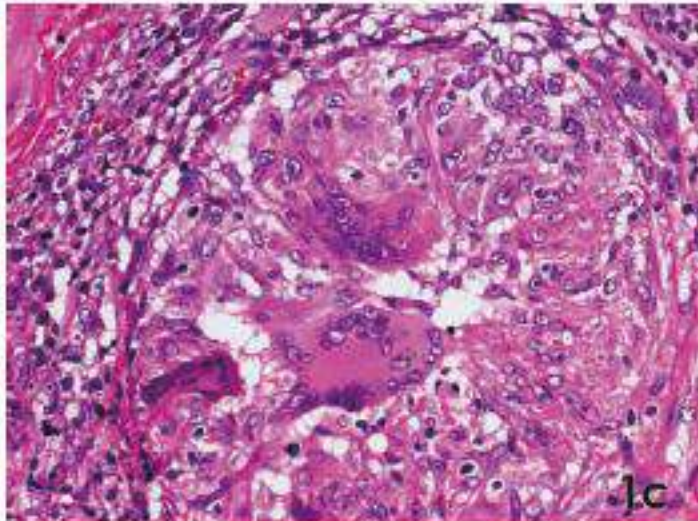
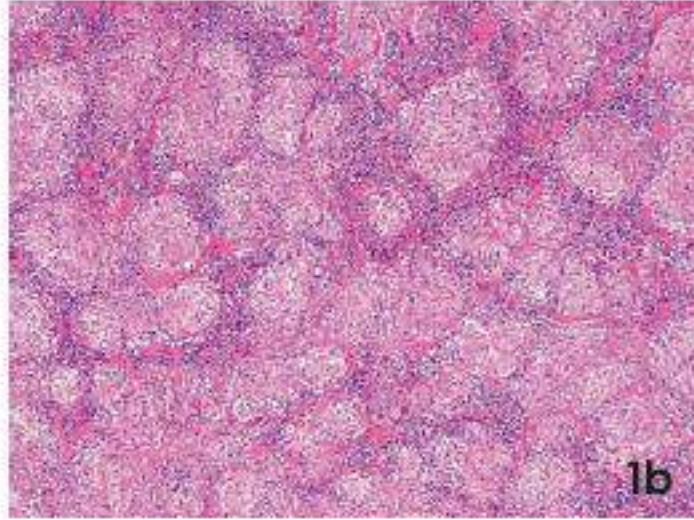
Sarkoidoza baęlı lenfadenit

1a. BHL

1b. Lenf bezinde etrafında plazma hücreleri bulunan, birbiriyle birleşmeyen granümlar

1c. Epiteloid hücreler ve multinükleusle dev hücreler

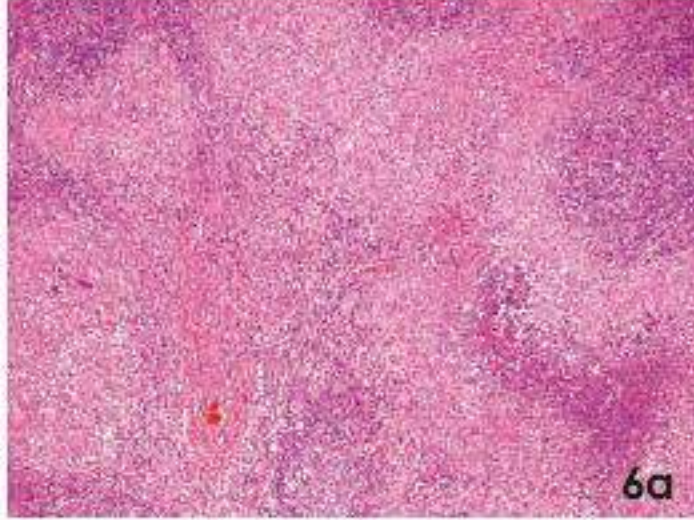
1d. Multinükleuslu dev hücrelerin sitoplasmasında asteroid cisimcikler



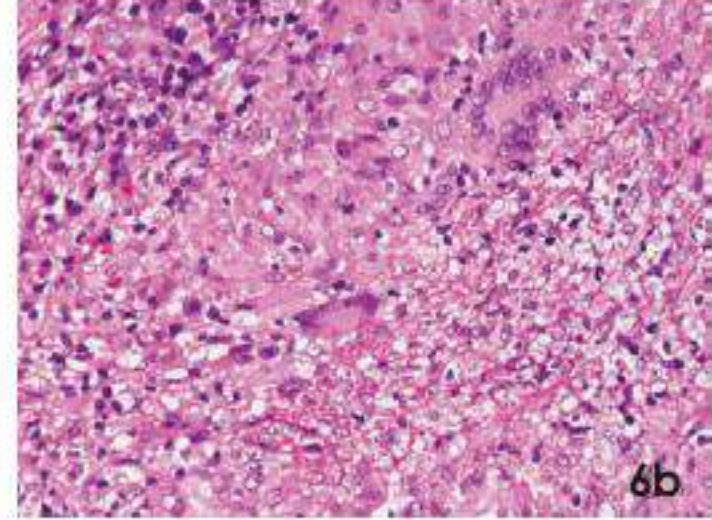
TB lenfadenit



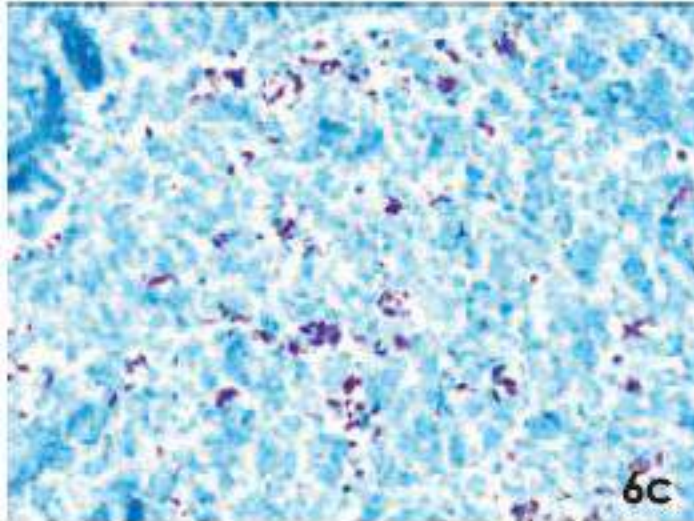
**Dr. Bulent
Celasun, Ankara**



6a

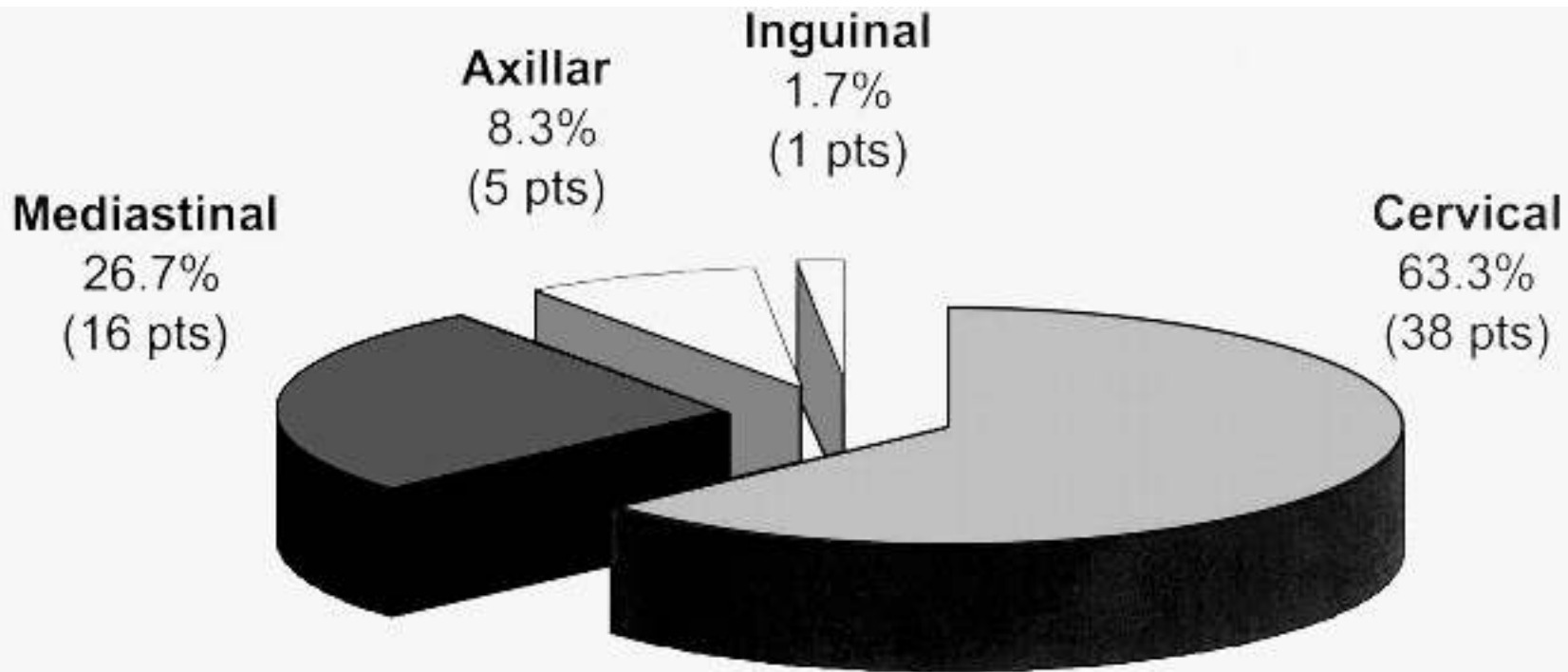


6b



6c

- 6a. Santral koagülasyon nekrozlu birbirleriyle birleşen granülomlar
- 6b. Epiteloid granülomlarda Langans dev hücreleri
- 6c. EZN + basiller



In 35.0% (21 pts) lymph node swelling was detected in more than one site.

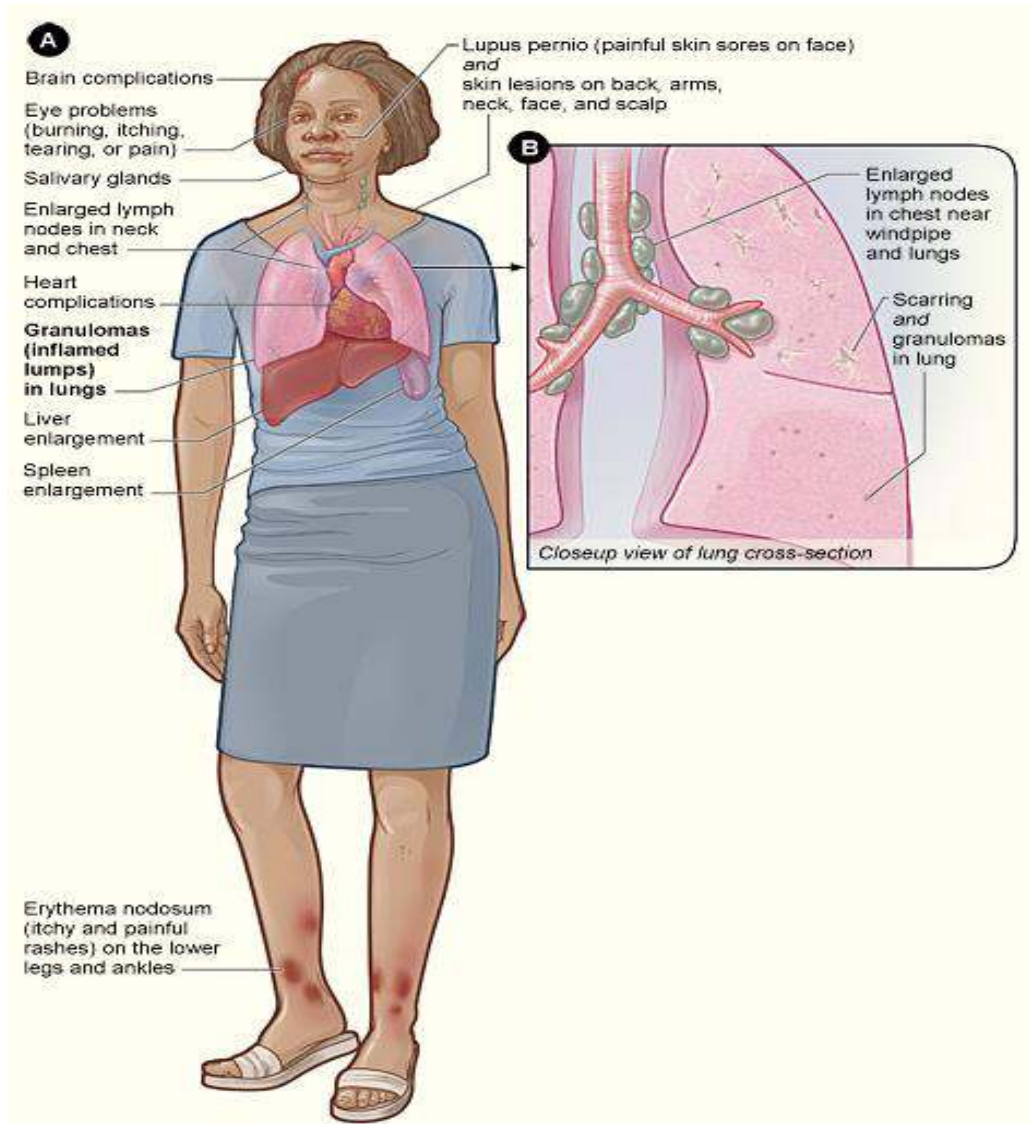
Tüberküloz lenfadenit

- 35 hasta
- Yaş: 33 (sınırlar 16-70)
- Tanı:
 - Kazefiye granülomatoz adenit (32)
 - Aspiratta veya drenajda EZN + (3)
 - Parafin blok değerlendirilmesi
 - EZN + (0/21)
 - M.tuberculosis DNA (PCR) (7/21)(%33)
- Lokalizasyon:
 - Servikal : %77
- Tedavi : 3 yıllık izlemde relaps yok

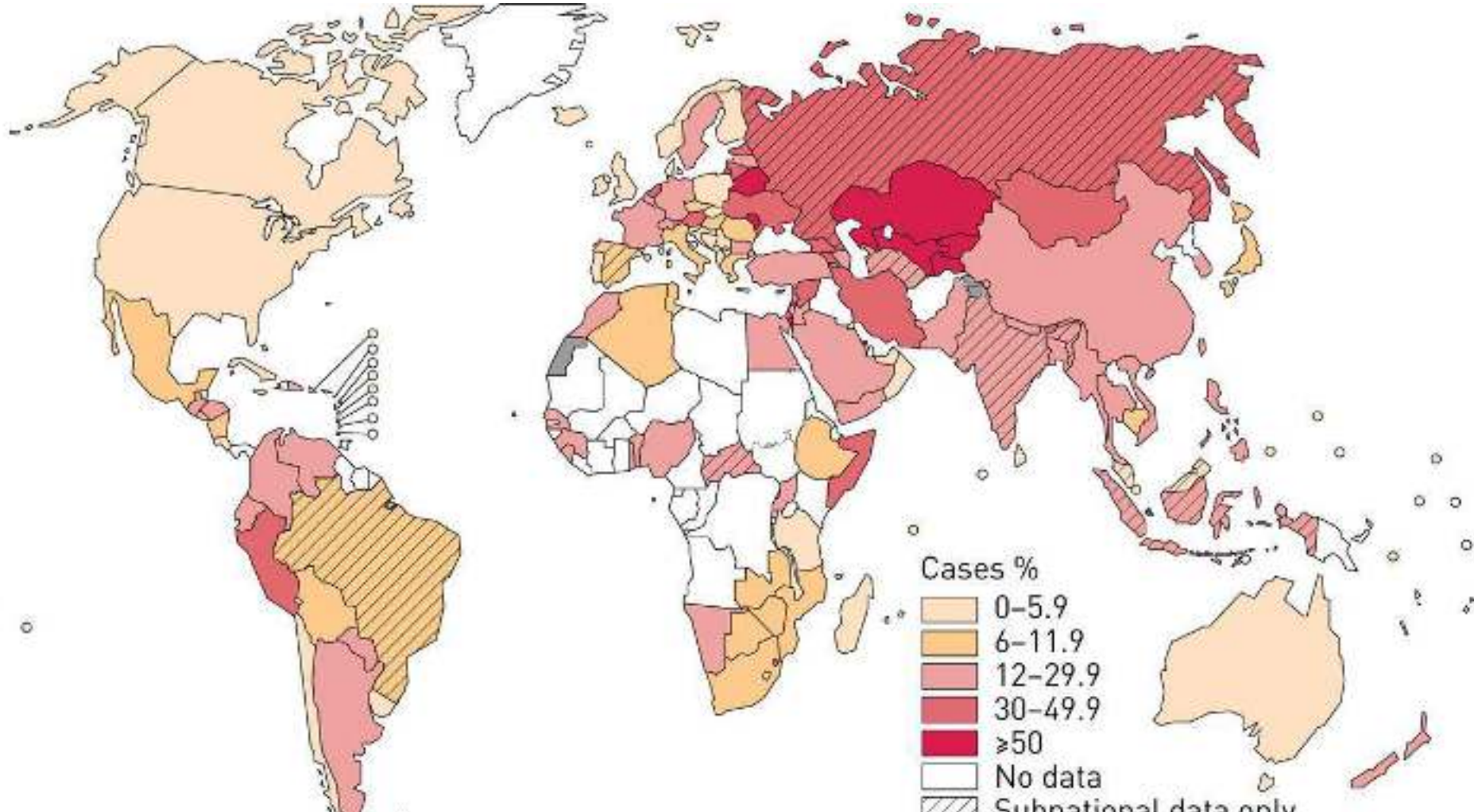
Sarkoidoz

- Multisistem inflamatuvar hastalık
- Etiyoloji?
- Bugüne kadar etken mikroorganizma, malin veya otoimmün hastalığa ait bulgu gösterilememiştir.
- Sıklıkla akciğer ve intratorasik lenf bezlerini etkiler
- Etkilenmiş dokularda “Nonkazefiye granülomlar”(NCG) ile karakterizedir.

Tuberküloz ve sarkoidoz benzer pulmoner ve ekstra-pulmoner tutulumları olan “Kronik Sistemik Hastalıklar” dır.



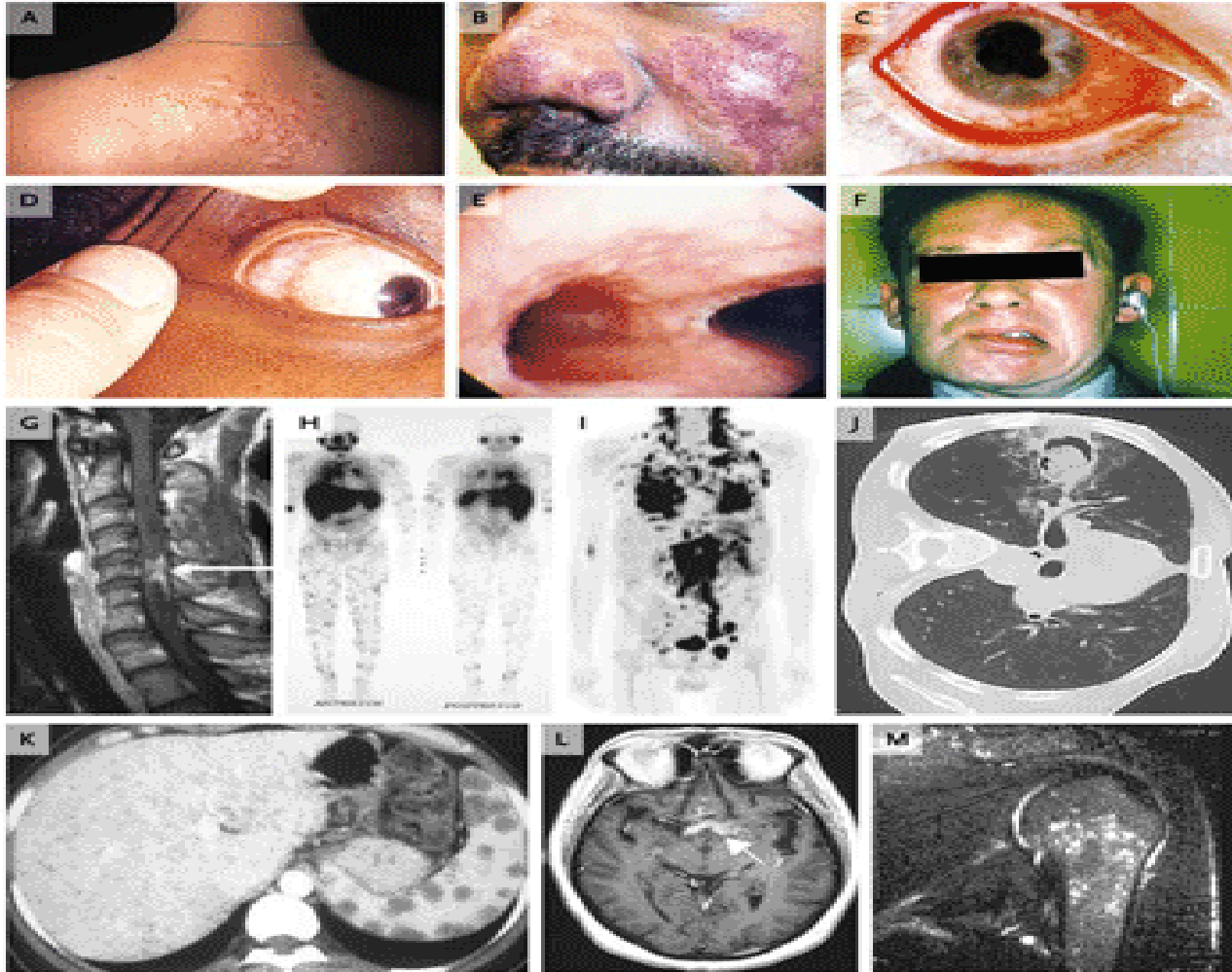
TB dünyada 3 kişiden 1 ini etkileyen, yılda 2 milyon kişinin ölümüne yol açan bir hastalıktır. Primer veya sekonder (reaktivasyon veya reinfeksiyon) olabilir. Kazeifikasyonlu granülom karakteristiktir.



Sarkoidozun insidensi coğrafya ile deęiřir. En sık kuzey Avrupadadır (5–40 olgu/100,000). Non-Kazefiye epitelooid gran lomlar ile multisitem gran lomat z inflamasyon ile karakterizedir.



- Akciğer veya torasik lenf düğümleri tüm olgularda tutulur.
- Lofgren sendromu: Sıklıkla Ateş, BHL, ayak bileği şişmesi, EN
- Uveoparotid ateş: Tanı koydurucu



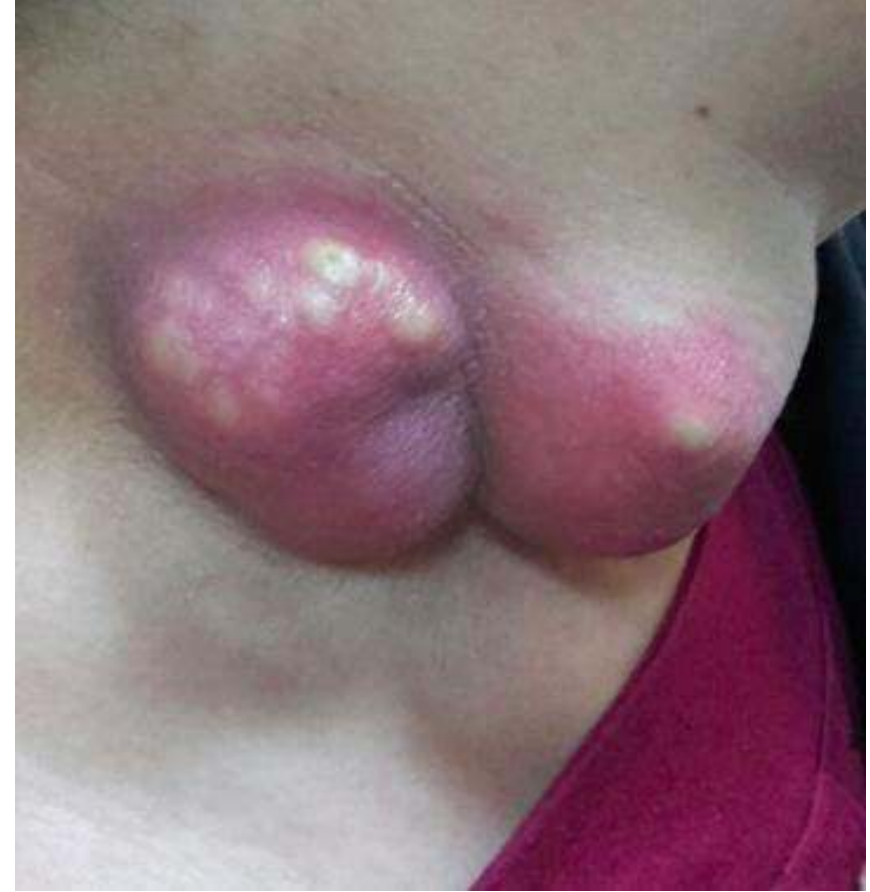
Tanısal ipuçları

- Vücut sıvı veya dokularından pozitif kültür TB tanısında altın standarddır. Ekstra-pulmoner olgularda sıklıkla güçtür.
- TB tanısında destekleyiciler:
 - PPD pozitifliği
 - İnterferon gamma release assays (IGRA) (T-SPOT/ QuantiFERON)
 - Radyoloji (BT temelinde)
 - Vücut sıvıları veya dokularında PCR ile mikobakteriyal DNA pozitifliği
- Sarkoidoz tanısında destekleyiciler:
 - Negatif PPD veya IGRA
 - Yüksek serum ACE düzeyi
 - Akciğer PA grafi veya BT'de Bilateral Hiler LAP

Olgu (Doç.Dr.İlker Balkan)

- 57/K
- İğdır'ın köyünde yaşıyor
- İçme suyunu “pınar”dan temin ediyor
- Kasım 2016 : Boğaz ağrısı, sağ bademcik üzerinde iltihap [+]
 - Ateş yok, sistemik yakınma yok
- İki hafta çeşitli antibiyotikler → Yanıt yok
 - Amoksisilin klavulanat, sefuroksim aksetil

- Haftalar içinde boğazındaki iltihap kaybolmuş, sağ servikal lenf bezi büyümüş
→ Sağda iki LAP apseleşirken sol servikalde bir LAP belirmiş
- Bilateral servikal süpüratif lenfadenit
- Streptomisin 1x1 gr 7 gün
→ Belirgin yanıt Ø



15.02.2017: CTF Macerası

- Apseleşen LAP'lar drene edildi
- Apse aspiratı → PCR için
- Serum → Mikroaglutinasyon testi için
- THSK referans laboratuvarına gönderildi (Ankara)
- Apse kültürü yapıldı → Mikrobiyoloji
- Streptomisin 2x10 mg/kg başlandı
- Bildirimi yapıldı (A grubu BZH)

02.03.2017

Numune Geliş Tarihi : 17.02.2017

Kayıt No :

Mikro - Aglütinasyon Testi : 1/160

Mikro-Aglütinasyon Çalışma Tarihi : 17.02.2017

Mikro-Aglütinasyon Sonuç Çıkış Tarihi : 20.02.2017

TULAREMi PCR : POZİTİF

TULAREMi PCR Çalışma Tarihi : 17.02.2017

TULAREMi PCR Sonuç Çıkış Tarihi : 22.02.2017

TULAREMi Kültürü : Lütfen Seçiniz..

Tularemik lenfadenit

3a. Parmak derisinde ülser zemininde granülomlar

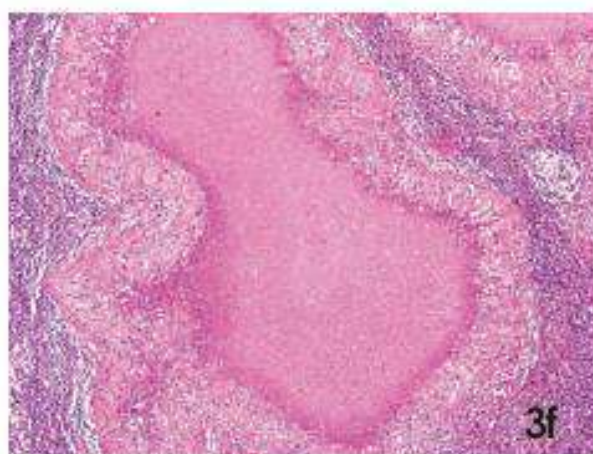
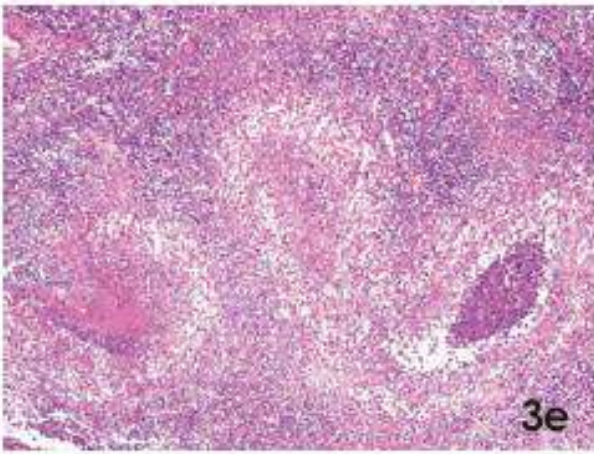
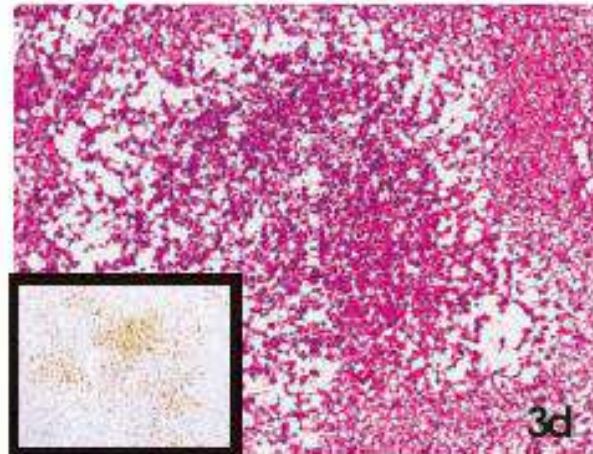
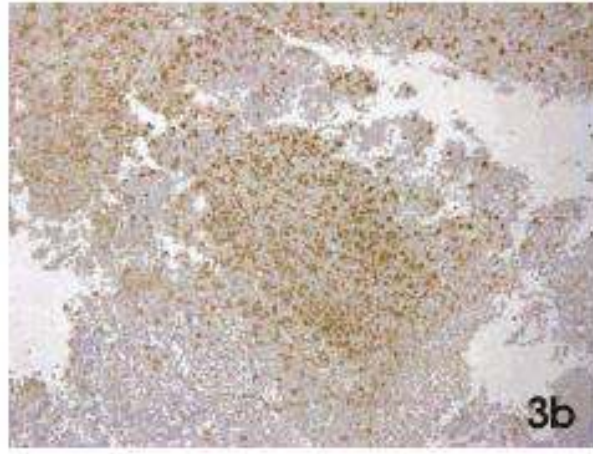
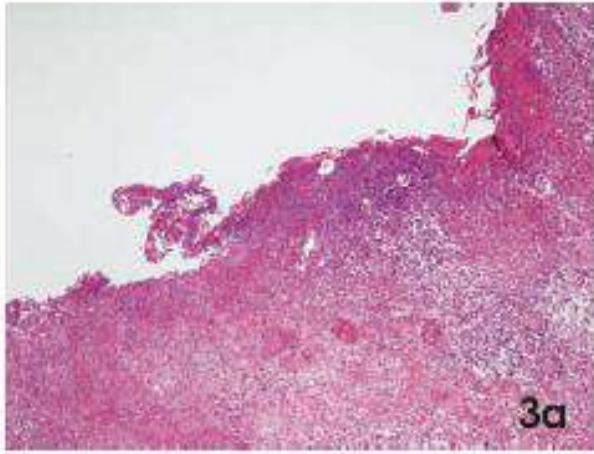
3b. Deri lezyonunun immun boyaması. F.tularensis antijenleri pozitifdir.

3c. Aksiller LAP

3d. Lenf nodunda epiteloid granuloma olmaksızın apse ve nekroz

3e. Apse granülomatöz form Santral apse ve nekroz kalınlaşmış epiteloid hücrelerle çevrilmiştir.

3f. Granülomatöz form. Santral Homojenize nekrozlu büyük granülomlar.





Kedi tirmalaması hastalığı

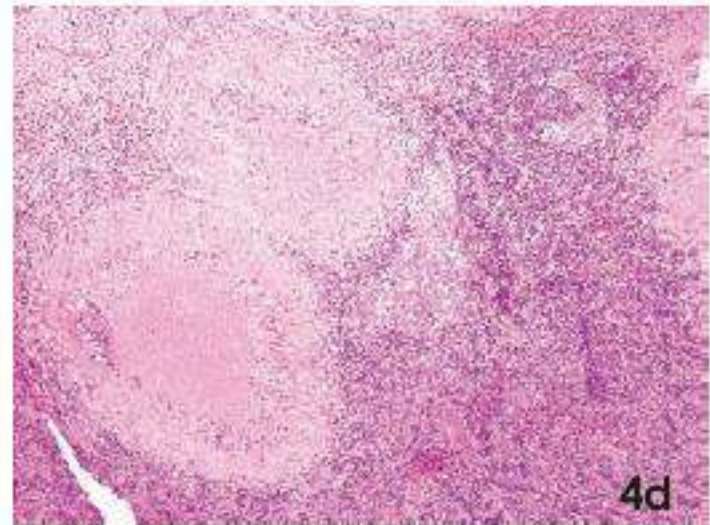
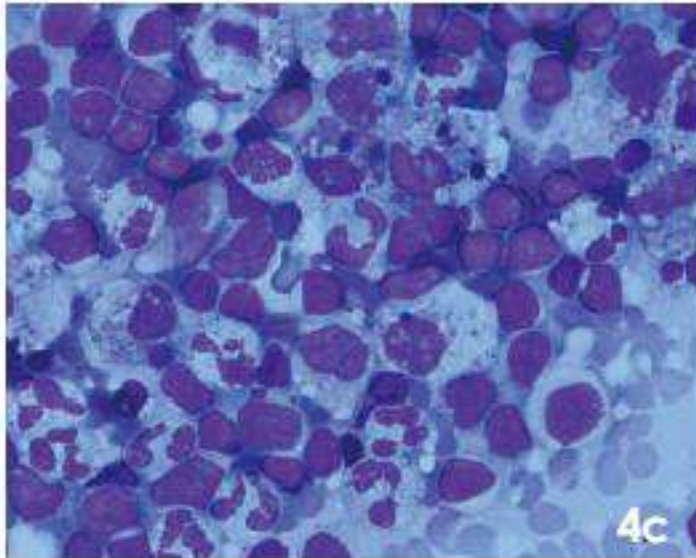
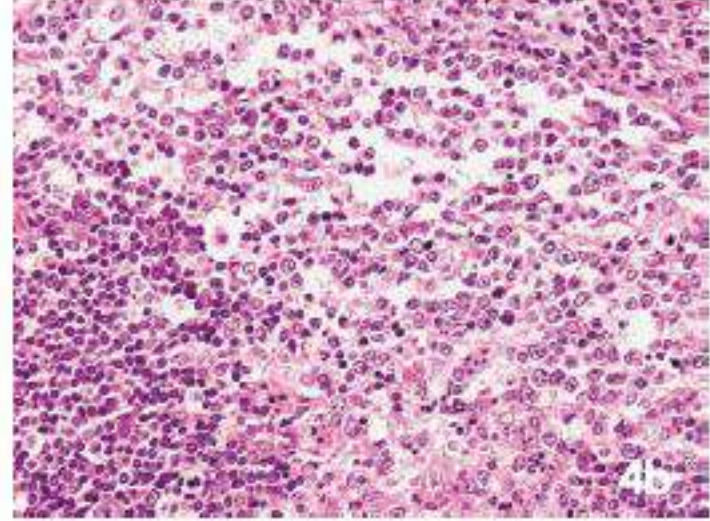
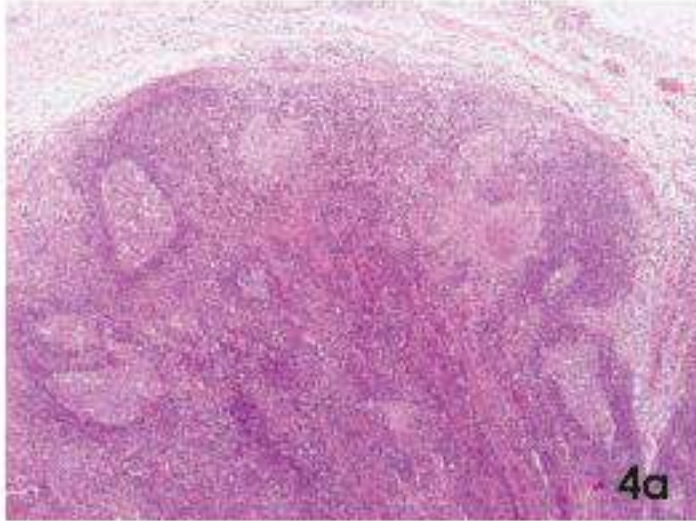
Bartonella
henselae

Azitromisin

Siprofloksasin

Kedi tırmalaması hastalığı

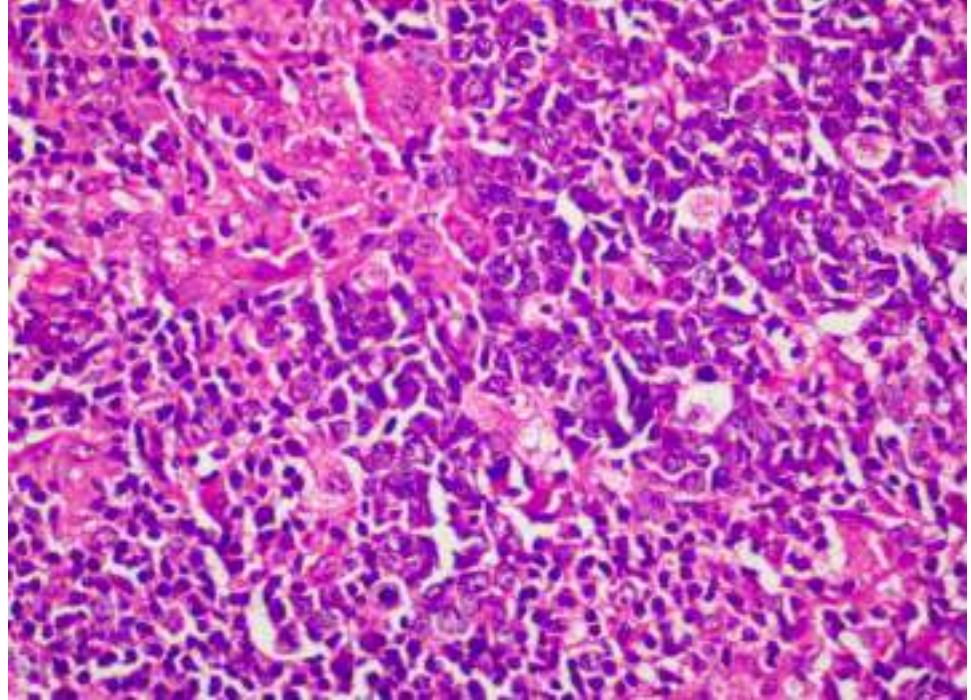
Santral apse ve nekrozlu büyük epitelooid granülomlar



Toksoplazmik lenfadenit

Triad:

- **Foliküler hiperplazi**
- **İçinde ve etrafında hiperplastik foliküllerin bulunduğu küçük granülomlar**
- **Monositoid B cell hiperplazi.**



Toksoplazmik Lenfadenit

- Akut tabloda görülür
- En sık yakınma : Ağrısız servikal lenfadenopati
- Nadiren tüm lenf düğümlerini büyütebilir.
- Hassas değildir ve nadiren 3 cm den daha büyüktür
- Ateş, gece terlemeleri, myalji, boğaz ağrısı, artralji, makulo-papüler döküntü, HSM, atipik lenfositler eşlik edebilir.
- Mononükleoz sendromlarının \approx %1

Olgu

- 26/K
- 9 gündür ateş ve servikal LAP
- Boğaz ağrısı ve dental sorunu yok.
- FM: Servikal ön ve arka LAP (1.5-2cm, mobil, sert)
- WBC 4,900 (9% atipik lenfositler)
- Biyokimyasal testler, ESR: 72 mm/s,
- Akc PA grafi: N
- Monotest (-)
- Lenf bezi biyopsisi

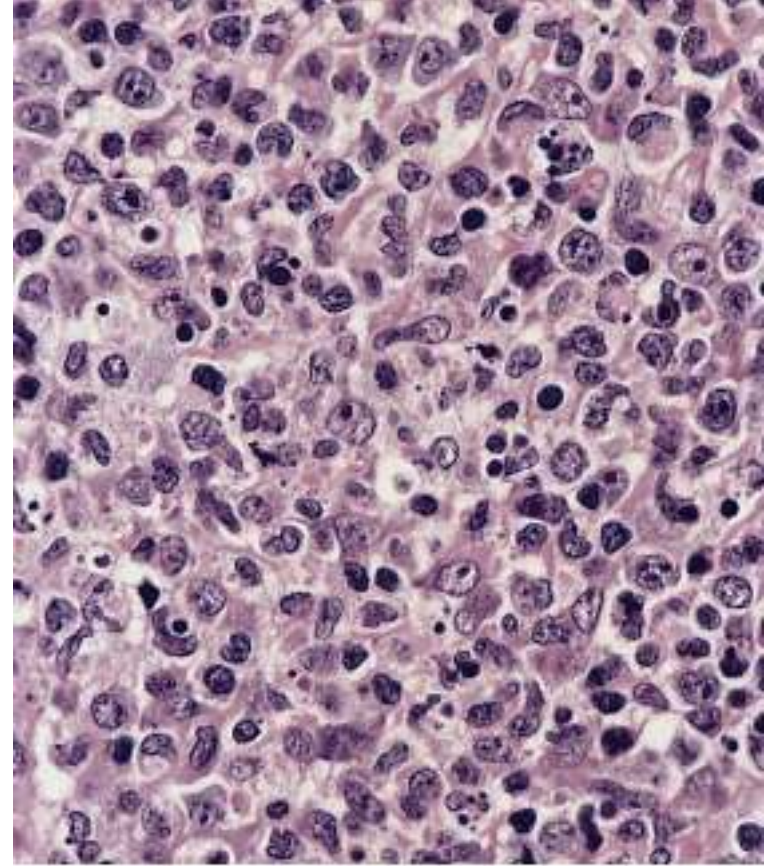
- Seroloji: EBV IgG (+) CMV (-) Toxoplasma (-)
- RF, ANA anti-DS DNA: Negatif
- Biyopsi: Yapı korunmuş, histiositik infiltrat ve fagositik debrisi nekrotizan lenfadenit
- EZN ve mantar boyaları (-)

En olası tanı nedir?

- A. Kedi tırmalaması hastalığı
- B. Yetişkinin Still hastalığı
- C. Sarkoidoz
- D. Kikuchi Hastalığı
- E. Non-Hodgkin Lenfoma

Kikuchi Hastalığı

- Nedeni bilinmeyen, selim, gençlerde (sıklıkla kadın) görülen bir LAP nedeni
- Ateş, Servikal LAP (genellikle posterior ve unilateral)
- Nadiren : Artrit, aseptik menenjit, HSM, döküntü, üveit
- Sıklıkla : Hemogram normal, lökopeni ve atipik lenfositler görülebilir
- Histiositik nekrotizan lenfadenit



KIKUCHI'S NECROTIZING LYMPHADENITIS

Characteristically, the activated lymphoid cells are admixed with karyorrhectic debris and histiocytes. The histiocytes have crescentic nuclei and phagocytosed nuclear debris.

Castleman Hastalığı

Table. Features of the Different Types of Castleman Disease

Type of Castleman Disease	Type of Lymphadenopathy	Pathology	IL-6-Driven Inflammatory Syndrome*	Virologic Status	Treatment
Unicentric	Localized	90 percent hyaline vascular	Typically not	<ul style="list-style-type: none"> Negative for HHV-8 by QPCR or negative LANA-1 stain 	Complete excision
Multicentric HHV-8-Positive	Generalized ± hepatosplenomegaly	Plasmacytic or plasmablastic	Yes	<ul style="list-style-type: none"> Positive for HHV-8 by QPCR May be positive for HIV 	<ul style="list-style-type: none"> Rituximab ± etoposide Optional valganciclovir maintenance
Multicentric HHV-8-Negative (Idiopathic)	Generalized ± hepatosplenomegaly	Mostly plasmacytic, but can be hyaline vascular or mixed cellularity	Yes, but variable clinical presentation from mild to very severe	<ul style="list-style-type: none"> Negative for HHV-8 by QPCR or Negative LANA-1 stain Negative for HIV 	<ul style="list-style-type: none"> Siltuximab Tocilizumab Rituximab Chemotherapy in severe cases

*Symptoms: fevers, night sweats, anorexia, weight loss, fatigue. Laboratory abnormalities: anemia, thrombocytopenia or thrombocytosis, elevated C-reactive protein, Westergren erythrocyte sedimentation rate, fibrinogen, hypergammaglobulinemia, abnormal renal function, increased interleukin-6 (IL-6), vascular endothelial growth factor, interleukin-10.

Abbreviations: QPCR, quantitative polymerase chain reaction; LANA-1, latency associated nuclear antigen.

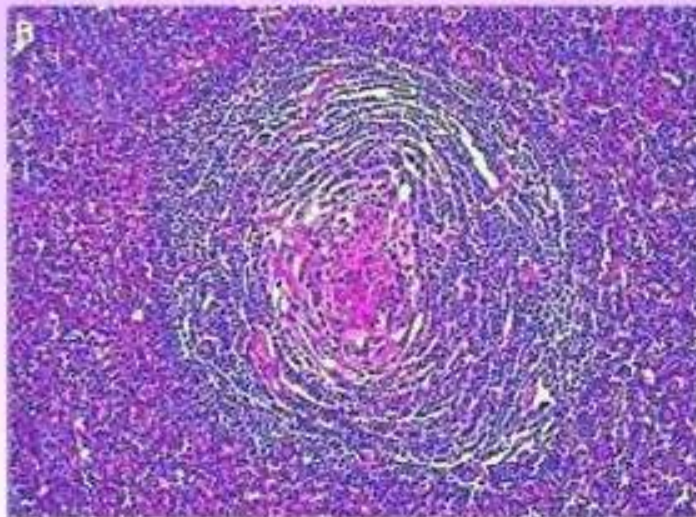
Microscopic examination showing Castleman's disease representing hyaline-vascular type.

(A) Multiple lymph node hyperplasia

(B) Hyalinized germinal center

Castleman's Disease - Onion skin and Lollipop Appearance

Dr Sampurna Roy MD



Ref: Lee J et al. Pelvic Castleman's Disease presenting as an adnexal tumor in a young woman. *Obstetric and Gynecology Science*. 2015 ; (58)4: 323-326

Some lymph follicles show germinal centers with concentric onion skin-like layering of surrounding lymphoid cells. Germinal centers are sometimes penetrated by a hyalinized blood vessels resembling a "lollipop" (also known as lollipop sign).

Research Paper

The Role of Invasive and Non-Invasive Procedures in Diagnosing Fever of Unknown Origin

Bilgul Mete✉, Ersin Vanli, Mucahit Yemisen, Ilker Inanc Balkan, Hilal Dagtekin, Resat Ozaras, Nese Saltoglu, Ali Mert, Recep Ozturk, Fehmi Tabak

Istanbul University Cerrahpasa Medical Faculty, Department of Infectious Diseases and Clinical Microbiology, Istanbul/Turkey

Table 6. Diagnostic contribution of tissue biopsies.

Biopsy procedure (positive contribution to diagnosis/(total number of patients undertaken biopsies) (rate of contribution to the diagnosis)	Diseases diag- nosed by biopsy
Lymph node biopsy (9/16)	Tuberculosis (4) Lymphoma (4) Castleman's disease (1)

HIV ve LAP

Frequency and proportion of etiologies of lymphadenopathy in HIV/AIDS patients.

Etiology	Diagnosis (n)	Study patients (n=72)	Localized LAP (n=45)	Generalized LAP (n=27)
Tuberculosis	Definite (8) Probable (16)	24 (33.3%)	15 (33.3%)	9 (33.3%)
Lymphoma	Definite (6) Probable (6)	12 (16.6%)	3 (6.6%)	9 (33.3%)
Toxoplasmosis	Definite (4) Probable (1)	5 (6.9%)	1	4 (14.8%)
Cytomegalovirus	Definite (1) Probable (2)	3	2	1
Kaposi's sarcoma	Lymph node pathology (1) Palatine lesion pathology (1)	2	1	1
Leishmaniasis	Skin pathology (1) Bone marrow culture+serology (1)	2	1	1
<i>Streptococcus pyogenes</i>	Lymph node smear+culture (1) Lymph ulcer smear+culture (1)	2	2	0
<i>Staphylococcus aureus</i>	Blood lymph node culture+pathology (1) Lymph node smear+culture (1)	2	2	0
Varicella	Lymph node pathology+skin rash+response to treatment (2)	2	2	0
Herpes simplex	Serology+clinical+response to treatment (2)	2	2	0
Oral cavity infection	Clinical infection+response to treatment (1)	1	1	0
Unknown	N/A	13 (18.0%)	11 (24.4%)	2

Azar Hadadi et al. **Frequency and etiology of lymphadenopathy in Iranian HIV/AIDS patients.**
 Asian Pac J Trop Biomed 2014 May; 4(Suppl 1): S171–S176.

HIV ve LAP

Etiology of peripheral lymphadenopathy in 107 HIV-positive patients undergoing lymph node biopsy.

Etiology	n (%)
Malignancy	46 (42.9)
Non-Hodgkin's lymphoma	25 (23.4)
Hodgkin's lymphoma	6 (5.6)
Kaposi's sarcoma	7 (6.5)
Castleman's disease	3 (2.8)
Squamous cell carcinoma	2 (1.9)
Adenocarcinoma	2 (1.9)
Hemangiopericytoma	1 (0.9)
Infectious	8 (7.5)
<i>Mycobacterium avium</i> Complex	4 (3.7)
Tuberculosis	3 (2.8)
Syphilis	1 (0.9)
Reactive	53 (49.5)

Isaac I. Bogoch et al. **Clinical Predictors for the Etiology of Peripheral Lymphadenopathy in HIV-Infected Adults.** HIV Med. 2013 Mar; 14(3): 182-186

LAP Tanısı

Enfeksiyon

Hastalıkları

Patoloji

Cerrahi

Onkoloji

Romatoloji

Mikrobiyoloji

Hematoloji



Tanı koyamadık...

- Yeniden değerlendirme
- Konsültasyonların tekrarı
- Biyopsi tekrarı
- İzlem



Son söz

- Yaş ilerledikçe malignite riski artar
- Servikal LAP: Toksoplazmozun dışlamadan biyopsiyi düşünme
- Servikal LAP : TB'un en sık lokalizasyonu
- Her olguda mutlaka anti HIV iste
- İİAB zaman kaybıdır





HIV / AIDS

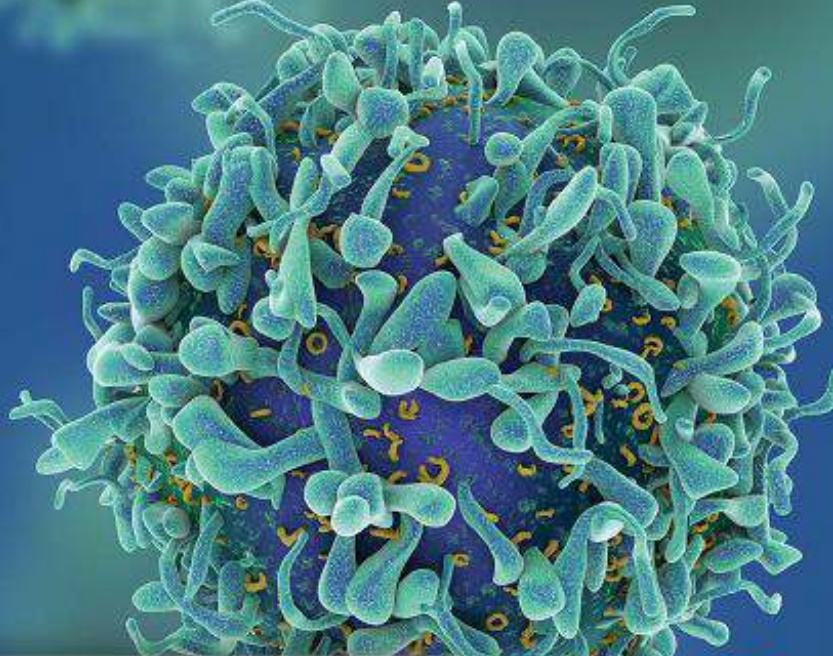
● Mezuniyet Sonrası

Eğitim Kursu

20-21 Ocak 2018

Florence Nightingale Hastanesi

Şişli İSTANBUL



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