

Residents' Corner

# An interesting case of Langerhans cell histiocytosis

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Received : 21 December 2021

Accepted : 27 January 2022

Published : 19 April 2022

**DOI**

10.25259/JHAS\_31\_2021

**Quick Response Code:**



A 23-year-old girl presented with complaints of bone pains, recurrent fractures for 3 years of age, bilateral neck swelling for 8 years, and abdominal pain for 1 year. She denies any constitutional symptoms. On examination, there were no organomegaly and bleeding stigmata. Her CBC profile was absolutely normal. Her radiograph of B/L hip joint [Figure 1] revealed multiple punched-out lytic lesions with sclerosed margins and fracture left shaft femur. CECT of the abdomen [Figure 2] revealed a spleen of normal size with multiple hypodense lesions ranging from 1 to 10 mm in size. The visible axial skeleton including spine, ribs, hip bones, and B/l proximal femur showed multiple punched-out lytic lesions with sclerosed margins. The CT-guided biopsy of the osteolytic lesion was consistent with



**Figure 1:** Radiograph showing multiple punched-out lytic lesions with sclerosed margins.

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**Figure 2:** CECT abdomen showing hypodense lesions in spleen and punched out lytic lesions with sclerosed margins in the axial skeleton.

Langerhans cells histiocytosis corroborated by IHC staining for CD1a, CD207, and S100.

**Declaration of patient consent**

Patient's consent not required as patients identity is not disclosed or compromised.

**Financial support and sponsorship**

Nil.

**Conflict of interest**

There is no conflict of interest.

**How to cite this article:** Kazi BS. An interesting case of Langerhans cell histiocytosis. J Hematol Allied Sci 2021;1:122-3.