Extranodal Rosai-Dorfman disease involving the pulmonary artery

Tayyab Rehman*, Bennett P. deBoisblanc and Stephen P. Kantrow

Section of Pulmonary and Critical Care Medicine, Department of Medicine, Louisiana State University Health Sciences Center, New Orleans, LA, USA

* Corresponding author. Section of Pulmonary and Critical Care Medicine, Department of Medicine, Louisiana State University Health Sciences Center, 1901 Perdido Street, Suite 3205, New Orleans, LA 70112, USA. Tel: +1-504-4914359; fax: +1-504-5684295; e-mail: trehma@lsuhsc.edu (T. Rehman).

Received 11 February 2013; received in revised form 11 March 2013; accepted 13 March 2013

Keywords: Rosai-Dorfman disease • Sinus histiocytosis with massive lymphadenopathy • Emperipolesis • Right heart failure

A 61-year-old woman underwent computed tomography (CT) angiography for evaluation of syncope and was found to have a central pulmonary artery filling defect (Fig. 1). During an attempted intravascular ultrasound-guided biopsy of the lesion, the patient coded and died. Autopsy confirmed the case as a rare presentation of Rosai-Dorfman disease (Fig. 2 and Supplementary Figs 1 and 2).

Supplementary material is available at EJCTS online.

Figure 1: CT angiogram (an axial view at the level of carina) showing a large filling defect within the main pulmonary artery.

Figure 2: An explanted heart-lung block (a dorsal view with pulmonary trunk cut open) revealing a 6.4 × 3.2 × 3.0 cm, tan, well-circumscribed lesion with the pulmonary trunk.

†Presented at the American College of Chest Physicians (CHEST) Annual Meeting, Atlanta, GA, USA, 24 October 2012.

© The Author 2013. Published by Oxford University Press on behalf of the European Association for Cardio-Thoracic Surgery. All rights reserved.