

Joint Pain as Presentation of Lymphoma in A Developing Community

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Abstract

There has been a spate of articles on joint pain as a presentation of lymphoma, this being the headline in the decades of 1988 and 1998. Therefore, 2018 heralds two cases from a developing community as regards both the elbow and the knee.

Keywords: Joint pains; Lymphoma; Decades; Developing community

Introduction

A spate of articles on joint pains appeared as headlines repeatedly concerning the presentation of lymphoma in both 1988 [1] and 1998 [2]. They looked interesting. This was considered more so from a developing community, especially from the Ibo ethnic group which a British anthropologist popularized in 1966 [3]. Moreover, Birmingham (UK) authors popularized the idea that the establishment of a histopathology data pool facilitates epidemiological analysis [4]. By 1970, the Government of the then Eastern Region of Nigeria established such a data pool. As the author became the pioneer pathologist, a variety of clinical pathology reports could be assembled. Those of the elbow and knee, as the presentation sites of lymphoma, are deemed to be worthy of documentation.

Case Reports

1. OP, 17-year-old male, attended the Orthopaedic Hospital, Enugu, under Dr Enweani. He had a painful swelling of the left elbow of a year's duration. It was lobulated and tender, extending from the distal third of the arm to the upper third of the

forearm with cystic areas. It was provisionally diagnosed as soft tissue sarcoma. The biopsy received by the author was a 2.5 cm globular pale soft mass. On microscopy, hyperchromatic, round, tumor cells of the lymphoid series grew in sheets. Lymphoma was diagnosed.

2. NK, a 34-year-old female, attended the University of Nigeria Teaching Hospital, Enugu, where she was seen by Dr. Okonkwo. The history was of 6 months progressive swelling of the left knee associated with loss of weight. On examination, a solid mass was warm and tender. X-ray showed hazy soft tissue mass. The operation findings were of fibrocartilaginous necrotic mass involving the patella. Fibrosarcoma was provisionally diagnosed. A 4 x 3 x 3 cm mass was submitted to the author. On microscopy, most of the tissue was necrotic and there were pyogenic exudates. Elsewhere, there were clumps and groups of small, viable, round celled, mitotically active, tumor cells of the lymphoid series. Lymphoma was diagnosed.

Discussion

From Turkey [5], the report concerned a 55-year-old male patient with right elbow lymphoma. There was the need “to highlight the importance of a careful examination of the elbow site in routine physical examination.” As regards an Italian case [6], the middle-aged man’s elbow was involved. In his own case, the suggestion was “that in the evaluation of patients with an unclassified arthritis, synovial or bone biopsy should be strongly considered.”

With reference to the knee, a 27-year-old Indonesian female presented with progressive swelling and pain for a month [7]. It was concluded that “primary musculoskeletal lymphoma presenting as monoarthritis is very rare.”

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Incidentally, from the UK [8], the reports included two patients with rheumatoid arthritis who developed lymphoma. Interestingly, the peripheral arthritis involved the combination of the hands, feet, and shoulders.

Conclusion

Lymphoma infrequently involves connective tissue (1), especially joint tissues (2). Since there is a few single case reports already published concerning the elbow and the knee (5-7). The present cases from a developing community are deemed to be worthy of documentation, especially as the rare data are in keeping with the requirements of epidemiological knowledge.

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