

Abstract

The purpose of this case study is to discuss a unique incidental finding in an otherwise “routine” surgical procedure. In this case, a 72-year-old Caucasian male who reported to Aventura Hospital Medical Center Emergency Department complaining of increased pain and discoloration to the left 2nd digit. Upon physical examination, it was noted the patient presented with gangrenous left 2nd digit with noted previous left 1st digit amputation that was well healed. Due to the evidence of dry gangrenous changes to the left 2nd digit, partial amputation of that digit was scheduled that was believed to be routine. Post-operatively, the patient was noted to be healing well. Three days following the initial surgical invention, resident physicians went to pathology to review the noted findings with the pathologists face to face. It was during this encounter, that the pathologist and residents examined under a microscope together and discovered the incidental findings that were consistent with a low grade (Non-Hodgkins) B-cell lymphoma, marginal zone lymphoma. Before this incidental finding, the patient had no awareness of his diagnosis. The patient has since followed up with an oncology specialist and is undergoing further treatment and care. This study is to stress the important of always following up with the pathology that is sent, even during routine surgical procedures.

The Patient

72 year old Caucasian Male:

- Worsening left 2nd digit Dry Gangrene

Past History:

- Diabetes Mellitus
- Hypertension
- Hyperlipidemia

Past Surgical History:

- Tonsillectomy

Home Medications:

- Aspirin 81mg PO Daily, Lisinopril 5mg PO Daily, Atorvastatin 40mg PO bedtime, Temazepam 30mg
- Metformin 500mg PO BID, Percocet 5/325mg 1 tab PO Q4H PRN

Allergies:

- NKDA

ROS:

- WNL

Physical Examination

- **General appearance:** alert, awake, oriented, no acute distress
- **Cardiovascular:** normal capillary refill (Digits 1-5 right, 3-5 left), pedal pulses present (DP/PT +1/4 b/l)
- **Neuro/CNS:** alert, oriented X 3,
- **Extremities:** Right no cyanosis, Bilat moves all, Bilat no edema, Bilat normal range of motion, Bilat no calf tenderness, Bilat no evidence of DVT, Bilat pedal pulses (DP/PT +1/4 b/l), Bilat decreased range of motion
- **Skin:** dry, no abscess, no lymphangitis present, cool, gangrene (left 2nd digit), Left 2nd digit appeared gangrenous with minimal drainage noted from the digit. Digit appears gangrenous to the level of the MPJ. Previous surgery of left partial hallucal amputation is noted, healed well. Plantar aspect of the left 2nd digit appears to have non-adhered tissue. No malodor. No tracking, tunneling noted. Well healed amputation site of the right fourth and fifth digit.

Labs

15.9	134	98	27	85
17	4.5	24	1.40	
289				
48.9				

Pre-Operative Imaging



Figure 1A & 1B: Radiographs of Left Foot

Post-Operative Imaging



Figure 2A & 2B: Radiograph of Left Foot s/p partial 2nd digit amputation

Histology

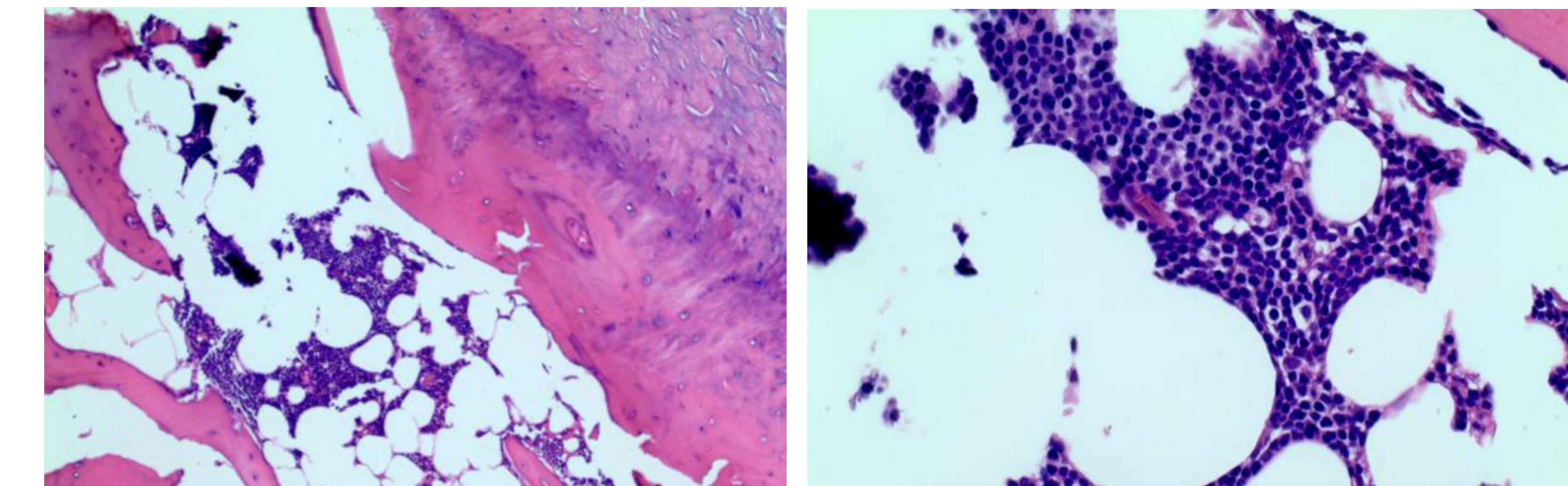


Figure 3A & 3B: H&E Stain: Bone Marrow aggregates comprised by monotonous small lymphocytes (Proximal Phalanx)

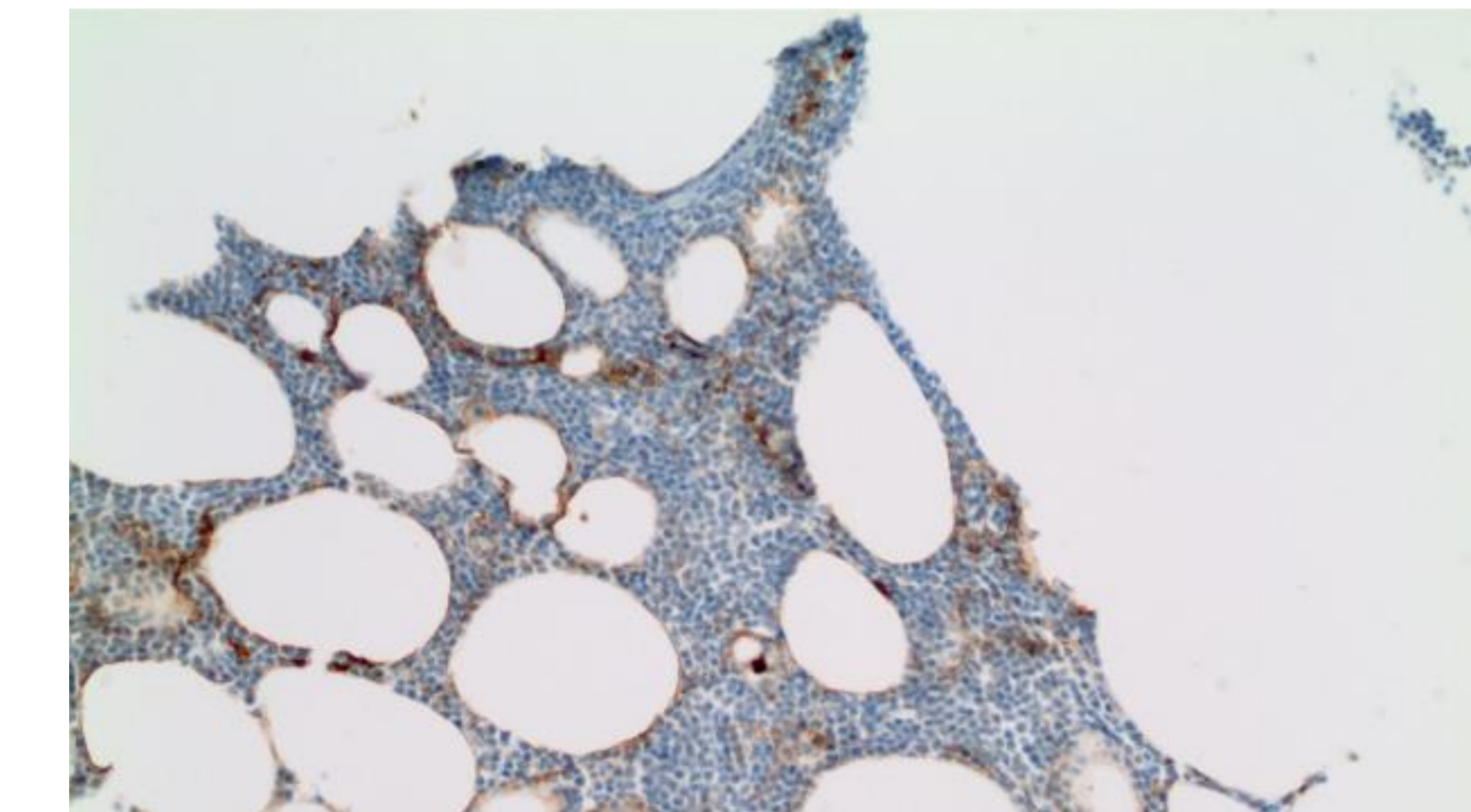


Figure 4: Marrow Involvement by a CD5 (-) and CD10 (-) Low grade B-Cell Lymphoma

Conclusion

- Immunohistochemical staining were positive for CD20, CD79a, CD23 and Bcl-2
- Findings are consistent with a low grade (Non-Hodgkins) B-cell lymphoma, marginal zone lymphoma
- Case illustrates a unique presentation of an atypical case
- Always review pathology results/findings/reports with pathologist either via phone or face to face
- There is no such thing a “routine” surgical procedure

References

1. Cancer Research UK. Cancer statistics – non-Hodgkin lymphoma statistics. Available at: www.bit.do/NHL-statistics
2. Cancer Research UK. Cancer statistics – chronic lymphocytic leukaemia statistics. Available at: www.bit.do/CLL-statistics
3. Campo E, et al. The 2008 WHO classification of lymphoid neoplasms and beyond: evolving concepts and practical applications. *Blood* 2011; 117: 5019-5032.