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Subcutaneous inflammation mimicking metastatic malignancy induced by injection of mistletoe extract

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We describe the histological features of subcutaneous inflammation induced by mistletoe, a popular Christmas decoration, when used as an anticancer complementary therapy. We also outline the use of extract of mistletoe in this context.

Case report

A 61 year old woman attending a follow-up appointment two months after excision of tubular carcinoma of the breast complained of an abdominal wall mass. The lesion was subcutaneous, mildly tender, and had a nodular consistency. The patient was worried that the soft tissue mass might be a recurrence and had a nodular consistency. The patient was being followed for 25 years. MA's good looking score was not requested to avoid any problems at home for Christmas.

Lobular panniculitis with paraseptal lymphoid follicles and vasculitis are found in lupus panniculitis, which is seen in systemic and discoid lupus erythematosus. Eosinophils have been reported in up to a quarter of patients with this disorder, making it a possible diagnosis in our patient. The microscopic features of the subcutaneous inflammation seen in dermatomyositis are indistinguishable from those seen in lupus, but a muscle biopsy would be needed to make such a diagnosis. Traumatic and factitial panniculitis are characterised by a mixed lobular and septal panniculitis, but they can be excluded in this case because of the absence of fat cyst formation, necrosis, and infiltrates of macrophages and multinucleate giant cells. Such features are also seen in post-steroid panniculitis, where multiple subcutaneous nodules develop up to a month after cessation of steroids.

Our patient satisfied none of the 11 diagnostic criteria for systemic lupus erythematosus as set out by the American Rheumatism Association. After discussion with her surgeon, it transpired that the patient had been receiving subcutaneous injections of mistletoe extract as complementary therapy aimed at treating her lymphoma. She used an aqueous, whole plant extract of mistletoe grown on ash trees, called “Abnoba var. Serrano for help in the statistical analysis.

Contributors: All authors designed the study. MA and MJB designed the good looking score. AT and AML are guarantors.

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Research
Local reactions have been documented previously, usually manifesting as erythema or pain. Two reports of histologically assessed inflammation induced by mistletoe exist in the medical literature. A 61 year old man with a T3NXMX pancreatic adenocarcinoma who was treated with once weekly intratumoral and peritumoral injections of mistletoe for five weeks underwent diagnostic needle core biopsy on day 28 after starting treatment. The biopsy showed adenocarcinoma admixed with neutrophils and eosinophils. A further study documents the histology of seven patients with subcutaneous inflammation induced by whole plant mistletoe extract. The microscopic pattern was of a dense perivascular lymphoid infiltrate and increased monocytes. An infiltrate of plasma cells or eosinophils was not seen. Both accounts support the notion that the microscopic features of panniculitis in our case are caused by subcutaneous mistletoe administration. Ours is the first documented account of a combined pattern of a heavy infiltrate of eosinophils, perivascular lymphoid aggregates, and mild vasculitis.

This case taught us the importance of good communication. We may never have known the underlying cause of the inflammation without an honest working relationship between the pathologists and surgeons, and between the surgeon and his patient. This story also shows that patients sometimes withhold information from us. In this case, the patient may have assumed that alternative therapies have no relevance in conventional medical consultations.

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Fig 2 High power view (×400) showing vasculitis—small blood vessel destruction and inflammation with a prominent eosinophilic component. Note the red blood cells within the vessel lumens.