

Case of the week 08.04.2023
IgG4 related inflammatory pseudotumor

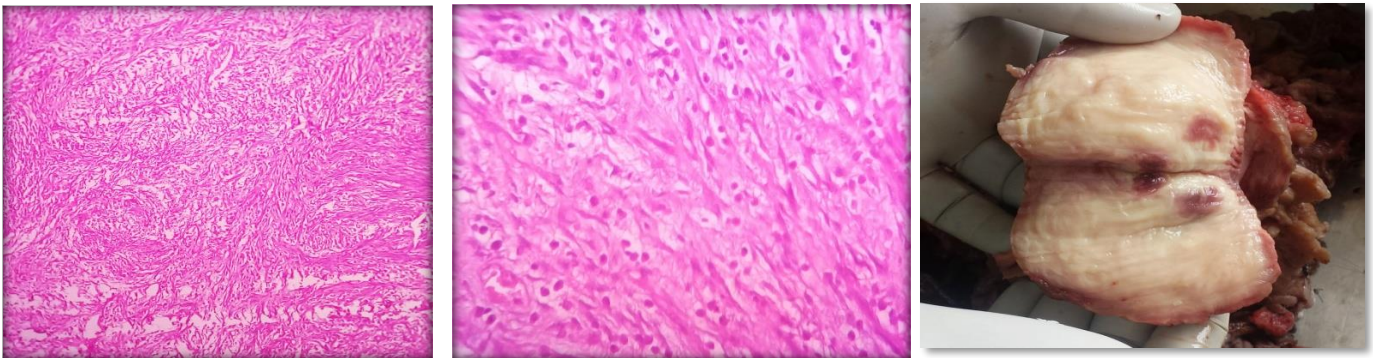
Clinical history– A 30 years female came with complaints of shortness of breath and fever since 1 month. History of loss of weight, loss of appetite and cough are present. Pulmonary function tests show moderate to severe obstruction

X ray - Large homogenous opacity in left hemithorax with obliteration of the left pleural recess and outline of left hemidiaphragm, mediastinal shift to the right side

CT scan chest – A Large mass in the left pleural cavity, with collapse-consolidation in underlying lung and pleural effusion– Suggest Pleural /Peripheral lung mass



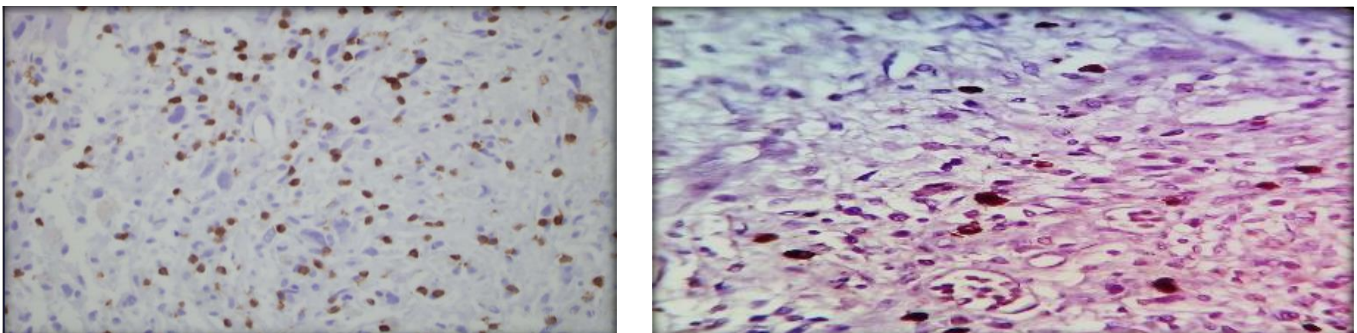
Initial small biopsy – features are suggestive of inflammatory myofibroblastic tumour.



Gross – multiple nodules weighing around 300gms were excised and sent for biopsy. Largest nodule measuring 6x5cm

Microscopy – showed spindle shaped cells arranged in storiform pattern and fascicles. Intervening stroma shows collection of lymphocytes and plasma cells. Obliterating phlebitis is noted at some foci – possibilities of inflammatory myofibroblastic tumor and IGG4 related inflammatory pseudotumor were considered

Immunohistochemistry – results showed positive for SMA, Vimentin, IgG, IgG4-EP138. Negative for ALK.



Final diagnosis of the case – IgG4 related inflammatory pseudotumor