ENDOTHELIOMA OF THE LYMPH NODES OF THE INGUINAL REGION

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CASE HISTORY

L. S. M., a white male aged fifty-three, entered the hospital Nov. 7, 1930. His family history was unimportant. As a child he had had mumps, scarlet fever, and chicken-pox. As an adult he had suffered from chronic rheumatism.

Six months previously he had first noted a tumor the size of a hazelnut in the left inguinal region. It had increased steadily to the size of a small orange. During the previous twenty days its growth had been much more rapid. He walked with difficulty. One and one-half months previously he had first observed enlarged glands in the right side of the neck, about the left elbow, and in the left groin.

On physical examination, keratoses of the skin of the face were noted. The mucous membrane of the mouth was normal. The teeth were complete but there was pyorrhea. Along the right sterno-mastoid were numerous enlarged lymph nodes. On the left side of the neck the adenopathy was less marked. There were a few enlarged nodes in the left supraclavicular region. In each axilla there were hard movable lymph nodes the size of chestnuts. The heart and lungs were normal. The liver edge was felt three fingers’ breadths below the costal margin, and gave the impression of being nodular. The spleen was not palpable. Below the level of the umbilicus the skin over the abdomen contained numerous violet-colored nodules, ranging in size from a grain of rice to a bean.

In the left iliac fossa there was a tumor the size of a grapefruit. The lymph nodes in the left inguinal region were enlarged and fused together, forming a mass which was adherent to the skin and to deeper structures. The skin of the penis and scrotum was red and edematous. There was a lymphangitis of the left leg extending from the knee to the groin.

Biopsy of a lymph node was done. Smears of the fresh tissue were made and stained with Giemsa’s stain. The tumor cells, which outnumbered the lymphocytes thirty to one, were from two
to three times the size of lymphocytes. Their nuclei stained violet, and contained one or two nucleoli which did not stain well. The chromatin was arranged in the form of a spongy reticulum. Mitoses were frequent. The protoplasm stained an intense blue, and was vacuolated in some of the cells.

The histological sections (Fig. 1) showed more detail. The tumor cells were polyhedral, with large nuclei containing nucleoli. Mitoses were numerous. The blood vessels were larger than is usual in lymph nodes, and, as is characteristic in sarcomas, the walls of the vessels were in intimate contact with the tumor cells.

**DISCUSSION**

This is the second case of endothelioma of the lymph nodes of the inguinal region which we have observed (see Bol. de la Liga contra el cancer 4: 345, 1929). We have searched the medical literature on the subject and have not found any exactly similar case.\(^1\) In our opinion endothelioma of the lymph nodes should be classed as a separate clinical and anatomical entity.

\(^1\) Endothelioma of lymph nodes is a rare, but not a hitherto unrecognized, disease. Roulet (Roulet, Frédéric: Das primäre Retothelsarkom der Lymphknoten. Virchows Arch. f. path. Anat. 277: 15, 1930) has recently written comprehensively on the subject, describing eleven cases, one of which originated in the inguinal region.—Editor.