Journal of Hematopathology (2019) 12:215–216
https://doi.org/10.1007/s12308-019-00366-8

IMAGES

Warthin–Finkeldey-like cells in a lymph node from a child with Li-Fraumeni syndrome

Joseph Mininni[1] · Zeba Singh[1] · Eric Strauch[2] · Regina A. Macatangay[3] · Michael E. Kallen[1]

Received: 16 July 2019 / Accepted: 23 July 2019 / Published online: 6 August 2019

Letter to the Editor:

Warthin–Finkeldey-type giant cells are large polykaryocytes, with numerous nuclei distributed in grape-like clusters (so-called mulberry cells), and are associated with the prodromal phase of measles infection in lymphoid tissues. Warthin–Finkeldey-like cells (WFLCs) closely resemble Warthin–Finkeldey-type giant cells, and have been seen in a variety of reactive lymphoid conditions, including the acute phase of HIV lymphadenitis, and in low-grade lymphomas [1]. Immunohistochemical studies have reported both T cell and follicular dendritic cell phenotypes in Warthin–Finkeldey-type giant cells, which may show them to be a heterogeneous population [1]. We report the case of a 3-year-old girl with Li-Fraumeni syndrome confirmed with *TP53* mutation testing, who is asymptomatic and presents for screening. She has received all viral vaccinations to date. Of note, her family history is significant for a father with the same *TP53* mutation and cancers including chondroblastic osteosarcoma and glioblastoma multiforme, and a paternal half-sister who died at age 4 after diagnosis of adrenocortical carcinoma and choroid plexus tumors. MRI demonstrated a 5.3 × 3.4 × 3.2 cm T2 hyperintense lesion of the pelvis, abutting the vertebral bodies at L5-S2, as well as prominent mesenteric lymph nodes which were not enlarged. Excision of the pelvic mass demonstrated a ganglioneuroma. Excision of the lymph nodes demonstrated reactive lymphoid hyperplasia, with histologic findings including architectural preservation, and focal involvement of several germinal centers from a single node by prominent WFLCs (Fig. 1a). Immunohistochemical and in situ hybridization stains demonstrated WFLC expression of CD20, PAX5 (Fig. 1c), BCL6, and CD10 (Fig. 1b), and negativity for CD30, MUM1, BCL2, and EBER ISH; this immunophenotype is indicative of a germinal center B cell. Our findings in this novel clinical setting show the immunophenotypic heterogeneity of WFLCs, and illustrate their association with reactive lymphoid proliferations.

✉ Michael E. Kallen
michael.kallen@umm.edu

[1] Department of Pathology, University of Maryland School of Medicine, UMMC, NBW43, 22 S. Greene St., Baltimore, MD 21201, USA

[2] Department of Surgery, University of Maryland School of Medicine, Baltimore, MD 21201, USA

[3] Department of Pediatrics, University of Maryland School of Medicine, Baltimore, MD 21201, USA

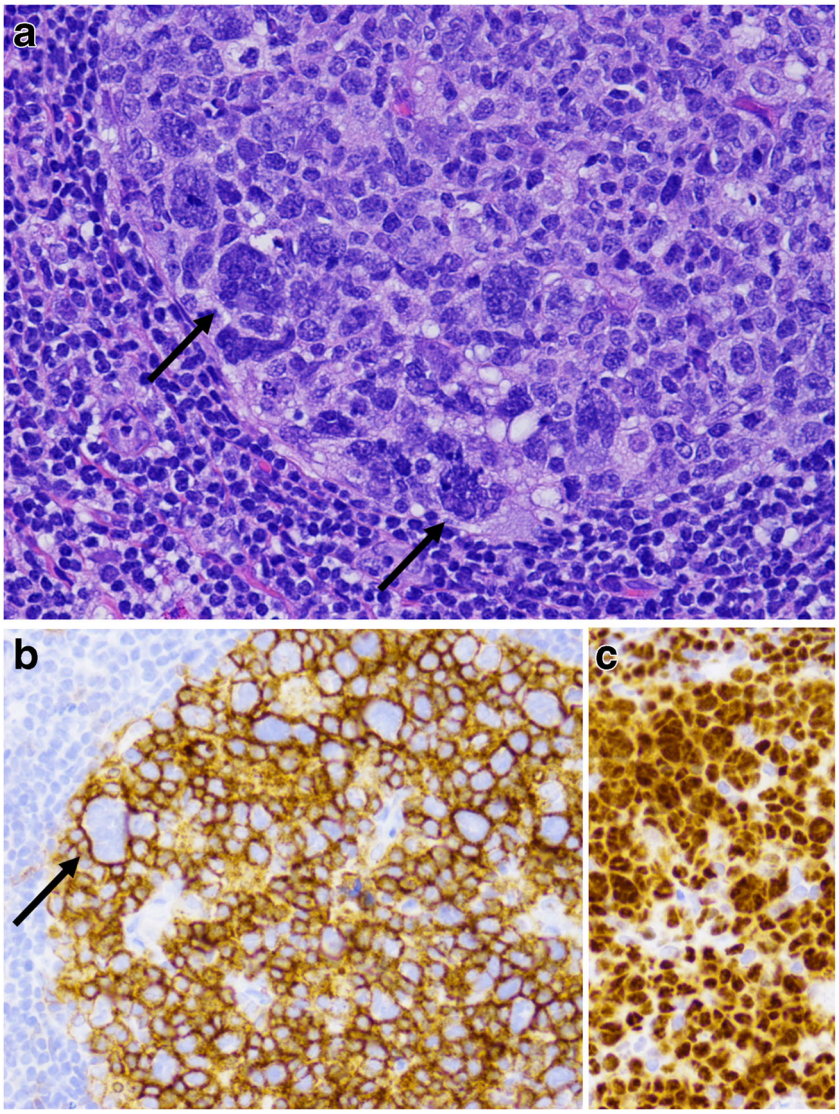

Fig. 1 **a** Polykaryocytes with grapelike clusters of nuclei (arrows), involving a germinal center from a lymph node with reactive lymphoid hyperplasia (H&E stain, × 400 magnification). The polykaryocytes show immunohistochemical expression of **b** CD10 (arrow) and **c** PAX5 (parts **b** and **c**, × 400 magnification)

Author contributions MEK wrote the manuscript; JM, ZS, ES, and RAM edited the manuscript.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Reference

1. Ioachim HL, Medeiros LJ (2009) Chapter 14: measles lymphadenitis. In: Ioachim's lymph node pathology, 4th edn. Lippincott Williams & Wilkins, Philadelphia, PA, pp 97–98