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Summary

# COLONIC LANGERHANS CELL HISTIOCYTOSIS, A RARE FINDING

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Colorectal

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**A 52-year-old woman with pre-existing diabetes insipidus was diagnosed with multisystem Langerhans cell histiocytosis after screening colonoscopy revealed colonic lesions, with subsequent identification of infundibulo-hypothalamic and vulvar involvement.**

## KEY POINTS

- Initial colonoscopy for positive FOBT revealed subepithelial nodular formations with apical ulceration in the transverse colon, confirmed as Langerhans cell pathology by positive CD1a and Langherin immunohistochemistry.
- Staging identified multisystem disease including a 9x11x9 mm suprasellar infundibulo-hypothalamic lesion on MRI and a vulvar lesion, both with consistent immunohistochemical profiles, while bone marrow, PET-CT, EGDS, and thyroid FNA were negative.
- Treatment with vinblastine (escalating from 3 mg to 8 mg weekly for 5 doses) and oral deltacortene 75 mg for two months resulted in complete resolution of colonic lesions at 12-month follow-up colonoscopy, though the suprasellar formation remained unchanged at 2-month MRI.
- The patient's pre-existing diabetes insipidus, diagnosed 6 years prior, was likely related to the subsequently identified hypothalamic disease localization.
- This case illustrates diagnostic workup and treatment response patterns in multisystem Langerhans cell histiocytosis with gastrointestinal, central nervous system, and vulvar involvement.

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