A LYMPH NODE MEDIASTINAL FOREIGN BODY REACTION MIMICKING NODAL METASTASIS: A CASE SERIES.

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Introduction

The role of EBUS-TBNA in the diagnosis of hilar and mediastinal lymphadenopathies is well established and it represents an excellent tool in the diagnosis and staging of lung cancer. International Guidelines suggest EBUS-TBNA as the first step in ruling out lymph node metastasis in patients with lung cancer and hilar and/or mediastinal lymph node enlargement on CT scan and/or fluoro-dessossi-glucose positrone emission tomography (FDG-PET) positive lymphadenopathies.

Case series

Six patients were referred to "Ospedali Riuniti di Ancona" (n=5) and "Ospedale San Martino" (Genova) (n=1) Interventional Pulmonology Units for the characterisation of hilar and/or mediastinal lymphadenopathies detected by CT scans, which were also intensely PET-positive (mean SUVmax=7.3).

All the evaluated patients underwent surgical procedures for lung cancers within the previous six months. EBUS-TBNA was performed in all the patients to rule out nodal metastasis. Sampled lymph nodes were: right inferior paratracheal (4R) (n=5), subcarinal (7) (n=3), left inferior paratracheal (4L) (n=1), and right hilar (11R) (n=1).

The cyto-pathological evaluation did not reveal atypical cells, rather showing amorphous acellular eosinofilic material (Fig. 1) surrounded by an inflammatory reaction. The acellular component resulted to be part of the oxidized regenerated cellulose product ("Tabotamp®, *Ethicon SARL, Switzerland*") used to obtain bleeding control during the previous chest surgery.

Conclusions

In the last decades, many haemostatic substances included oxidized cellulose topically applied have been used during surgery and their use have become a common practice.

In patients who underwent surgery for lung cancer, especially within a few months, the development of lymph node foreign body reaction due to surgical material retention should always be considered.

This case series reiterates the need to obtain cyto-histological confirmation of PET-FDG positive lymph nodes in cancer patients and further underlines the essential role of EBUS-TBNA in the diagnostic work-up and follow-up of lung cancer.

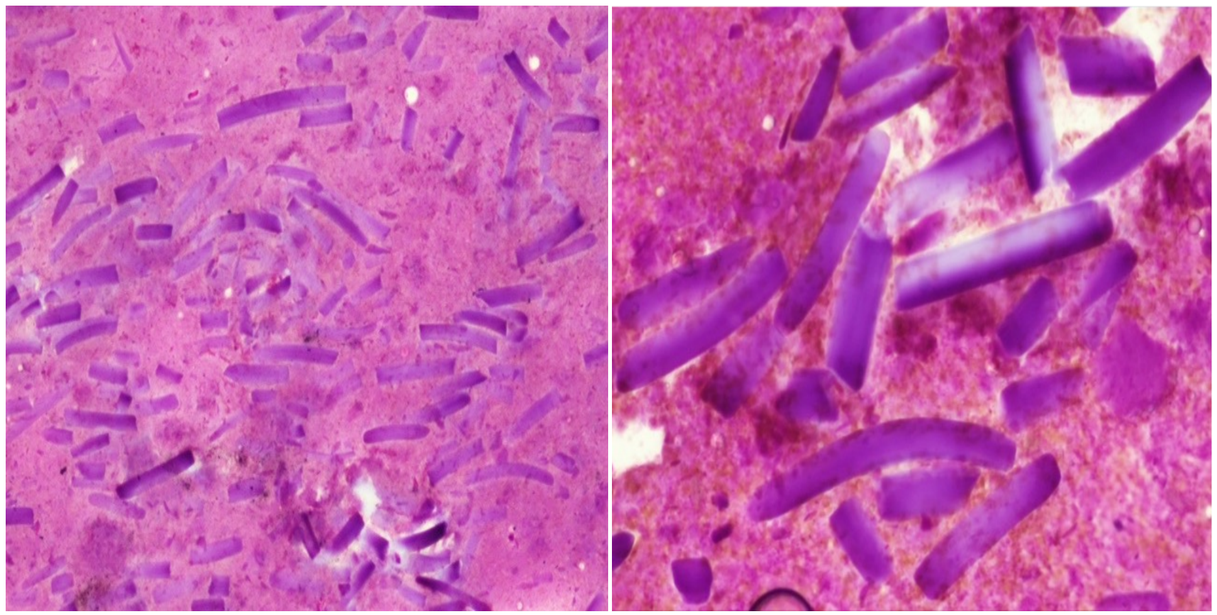

Figure 1. Histologic appearance: eosinophilic amorphous exogen material

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