Case Report of Histiocytic Sarcoma of Small Bowel

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Introduction

Histiocytic sarcoma (a misnomer due to its spindle-shaped appearance) is a rare neoplasm, representing less than 1% of all non-Hodgkins lymphomas. Most patients present with symptoms due to unifocal or multifocal extranodal disease, most commonly involving the intestinal tract, skin, and soft tissues. Here, we describe a case of histiocytic sarcoma of the small bowel.

Preoperative Evaluation

The patient is a 61-year-old woman with a past medical history of mitral valve prolapse, perforated diverticulitis requiring Hartmann's procedure and subsequent colostomy reversal, prior hysterectomy and appendectomy, and biliary colic who underwent robotic cholecystectomy. Approximately 1 month postoperatively, she presented to the ED with a four-day history of band-like lower abdominal pain such that she underwent a CT scan of the abdomen and pelvis, which revealed a 5 cm small bowel mass associated with lymphadenopathy (Figure 1). She was counseled regarding small bowel resection and agreed to proceed with this.

Intraoperative Procedure

After performing a midline laparotomy, a 90-minute adhesiolysis was carried out. The small bowel tumor was identified and was resected with 3 cm margins. The mesentery of the involved segment was divided and the anastomosis was created in a side-to-side functional end-to-end fashion. The common enterotomy was closed in two layers. Mesenteric defect was closed in a running fashion, and the fascia and skin were then closed.

Postoperative Course

The patient was discharged on postoperative day 3, but she required readmission on postoperative day 5 due to an enteric leak from an enterotomy ultimately requiring reoperation on postoperative day 7. The enterotomy was closed with a figure-of-eight suture and buttressed with an omental patch. She recovered uneventfully thereafter. Pathology was sent out to Memorial Sloan Kettering and extensive immunohistochemical studies noted that the neoplastic cells expressed CD 45 (dim), CD 163, PU1, CD4, CD68 (PD-L1), CD68 (KP1), cyclin D1, OCT-2 (dim, focal), lysozyme (focal), p53 (focal, dim), but not CD1a, Langerin, CD 123, BRAF, pERK, S100, CD 117, PAX 5, CD43, CD21, CD23, SOX10, ALK, MDM2, CDK4, SMA, DOG1, desmin, pankeratin, cam 5.2, CK 18, chromogranin, synaptophysin, and INSM1. No abnormal expression of BRG1, BRM, and BAF47 was detected. Ki67 immunohistochemistry was 10%

Conclusion

Histiocytic sarcoma is a diagnostic challenge as it is uncommon and can affect many organ systems. Despite its rarity, this patient demonstrates the importance of keeping a broad differential when evaluating epigastric pain.

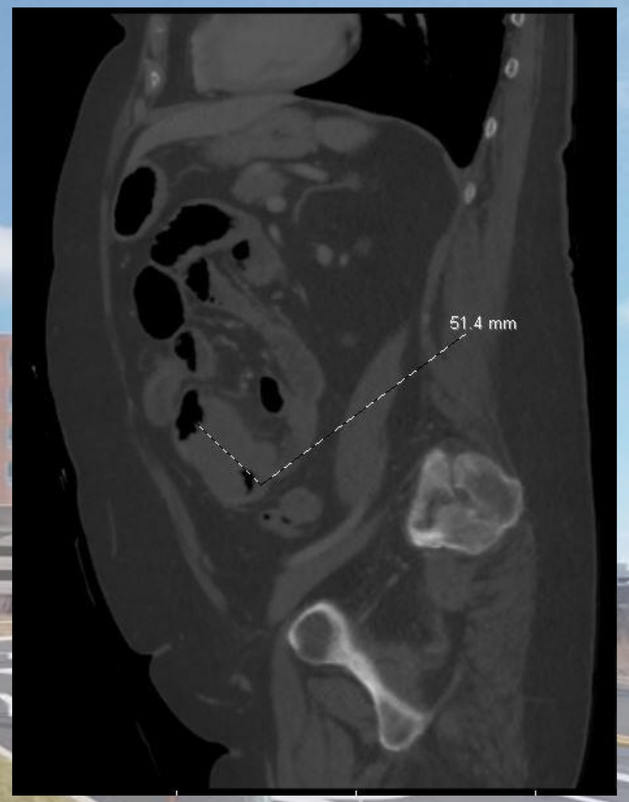


Figure 1