SHORT COMMUNICATION

Lymphoma co existing with Tuberculosis granulomatous

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ABSTRACT

Hodgkin lymphoma is malignant condition with good prognosis. Asymptomatic lymphadenopathy is a manifestation with cervical, supraclavicular and mediastinal lymph nodes.

Keywords: lymphoma, Hodgkin, cervical, Tuberculosis granulomatous

1. INTRODUCTION

Hodgkin lymphoma (HL) is malignant condition with good prognosis. Asymptomatic lymphadenopathy is a manifestation with Cervical, supraclavicular and mediastinal lymph nodes [1,2]. The Epstein-Barr virus (EBV) plays a pivotal role in HL pathogenesis [3]. HL usually has a bimodal curve. Sarcoid-like granulomas may coexist with 13.8% of Hodgkin’s lymphoma (HL) [4-7]. There is significant overlap between two diseases [8].

(Received 21 November 2017; Accepted 06 December 2017; Date of Publication 07 December 2017)
2. CASE PRESENTATION

31 year old female presented to the emergency department with fever, weight loss, increased sweating, fatigue and a swelling in the supraclavicular area on the left side as shown in Figure 1.

![Figure 1](image_url)

On examination the swelling was 3 inches into 5 inches and was non tender. Axillary lymph node was enlarged one on right (up to 4 cm) and one on left (up to 6 cm). Rest of physical examination was unremarkable. Laboratory tests included

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
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<tbody>
<tr>
<td>White blood cells</td>
<td>8.8×10⁹ g/l</td>
</tr>
<tr>
<td>Red blood cells</td>
<td>2.7×10¹² g/l</td>
</tr>
<tr>
<td>Neutrophils</td>
<td>7.1×10⁹ g/l</td>
</tr>
<tr>
<td>Lymphocyte count</td>
<td>0.71×10⁹ g/dl</td>
</tr>
<tr>
<td>Erythrocyte sedimentation rate</td>
<td>123 mm/hour</td>
</tr>
</tbody>
</table>
Chest Xray was ordered as shown in Figure 2.

![Chest Xray Image]

**Figure 2.**

CT scan showed a mass on the left side in the supraclavicular area raising the suspicion of lymphoma as shown in Figure 3,4,5.
Low levels of IgG class immunoglobulins against EBV turned out to be positive. Lymphoma infiltrates were not found in trephine biopsy. Histopathology report showed nodular sclerosis, classical Hodgkin’s lymphoma. ABVD (Adriamycin-bleomycin-vincristine-dacarbazine) regimen was started. Anti tuberculosis treatment was also started. Broad-spectrum antibiotics treatment was given and the patient finally was having no fever or active infection. During the last hospitalization the patient presented no fever or features of active infection. She was sent home on antituberculosis drugs and was advised weekly follow up visits.

3. DISCUSSION

HL is a rare entity and accounts for just 0.5 percent of the malignancies. Females are more commonly affected. Lymphoma involves various lymph nodes hence it is usually confused with tuberculosis [9]. Diagnosis of lymphoma is hard because of the increasing overlap. Patients with mediastinal and cervical lymphadenopathy and constitutional symptoms should be investigated extensively and repeated biopsies

4. CONCLUSION

HL and tuberculosis are rare and interesting overlap exists between them. Any patient with cervical lymphadenopathy should be properly investigated and treated to reduce morbidity and mortality.
References


