

AB214. SOH22ABS208. When an oozing neck mass with skin changes is more than an abscess—atypical presentation of lymphoma in a patient with trisomy 21

Florence Ibrahim, Olena Tkachuk

Department of ENT, University Hospital Limerick, Limerick, Ireland

Background: A 16-year-old girl with trisomy 21 and past medical history of asthma presented to emergency department (ED) with a palpable, tender, left neck mass, involving the left anterior and posterior neck. The neck mass had been enlarging over 3 months and was covered with overlying skin that had plaque-like crusting and oozing fistulas. Neither oral examination or nasendoscopy showed any abnormality.

Case Description: The suspected left neck abscess was managed with IV antimicrobial therapy as guided by microbiology advice. The neck wound was swabbed and skin scrapings sent for culture and sensitivity. Dermatology was consulted and advised to add application of creams to the wound along with ongoing systematic antibiotic and anti-fungal treatment. Multiple fine needle aspirations taken from the left neck mass, no pus on aspiration, samples obtained were sent for microbiology and cytology. CT neck showed extensive swelling of left neck, with internal jugular vein thrombosis, impression reported as suspicious of neoplasia or lymphoma. Cytology confirmed anaplastic large cell lymphoma. Patient was referred to haematology for treatment following multidisciplinary meeting

discussion.

Conclusions: When approached with a child with an enlarging neck mass and skin changes, it is important to keep malignancy in the differential diagnosis and to investigate accordingly.

Keywords: Lymphoma; neck abscess; trisomy 21; neck lump; dermatitis

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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