

Diffuse Calcified Lymphadenopathy in Untreated Small Lymphocytic Lymphoma

Tedavi Öncesinde Küçük Lenfositik Lenfomada İzlenen Yaygın Kalsifiye Lenfadenopati

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To the Editor,

Lymph node calcification is an uncommon radiological finding in lymphoproliferative disorders and is most frequently observed after chemotherapy or radiotherapy [1]. Post-treatment calcification has been reported in approximately 2% to 8% of lymphoma patients, whereas calcification detected before treatment is exceedingly rare and reported in less than 1% of cases [2]. When present at diagnosis, it is usually localized and associated with aggressive non-Hodgkin lymphoma (NHL) subtypes.

We report the case of a 69-year-old female patient diagnosed with small lymphocytic lymphoma (SLL) who presented with diffuse calcified lymphadenopathy prior to any treatment. The patient had no B symptoms and was diagnosed by excisional lymph node biopsy. Plain chest and abdominal radiographs demonstrated multiple high-density nodular opacities consistent with calcified lymph nodes involving the cervical, axillary, mediastinal, paraaortic, parailiac, and inguinal regions (Figure 1). These findings were further supported by positron emission tomography/computed tomography (PET/CT), which revealed hypermetabolic activity in the calcified lymph nodes. Due to the preserved performance status and absence of treatment indications, the patient was managed with close observation.

Granulomatous diseases, particularly tuberculosis and histoplasmosis, are the most common causes of lymph node calcification. Other rare etiologies include sarcoidosis, silicosis, and amyloidosis [1]. Although our patient had a remote history of treated pulmonary tuberculosis, active granulomatous disease was considered unlikely due to the absence of clinical symptoms, negative tuberculin testing, normal serum calcium levels, and the presence of increased fluorodeoxyglucose uptake

on PET/CT, favoring an active lymphoproliferative process rather than inactive post-infectious calcification [3].

Pre-treatment lymph node calcification in NHL has been reported predominantly in aggressive subtypes such as Burkitt lymphoma, diffuse large B-cell lymphoma, and peripheral T-cell lymphoma, most often detected by CT [4,5,6]. In contrast, calcification associated with SLL is exceptionally rare and has been described almost exclusively after chemotherapy, frequently in the setting of disease progression and poor prognosis [7]. To the best of our knowledge, diffuse lymph node calcification detected prior to treatment in SLL has not been previously reported, and its visibility on plain radiographs is particularly unusual.

This case emphasizes that diffuse lymph node calcification at presentation does not exclude an underlying indolent lymphoma such as SLL and may mimic granulomatous or metabolic conditions. Awareness of this rare presentation may help to avoid diagnostic delay and misinterpretation, especially in patients with a history of prior tuberculosis.

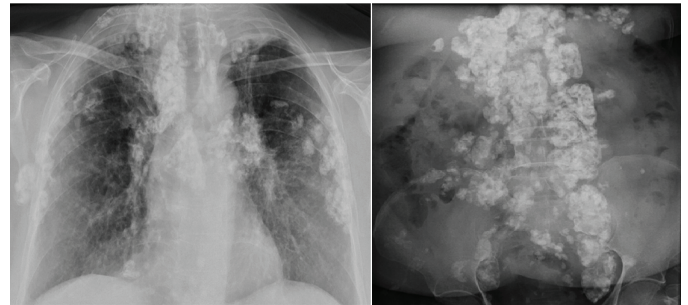


Figure 1. Posteroanterior chest X-ray showed multiple calcified lymph nodes in the mediastinum, cervical region, both hila, and axilla. Plain abdominal X-ray in standing position showed multiple calcified lymph nodes in the paraaortic and parailiac regions.

We believe this observation constitutes a novel and educational contribution to the literature for hematologists and radiologists.

Keywords: Calcified lymphadenopathy, Small lymphocytic lymphoma, Diffuse calcified lymphadenopathy, Plain radiography

Anahtar Sözcükler: Kalsifiye lenfadenopati, Küçük lenfositik lenfoma, Yaygın kalsifiye lenfadenopati, Düz röntgen

Ethics

Informed Consent: Written informed consent was obtained from the patient.

Footnotes

Authorship Contributions

Surgical and Medical Practices: M.Ş., İ.A.; Concept: M.Ş., İ.A.; Design: M.Ş., F.C.; Data Collection and Processing: Z.Ş.; Analysis or Interpretation: F.C., İ.A.; Literature Search: M.Ş., Z.Ş.; Writing: M.Ş., Z.Ş., F.C., İ.A.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

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Received/Geliş tarihi: December 23, 2025

Accepted/Kabul tarihi: January 19, 2026

Epub: January 20, 2026

DOI: 10.4274/tjh.galenos.2026.25205



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