Most acquired cases of cervical lymphadenopathy have an infectious or reactive origin, but malignancy must be considered. An asymptomatic lesion that appears to be an enlarged lymph node creates a difficult dilemma for the physician.

Skeletal survey, chest X-ray and abdominal ultrasound NORMAL.

Cytomegalovirus, HIV, atypical Mycobacteria and tuberculosis, Toxoplasmosis and Bartonellosis EXCLUDED

Epstein Barr Virus (EBV) VCA IgG and EBNA antibodies POSITIVE

Diffuse proliferation of dendritic cells with abundant, pale eosinophilic cytoplasm, irregular and elongated nuclei with nuclear grooves and fine chromatin (HE,100x)

Immunohistochemical S100 protein + CD1a POSITIVE (immunoprohile of Langerhans cells)

Langerhans cell histiocytosis (LCH) is a rare disease characterized by a clonal proliferation of histiocytes. It affects mostly children younger than five-years-old. Cervical mass with lymph node involvement in a primary and isolated form, without cutaneous or bone involvement is extremely rare. The pathogenesis of LCH remains unclear. The etiologic association of human herpes viruses was suggested in many reports and remains debated. In our case, the presence of EBV DNA in the lymph node suggest a viral contribution to LCH pathophysiology.

REFERENCES