Tonsillectomy in Post-Transplant Lymphoproliferative Disease

Angela K. Sturm-O’Brien, MD1, M. John Hicks2, Carla M. Giannoni, MD1, Marcelle Sulek, MD1 and Ellen M. Friedman, MD1

ABSTRACT

Objective: To review the role of tonsillectomy in diagnosis and management of post-transplant lymphoproliferative disease (PTLD). Case series using retrospective chart review.

Methods: A retrospective review of post-transplant lymphoproliferative disease at a single transplant center in children and young adults, from January 2004 to April 2008. Data extracted includes demographics, gender, age at transplant and liver or heart transplant. All cases with PTLD were identified via a pathology archives. A literature search was performed to identify articles on PTLD.

RESULTS

Seven thousand eight-hundred and thirty-seven tonsil and adenoid specimens were evaluated by the pathology department from January 2004 to April 2008. Of these, 4 (66%) liver transplant patients were positive for PTLD. The other two patients with PTLD had undergone a heart transplant. Patients negative for PTLD had undergone liver or heart transplant. The patients with PTLD were younger than the patients without PTLD. (p = 0.02-14.24) PTLD was diagnosed in six of twenty-five (24%) patients and nineteen were negative. In the patients with PTLD, a male predominance was observed as well as a higher percentage of patients transplanted under one year old. (p = 0.63-2) Immunosuppression as adults.

Conclusions: Tonsillectomy was performed in patients with PTLD for diagnosis and confirmation of PTLD. Tonsillectomy can be performed safely in these patients, and provides a comfortable and effective method for diagnosis and management of PTLD.

INTRODUCTION

PTLD is a rare, but deadly process that can present with adenotonsillar hypertrophy. A high index of suspicion can lead to early diagnosis with tonsil biopsy and hopefully a better outcome. The low absolute numbers of patients in our series limits definitive conclusions; however we observed correlation among adenotonsillar hypertrophy, male gender, transplantation under the age of one. Liver transplantation and development of PTLD. Early detection and institution of treatment is critical for organ preservation, as well as lower mortality rates.

METHODS AND MATERIALS

Patients were identified in the pathology archive that underwent an adenotonsillectomy or tonsillectomy to evaluate for PTLD between January 2004 and April 2008. The pathology charts were reviewed for patient gender, age at transplant, type of transplant, length of time between transplant and tonsillectomy, and immunosuppression. Histologic review of tonsil and adenoid specimens were performed.

RESULTS

PTLD was diagnosed in six of twenty-five (24%) patients and nineteen were negative. In the patients with PTLD, a male predominance was observed as well as a higher percentage of patients transplanted under one year old. (p = 0.63-2) Immunosuppression as adults.

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CONCLUSIONS

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REFERENCES


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CONTACT

Bobby R. Alford Department of Otolaryngology – Head and Neck Surgery Baylor College of Medicine and McGovern Medical School Bobby R. Alford Department of Otolaryngology – Head and Neck Surgery Baylor College of Medicine and McGovern Medical School

Transplantation of liver, kidney, heart, lung, pancreas, and bone marrow is an increasingly common treatment for end-stage organ failure. Post-transplant lymphoproliferative disease (PTLD) is a rare, but potentially life-threatening complication of immunosuppression. PTLD can present as a wide range of clinical symptoms, from asymptomatic adenopathy to life-threatening disseminated disease with widespread organ involvement. Early detection and appropriate management are crucial to achieving a favorable outcome. The presentation and evaluation of PTLD is discussed. In our series, we observed a male predominance and younger age at transplant in the group with PTLD. Younger patients are at higher risk for PTLD due to the increased risk of lymphoproliferative disorders. Tonsillectomy was performed in patients with PTLD for diagnosis and confirmation of PTLD. Tonsillectomy can be performed safely in these patients, and provides a comfortable and effective method for diagnosis and management of PTLD.