July-December 2019 Volume 28 Issue 2
PRINT ISSN: 2277-1867
ONLINE ISSN: 2277-8853

JOURNAL OF FORENSIC MEDICINE SCIENCE AND LAW

Official Publication of Medicolegal Association of Maharashtra

MULTISPECIALITY, MULTIDISCIPLINARY, NATIONAL
PEER REVIEWED, OPEN ACCESS, MLAM (SOCIETY) JOURNAL

Editorial Office Address
Department of Forensic Medicine, Third Floor, Library Building, Seth G S Medical College & KEM Hospital, Parel, Mumbai-400 012
Email id: mlameditor@gmail.com Phone: 022-24107620 Mobile No. +91-9423016325

JOURNAL OF FORENSIC MEDICINE SCIENCE AND LAW
(Official Publication of Medicolegal Association of Maharashtra)
Email.id: mlameditor@gmail.com

PRINT ISSN: 2277-1867

ONLINE ISSN: 2277-8853

Case Report

An Unusual Case of Death Due to Florid Lymphoid Hyperplasia

Ajay M Bhosekar[a], Laxman G Phad[b*], Rajesh V Bardale[c]

[a] Junior Resident, [b] Assistant Professor, [c] Associate Professor
Department of Forensic Medicine and Toxicology, Government Medical College & Hospital, Miraj, Sangli, Maharashtra, India.

Article Info

Key words
Infant,
Lymph node,
Intussusception,
Intestine.

Abstract

Florid lymphoid hyperplasia is described in Medical literature as rare entity and mortality arising out of it is still the rarest. The presentation of this condition to clinicians may mimic the signs and symptoms of Crohn's disease, acute appendicitis, acute regional ileitis etc. The present case has been taken for discussion to enlighten the rare disease and its unusual presentation.

1. Introduction

Florid lymphoid hyperplasia is type of lymphoid hyperplasia caused by stimulation of B cell compartment. Florid lymphoid hyperplasia of terminal ileum is characterized by localized morphological changes in lymphoid tissue of intestinal mucosa with nonspecific mesenteric lymphadenitis.[1,2] The etiology of Florid lymphoid hyperplasia of terminal ileum is obscure but there may be association of this condition with yersinia infection, adenovirus infection, shigella infection and antigenic response to allergens.[3]

2. Case History:

An eight Months old male child having abdominal pain and tenderness in right lower quadrant with H/O vomiting, diarrhoea and fever from 8 days. He was admitted in private Hospital and taken treatment for the same. Instead of vigorous treatment the condition of child get worsens and died on 12/02/2019, 03:27 pm. Then body was brought for post-mortem examination on same day.

3. Autopsy findings:

External examination:

The body was moderately built, well nourished. both limbs were semi flexed, rigor mortis well marked and generalised.

Post-mortem lividity was present over back and buttocks except over pressure points. Milky fluid oozing from mouth. There was no evidence any external injuries over the body.

Internal findings:

On internal examination there is 100ml clear fluid-each pleural cavity, both lungs andpleura-Unremarkable, brain oedematous and congested. Peritoneum shows soft gelatine likemass present all over mesenteric border with evidence of enlarged lymph nodes.200ml clear fluid in peritoneal cavity. Liver spleen pancreas, kidneys were unremarkable.

How to cite this article: Bhosekar AM, Phad LG, Bardale RV, An Unusual Case of Death Due to Florid Lymphoid Hyperplasia. J For Med Sci Law 2019;28(2):55-57.

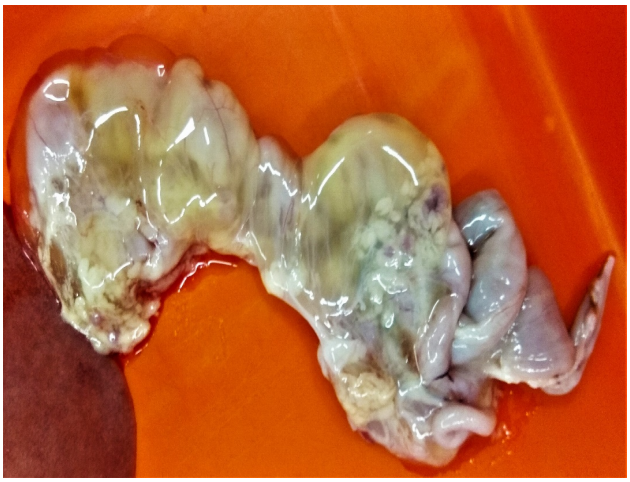
*Corresponding author: Dr Laxman G. Phad, Assistant Professor, Department of Forensic Medicine & Toxicology, Government Medical College and Hospital, Miraj. Maharashtra, India. Email: laxmanphad87@gmail.com (M) +91-9421381771.

Ileo-ileal intussusception present. **S**erosal surface of small intestines covered with exudate & ileo-ileal intussusception seen (Refer to **photograph no. 1, 2 & 3**).

Photograph 1: Showing ileo-ileal intussusception.

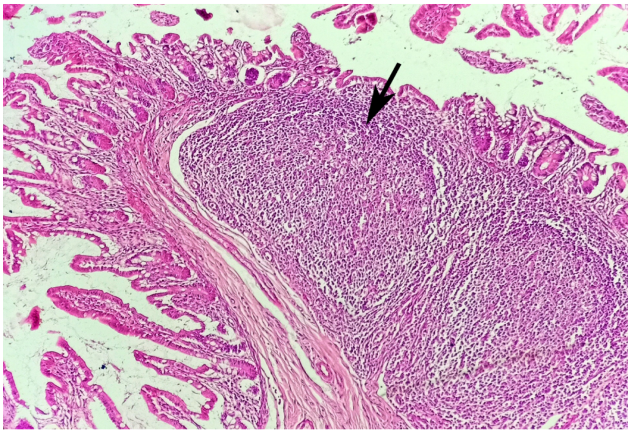
Photograph 2: Cut section of ileum showing ileo-ileal intussusception.

Photograph 3: Serosal surface of small intestines covered with thick gelatinous exudate Histopathological examination

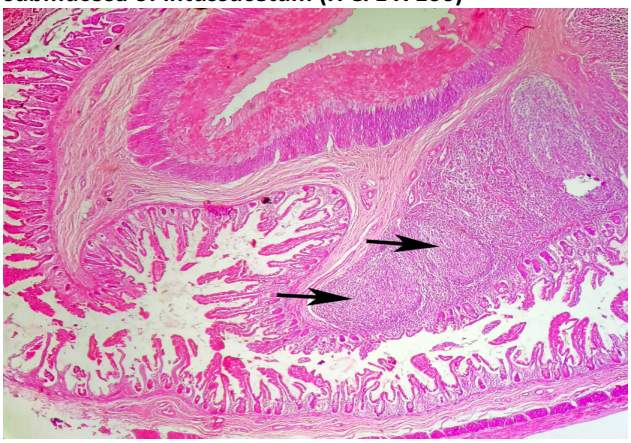


Brain, heart, lungs, spleen, both kidneys & liver were unremarkable with intestine shows serosal surface of small intestines covered with exudate on one side. On opening the ileum shows Ileo-ileal intussusception measuring 2 cm in length. Mesentery shows presence of ten lymph nodes, largest measuring 1.5 x 1 cm, smallest being 0.2 x 0.2 cm.

Photograph 4: Scanner view showing hyperplastic lymphoid follicles (arrows) in the submucosa of intussesceptum (H & E X 40)



Photograph 5: Hyperplastic lymphoid follicles in the submucosa of intussucetum (H & E X 100)



Microscopic examination:

Intestine shows Iileo-ileal intussusception due to florid lymphoid hyperplasia (FLH). The ileum, caecum and appendix show FLH (Refer to photograph no. 4 & 5). Lungs shows focal intra alveolar haemorrhages, liver shows micro vesicular fatty change, spleen shows reactive lymphoid hyperplasia. Brain, heart, kidneys shows no specific lesion.

Discussion:

Golden described the roentgenological picture of 'non sclerosing ileitis' in detail. Mucosal folds of the terminal ileum are thickened with a loss of flexibility of walls. Polypoid elevations give it a cobblestone appearance. When the size of the follicles reaches its culmination, most severe pain and tenderness can be elicited.[3]Clinically florid lymphoid hyperplasia of terminal ileum is most frequently confused with acute appendicitis, acute regional ileitis, acute mesenteric lymphadenitis, and giant follicular lymphoblastoma.[3] Rubin et al illustrated that terminal ileum lymphoid hyperplasia can bedivided into childhood (common) and adult (rare) form.

The adult form is difficult to distinguish from low grade lymphoma, but can only be differentiated by the absence of light chain restriction.[5] Though, there are a few case reports of association with other systemic diseases such as multiple intestinal polyposis, Gardner syndrome, and malignant lymphoma, these associations were noted to occur only in children <10 years of age.[6] In infant, ileo-ileal intussusception can be easily missed at autopsy, in absence of any other pathology. A Thorough examination of intestine may yield positive findings. This case demonstrates, unusual cause of death due to florid lymphoid hyperplasia that had caused ileo-ileal intussusception.

References:

1. Weiss LM, O'malley D. Benign lymphadenopathies. Modern Pathology. 2013 Jan;26(1):S88-96.
2. Torigian DA, Levine MS, Gill NS, Rubesin SE, Fogt F, Schultz CF, Furth EE, Laufer I. Lymphoid hyperplasia of the stomach: radiographic findings in five adult patients. American Journal of Roentgenology. 2001 Jul;177(1):71-5.
3. Fieber SS, Schaefer HJ. Lymphoid Hyperplasia of the Terminal Ileum—Clinical Entity?. Gastroenterology. 1966 Jan 1; 50(1):83-98.
4. Kanakala V, Birch P, Kasaraneni R. Florid reactive lymphoid hyperplasia of terminal ileum. BMJ Case rep. 2010; 2010:bcr12.2008.1343.
5. Rubin A, Isaacson PG. Florid reactive lymphoid hyperplasia of the terminal ileum in adults: a condition bearing a close resemblance to low-grade malignant lymphoma. Histopathology. 1990; 17: 19-26.
6. Danis RK. Lymphoid hyperplasia of the ileum—always benign disease. Am J Dis Child 1974; 127: 656-62.