

Castleman's Disease with the Multicentric Hyaline Vascular Variants Successfully Treated with Cyclic High Dose Steroid Therapy in the ESRD patient

Department of Internal Medicine and pathology², Gangneung Asan Hospital.
University of Ulsan College of Medicine, Gangneung, Korea

*Sung-Won Cho, M.D., Hyoung-Jung Chung, M.D., Young-Ju Cho, M.D.
Ho-Suk Oh, M.D., Su-Hee Kim, M.D., Gil-Hyun Kang, M.D.² and Jong-Su Choi, M.D.

Castleman's disease (CD) is rarely reported and its cause is not clearly identified. In the matter of treatment (especially multicentric form), various clinical treatments were attempted but its standard treatment is not yet to be established. This case was about a 51 year-old male patient on hemodialysis with end stage renal disease (ESRD). He visited our hospital with the chief complaint of a fever and a myalgia. He was diagnosed as multicentric Castleman's disease (MCD) hyaline vascular type through an excisional biopsy at his inguinal lymph node (LN). Considering his underlying disease and general condition, cyclic high dose steroid therapy (prednisolone 1 mg/kg/day for 5days q 4weeks) was performed. The symptoms were improved after 2 days of steroid treatment, also the LN size was decreased on the chest and abdominopelvic CT scans after 1 month. Eight times of high dose steroid therapy in total were accomplished. The manifestation of MCD was not found on the clinical symptoms. Multiple lymph nodes enlargement was disappeared on the CT scan as well. It was reported that a patient in an immunocompromised state who was diagnosed as MCD hyaline vascular type was treated successfully through the cyclic high dose steroid therapy.

Key words : Castleman's disease, Lymphoproliferative disorder, ESRD, Prednisolone

Treatment Outcomes of Rhabdomyosarcoma in Adult Patients Older than 15 years

¹Department of Internal Medicine, Seoul National University College of Medicine, ²Department of Orthopedic Surgery, Seoul National University College of Medicine, ³Department of Radiation Oncology, Seoul National University College of Medicine

*Ki Hwan Kim¹, Yu Jung Kim¹, Do-Youn Oh¹, Se-Hoon Lee¹, Dong-Wan Kim¹, Han Soo Kim²
Seock-Ah Im¹, Tae-You Kim¹, Dae Seog Heo¹, Il Han Kim³, Yung-Jue Bang¹

Background : The cure rate of children with rhabdomyosarcoma has dramatically improved as a result of cooperative group trials and the introduction of multimodal therapy. On the other hand, rhabdomyosarcoma is rare disease in adults and so, clinical trials are scarce. We present clinical experiences of adult patients older than 15 years with rhabdomyosarcoma. **Method :** From 1995 to 2006, patients diagnosed as rhabdomyosarcoma older than 15 years were studied. Clinical characteristics and treatment outcomes were reviewed by medical records. **Results :** 44 patients were studied. Male to female ratio was 2.4:1 (31 male and 13 female). Median age was 28, ranging from 16 to 74. Most common symptom was mass (73%), followed by pain (18%). 34 patients (77%) had localized disease and 10 (23%) did metastatic disease. There were 20 (45%) embryonal histology, 7 (16%) alveolar and 7 (16%) pleomorphic. Among 7 patients with pleomorphic histology, 6 were more than 30 years old. Most frequent site of origin was extremity (15 patients, 34%), followed by head and neck (7, 16%). 40 patients were treated with combination chemotherapy including anthracyclin, cyclophosphamide and dactinomycin and 4 refused chemotherapy. Median follow up period was 20 months. Patients with localized disease had longer event free survival and overall survival than those with metastatic disease (22 vs. 8 months, $P<.01$, 45 vs 11 months, $P<.01$ respectively). 5 year event free survival rate was 21% in patients with localized disease and 0% in those with metastatic disease. Patients older than 60 years had worse event free survival and overall survival than the others (36 vs 9 months, $P=.04$, 61 vs 11 months, $P<.01$ respectively), and other clinical factors did not predict event free survival and overall survival. **Conclusion :** Adult patients with rhabdomyosarcoma have poor treatment outcomes. Patients older than 60 years have worse prognosis than the others. Multicenter trials to uncover clinical characteristics and optimal treatment protocols for adult patients are eagerly needed.