



The role of interventional pulmonology in the diagnosis and management of rare hematologic malignancies

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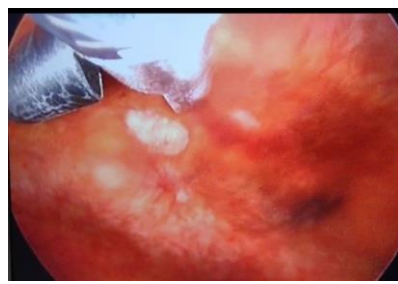
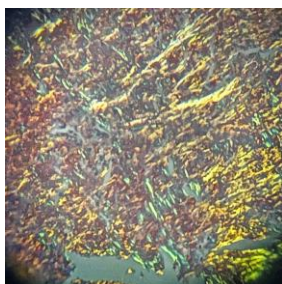
Abstract #P090

Background

Non-Lymphoma hematologic malignancies may rarely present with thoracic involvement. We report on 3 cases with such rare hematologic malignancies examined in our interventional pulmonology (IP) department during the last 6 months.

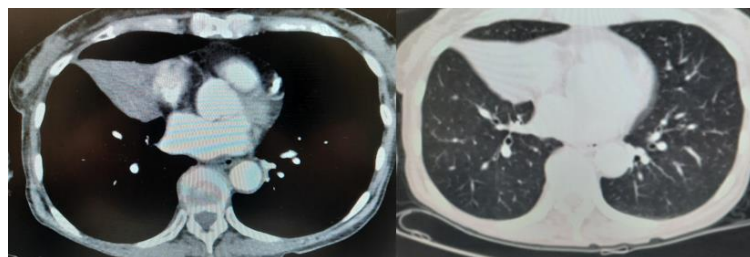
Case 1

♀ 84 years-old, with a history of Waldenstrom macroglobulinemia (WM) and IgM amyloidosis, presented with recurrent right-sided pleural effusion (PE) for tissue sampling and further management. Differential diagnosis was among WM, amyloidosis or other malignancy. Medical thoracoscopy with pleural biopsies and talc poudrage was performed successfully. The histology revealed amyloidosis and WM, while a possible conversion to higher grade lymphoma could not be excluded. The patient was referred 2 months later to our department with recurrent left-sided PE which was also managed with medical thoracoscopy. Neither of the PEs recurred in the following 6 months.



Case 2

♀ 66 years-old, presented with weight loss, spontaneous left upper arm fracture, a lesion (2.5x2cm) on the right hilum and right middle lobe atelectasis on chest CT. The lesion was identified and sampled with radial-EBUS. The histology revealed lung plasmacytoma and the patient was referred to the hemato-oncology department.

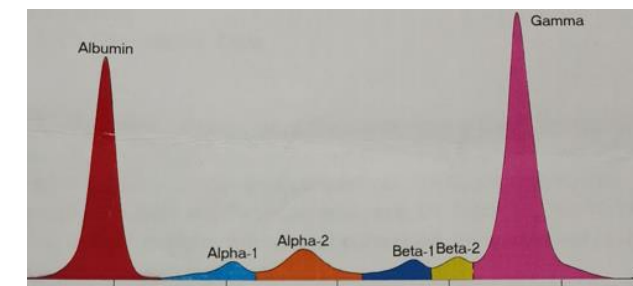
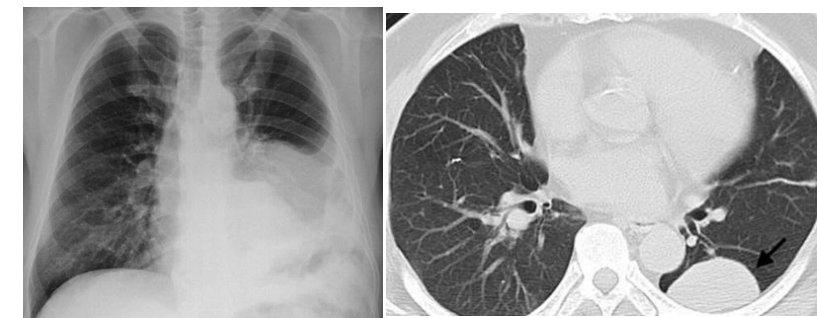


Conclusions

- IP can safely and effectively contribute to diagnosis and management of rare hematologic malignancies.
- A high degree of suspicion for such diseases should be maintained since usually larger tissue samples and multidisciplinary approach is warranted.
- Good collaboration with the hemopathology lab is key to correct and timely diagnosis.

Case 2

♂ 64years-old, presented with central left lower lobe lesion (13x18.5cm) and left-sided PE and no extrathoracic lesions. Protein electrophoresis was abnormal for monoclonal IgM gammopathy. EBUS bronchoscopy tissue samples from the lesion and the lymph nodes were not diagnostic. The patient underwent transthoracic fine needle biopsy and tissue was specifically sent to a hemo-pathology lab. The biopsy revealed bronchus associated lymphoid tissue lymphoma (BALT).



References

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