2/1/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: Ramaswamy (@) **Case Discussants**: Kirtan (@KirtanPatolia) & Kuchal

https://clinicalproblemsolving.com/present-a-case/

Scribing (Gillian)

CC: 41 yo female w/ neck swelling on the right side for 1 month.

HPI:

No associated pain or functional limitation, no other swelling, no recent infections (but she has young children

ROS:

Fatigue, malaise, night sweats (esp head and neck), 10 lb weight loss over 1 year (but on semaglutide); negative for fever chills, cough, nausea, diarrhea, urinary symptoms

PMH: htn, prediabetes, chronic left lower limb edema (may thurner syndrome; iliac vein stent 3 yr ago), GERD, migraine, OSA (on CPAP)

Meds: amlodipine, clopidogrel, hctz, semaglutide, sumatriptan, topiramate

Fam Hx: ovarian cancer (grandma), aunt (breast cancer, uncle (gastric cancer)

Social Hx: stay at home mom, no animal exposure

Health-Related Behaviors: 15 py smoking hx (quit 5 yr ago), no alcohol or drug

Allergies: nifedipine (cause swelling)

Vitals: T: afebrile **HR**: 80 **BP**: 121/76 **RR**: 17 **Sat**: 98% on RA **BMI**: 47

Exam: Gen: comfortable

HEENT: swelling over right supraclavicular area, mobile, soft, nontender with no cervical lymphadenopathy

CV, Pulm, Abd: nl

Notable Labs & Imaging:

Hematology:

WBC: 8.7 Hgb: 13 Plt: 254 MCV: 79

Chemistry:

Na: 136 K: 3.6 Cr: 0.76 BUN: 9 Glucose: 100 Ca: 8.8

AST: 14 ALT: 15 Alk-P: 73 Bili: 0.4 Albumin: 3.3 Total Protein: 7.9

CRP: 0.72 LDH: 112

HIV: neg Tb: neg Thyroid: nl Ferritin: nl



Imaging:

POCUS: well-circumscribed cystic structure in soft tissue, non-septated, no doppler signal

US: hypoechoic grounded structure in right supraclavicular area, 1.6x 1.4x 1.1 cm; adjacent lymph nodes, no cyst, fluid in area of concern;

CT: enlarged supraclavicular lymph node with surrounding small lymph nodes, no other thoracic lns

Core Needle Biopsy: lymph node tissue is effaced by nodular atypical lymphocytic infiltrate; Positive for CD20, 10, BCL-6, BCL-2, PAX5, CD3, CD5, CD21, kappa restricted B cells; cyclin D1 negative

PET Scan: 1. Enlarging hypermetabolic 2.4x1.6 cm right supraclavicular ln 2. multiple enlarged hypermetabolic lymph nodes retroperitoneal, mesenteric, axillary, iliac, inguinal lymph nodes 3. splenomegaly.

Patient started on rituximab and did much better

Dx: Follicular lymphoma

Problem Representation: 41 yo f with family hx of malignancy, smoking hx, B symptoms presenting with right sided supraclavicular lymph node and normal LDH.

Teaching Points (Julia)

Neck swelling: acute vs chronic, painful, progressive, extension, consistency of the mass/swelling. Consider thyroid and midline structures

-*Structures that drain into the neck*: lymph nodes, salivary glands, parathyroid, neck muscles (digastric muscle, laryngeal/pharyngeal pouch), oral cavity, throat, skull, vessels

-*Important to protect the airway:* look if pt is able to talk, swallow

B symptoms + former smoker + family hx of cancer: strong risk factor for malignancy

Cystic mass: next step would be aspirate + CT neck w contrast + thyroid studies + CT abd/pelvis. Important to know if the cyst is signal or noise and if this cyst represent an indolent infection. Thyroglossal (midline) vs branchial cyst (lateral).

Supraclavicular lymph node: could indicate locally disease but, more severe, long distance malignancy, especially GI tumors.

- *Left supraclavicular*: abdominal (stomach) and pelvic structures
- *Right supraclavicular:* esophagus, mediastinal and lungs

Important to **consider infections** (HIV, TB, Nocardia) and **liquid tumors** (leukemia/lymphoma). Low LDH does not rule out lymphoma, but indicate a less indolent disease.

-Pathology stain to look for: AFB, GMS, CD

Core biopsy: lymphoma (follicular, large B-cell, mantle cell) - follicular tends to be more disseminated, so it is important to ask for CT abd/pelvis.

Follicular lymphoma: very difficult to diagnose