AN INTERESTING CASE OF PUO

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Abstract

A 31/F presented in a state of anaemia with ccf, hepatosplenomegaly, cervical and right inguinal lymph node enlargement. Fnac revealed granulomatous lymphadenitis. CECT abdomen and USG were suggestive of Tb abdomen. ATT was started but her symptoms persisted. Biopsy came as lymphoproliferative disorder and IHC – CD15 CD30 positive with the presence of mononuclear variant of REED STERNBERG CELLS. Diagnosed as hodgkin’s lymphoma – mixed cellularity and ABVD regimen was started and is now on follow up.

Keywords – HODGKIN’S LYMPHOMA, REED STERNBERG CELL

Case History

A 31/F presented with H/o fever – 6 weeks, progressive abdominal distension, low grade abdominal pain, and swelling over the left side of neck and right groin.

O/E : pt - Conscious, oriented, Afebrile ; vitals stable.
Pallor ( + + +).Pedal oedema ( + ).

• Lymphadenopathy : 1. Left Middle and lower jugular nodes of size 2*2cms. Multiple. Discrete, firm, not fixed to the skin, not tender.
  2. Right inguinal ( horizontal ) group of lymph nodes. Multiple each measuring 2*3 cms. Discrete, firm, not fixed to skin; not tender.
  suprasternal pulsations + no sternal tenderness.

• CVS : S1 S2 heard. ESM heard all over the precordium.

• RS : NVBS / BAE + . minimal basal CREPITATIONS.

• P/A : Soft . Distended. Hepatomegaly 5 cms below right hypochondrium in the midclavicular line. Firm; smooth. Splenomegaly – 10 cms below the left hypochondrium in the left midclavicular line. Crossing the umbilicus, firm; no free fluid.

• CNS : NFND.

Discussion


• PERIPHERAL SMEAR : Severe microcytic hypochromic anaemia with pencil shaped cells, and tear drop cells.

• Xray : Cardiomegaly ; Ecg - Sinus tachycardia.

• LFT, sr. electrolytes : Normal.

• USG ABDOMEN: splenomegaly/ moderate hepatomegaly with ccf, Minimal ascites. Suggestive of Tb abdomen

• CECT ABD : Splenomegaly ( 17 cms) with multiple hypodensities adj to the ant border of spleen and portal vein dilatation ( 1.9 cms ) ascites, minimal pleural and pericardial effusion. Hepatomegaly ; para-aortic, retro-crural, aorto-caval and inguinal lymphadenopathy noted. Suggestive of Tb abdomen

• FNAC RIGHT INGUINAL NODE : Granulomatous lymphadenitis.

• Empirical ATT was started

• BIOPSY REPORT : Suggestive of lymphoproliferative disorder.

  CD15 – POSITIVE CD 30 – POSITIVE

• DIAGNOSIS : HODGKIN’S LYMPHOMA- MIXED CELLULARITY

• CECT ABDOMEN:

  SPLENOMEGALY ( 17 CMS) WITH MULTIPLE HYPODENSITIES ; HEPATOMEGALYAND MULTIPLE LYMPHADENOPATHY.
References

1. HARRISON’S INTERNAL MEDICINE.
2. ABELOFF BOOK OF ONCOLOGY

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