Myasthenia gravis associated with fibrous histiocytoma

Sir,

Association of myasthenia gravis with extrathymic malignancies, especially leukemia, reticuloendothelial, and solid tissue malignancy, has been described, albeit rarely. In a se-
ries of 296 thymectomized myasthenic cases, only 5 patients had extrathymic fibrous histiocytoma and extrathymic malignancies were observed more frequently in thymomatous myasthenia than in nonthymomatous ones.[4]

A 35-year-old male presented with gradually progressive dysphagia for solids for 6-month duration. For the last 1 month, he experienced diplopia especially in extremes of continuous horizontal gaze and occasional jaw weakness. Two weeks prior to hospitalization, he also developed dyspnea. There was no history of a focal or generalized muscular weakness. A 6-cm round, well defined, soft tissue swelling was noted in the left infraclavicular area. There were no other focal neurological deficits. The tensilon test and repetitive nerve stimulation test were suggestive of myasthenia gravis. However, anticholinesterase antibodies were not detected. Antinuclear antibody, RA factor, immunoglobulin levels, and other sero-markers were also negative.

Spiral computerized tomography (CT) scan of the thorax did not reveal any thymic lesion, but an extrathoracic soft tissue mass was observed in the left intraclavicular region [Figure 1]. A subsequently performed CT-guided fine needle aspiration cytology was suggestive of a spindle cell tumor. He underwent enucleation of the mass and the diagnosis of fibrous histiocytoma was confirmed by CD-68 stains, which were positive for histiocyte cells, while the cytokeratin and epithelial membrane antigens were negative [Figures 2 and 3]. Postoperatively his breathlessness and swallowing difficulty improved. He underwent plasmapheresis along with anticholinesterase and immunomodulation therapy and showed gradual symptomatic improvement.

The prominent clinical feature of this patient was pharyngeal weakness followed by diplopia and breathlessness. It was associated with extrathoracic soft tissue swelling in the left infraclavicular region. History, clinical examination and electrophysiological evaluation suggested postsynaptic neuromuscular junction disorder and the tensilon test was positive. The mass, which turned out to be fibrous histiocytoma, was excised. Other possibilities of such presentation are in cases of oculopharyngeal muscular dystrophy, bulbar palsy, and AIDP inflammatory myopathy, but these were ruled out on the basis of clinical course, investigation and response to medication. One found to have thymomas an Autoimmune Disease and approximately 10% of patients with myasthenia

In the literature, 59 myasthenic cases with an extrathymic malignancy were found. There were 18 cases of thymomatous myasthenia and 41 nonthymomatous ones. The primary site of extrathymic malignancy was blood-forming organs, namely, 15 cases of leukemia and sarcoma of reticuloendothelial system, breast (eight), lung (six), thyroid (five), digestive tract (four), skin (three), uterus (three), fibrous histiocytoma (three), miscellaneous (eight), and unknown (five).[4]

Thus, myasthenia gravis although not an uncommon neu-
fibrosis and hematoma. One week after the operation, the patient recovered completely from the neurological deficit and was relieved of the radicular pain.

Although serious complications have been reported with acupuncture, they are rare. Yamashita suggests that most serious adverse events are actually cases of negligence.

We found two cases of spinal epidural hematoma associated with acupuncture in the Medline. Chen reported a 48-year-old female with meningeal irritation within 1 week after the acupunctures, leading to a L1/2 subacute epidural hematoma and meningitis. The patient was managed conservatively. Keane reported a thoracic spinal epidural hemorrhage with subarachnoid hemorrhage following acupunctures. This case draws attention to the rare complication of the lumbar epidural hematoma following acupunctures. The history and the localized nature of the hematoma should raise suspicion. Depending on the clinical course, either a conservative disorder, its association with extrathymic malignancy is very rare and the rarest association is with fibrous histiocytoma, as in our case. Further autoimmune research studies are needed to establish their association and interaction at the molecular level.

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References


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