Diffuse Large B-Cell Lymphoma Presenting with Perforation of the Cervical Esophagus

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**Introduction**

Lymphoma involves the esophagus in 1% of cases. Violation of the esophageal wall is rare. We report a case of diffuse large B-cell lymphoma presenting with erosion into the cervical esophagus.

**Case Report**

A 56 year-old woman presented with a right-sided neck mass that developed over a period of four months. She reported dysphagia, but had no fevers, hoarseness, or stridor. CT scan revealed a large heterogenous mass extending from the skull base to the mediastinum, involving the parapharyngeal and retroesophageal spaces. There was free air noted to track through the mass. The patient was taken to the operating room for a tracheotomy and incision & drainage. Intra-operatively, there was copious purulent fluid noted within the mass. Multiple biopsies were taken and a penrose drain was left in the wound for post-operative drainage. Intravenous antibiotic therapy was initiated immediately. The drain remained very active for the next few days so a methylene blue swallow test was performed. Blue dye drained from the penrose, confirming our suspicion for a fistula. The histology from the operative biopsy was inconclusive so an ultrasound-guided fine needle aspiration of an enlarged level II lymph node was performed which revealed diffuse large B-cell lymphoma. The patient was treated with chemotherapy, had a complete response and resolution of the fistula during the course of treatment.

**Discussion:**

Lymphoma rarely involves the esophagus. There are few reports in the literature describing the development of tracheoesophageal fistula in the setting of cervical lymphoma, and one case presenting with perforation of the esophagus. This is a very unusual presentation of esophageal lymphoma as an esophageal perforation with a large neck abscess.

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**References**


