



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].

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

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

White blood cells	8.8×10^9 g/l
Red blood cells	2.7×10^{12} g/l
Neutrophils	7.1×10^9 g/l
Lymphocyte count	0.71×10^9 g/dl
Erythrocyte sedimentation rate	123 mm/hour

Chest Xray was ordered as shown in Figure 2.

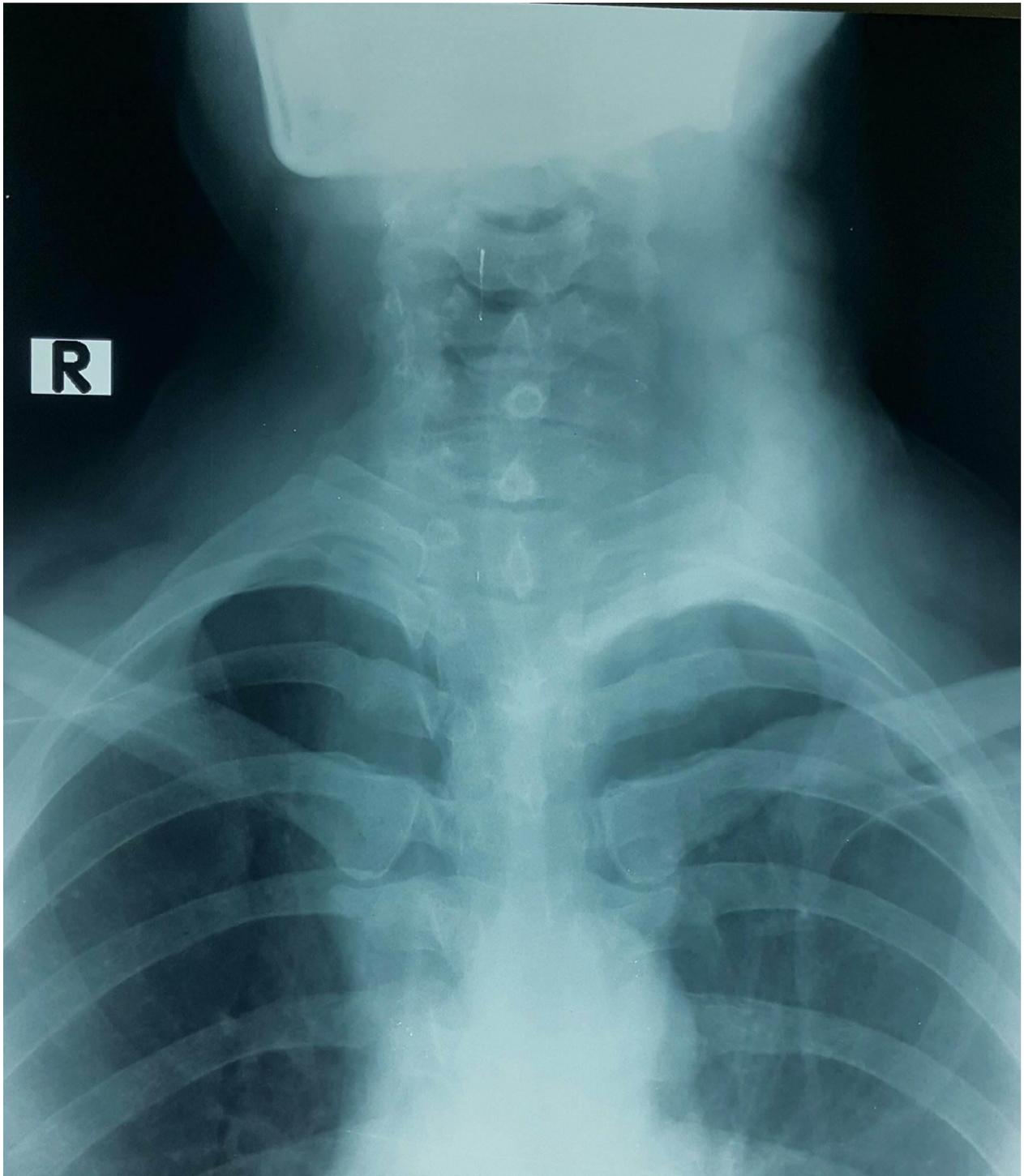


Figure 2.

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.

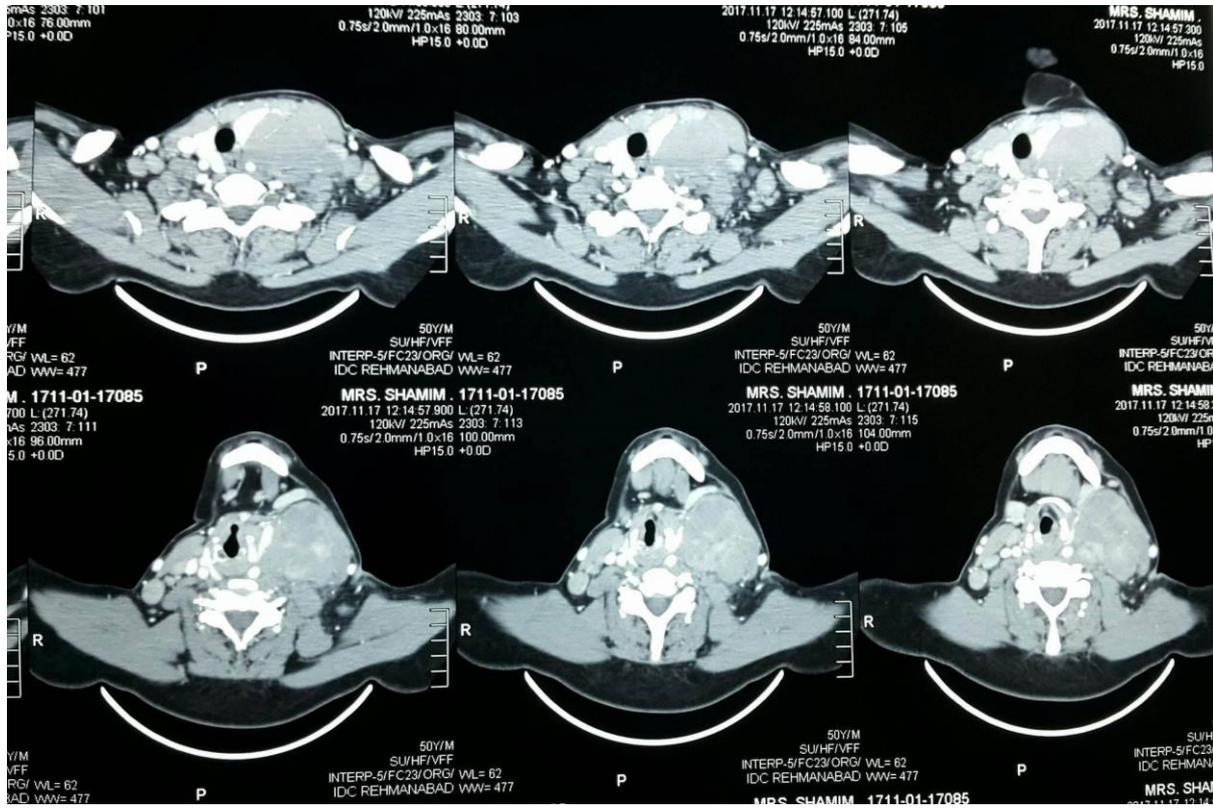


Figure 3.

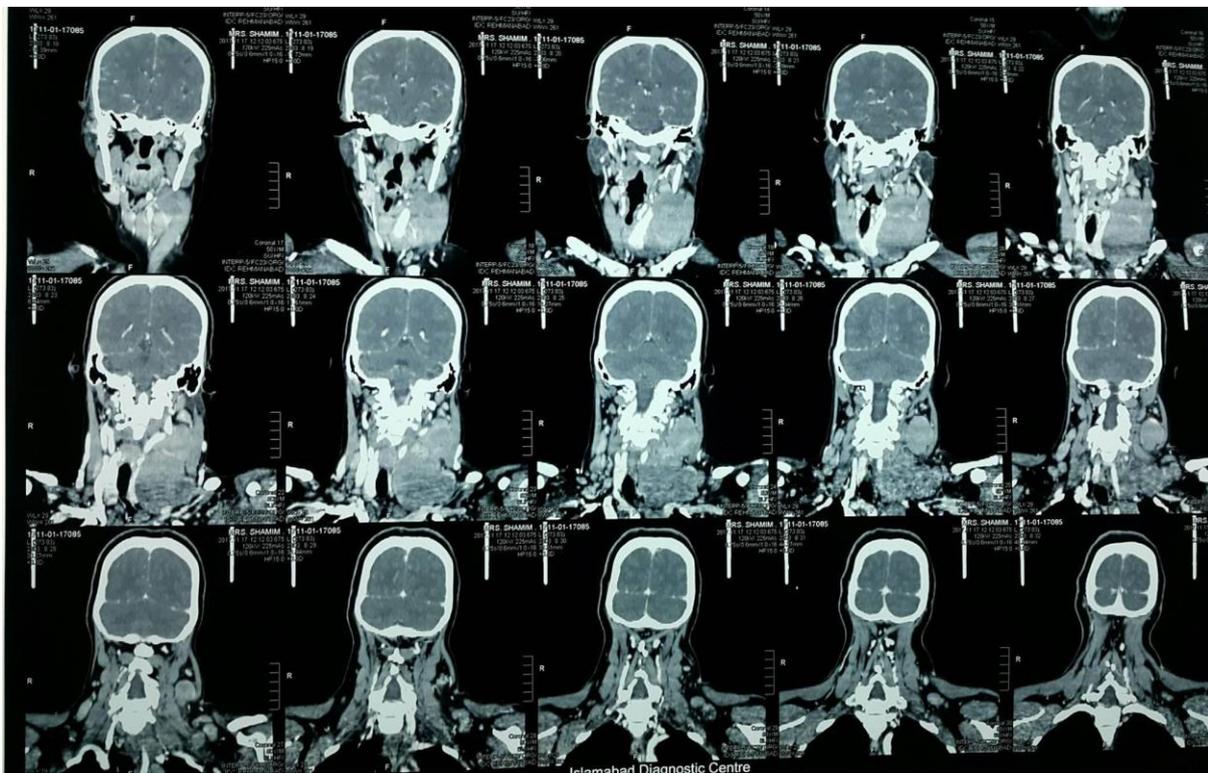


Figure 4.

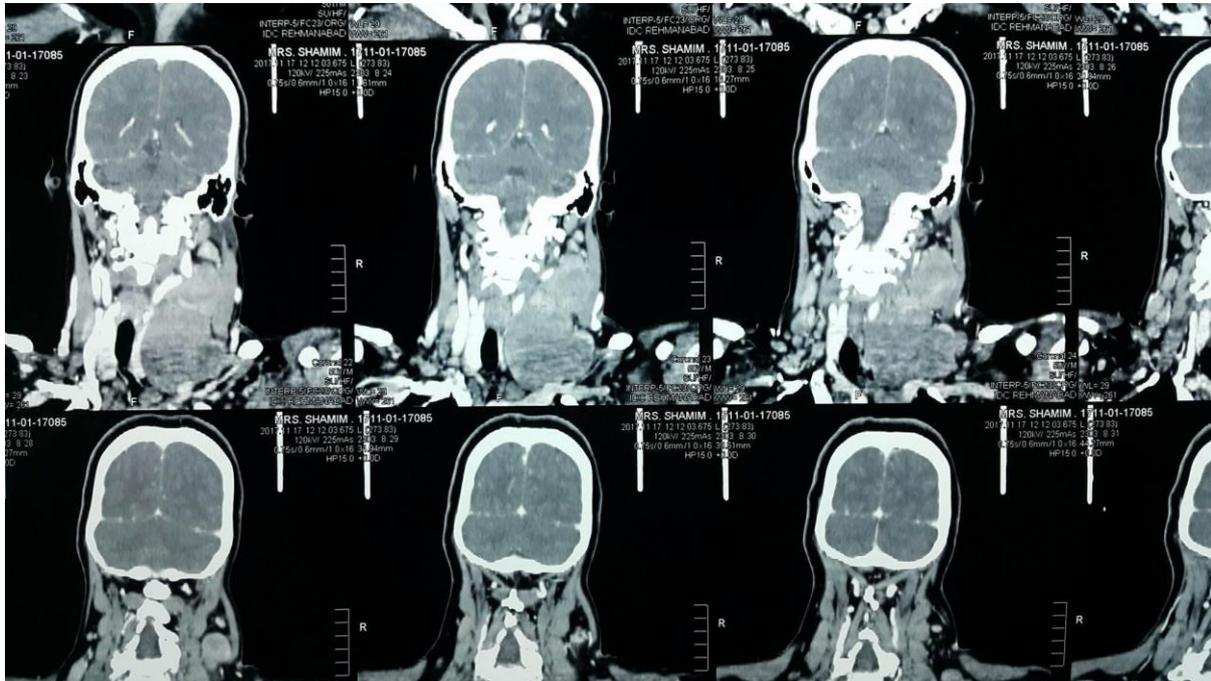


Figure 5.

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

- [1] Gobbi PG, Ferreri A, Ponzoni M, et al. Hodgkin lymphoma. *Crit Rev Oncol Hematol* 2013, 85: 216-37.
- [2] Hodgson DC, Hudson MM, Constine LS. Pediatric hodgkin lymphoma: maximizing efficacy and minimizing toxicity. *Semin Radiat Oncol* 2007, 17: 230-42
- [3] Munoz N, Davidson RJ, Witthoff B, et al. Infectious mononucleosis and Hodgkin's disease. *Int J Cancer* 1978, 22: 10-3.
- [4] Brincker H. Sarcoid reactions in malignant tumours. *Cancer Treat Rev* 1986, 13: 147-156
- [5] Gregorie HB Jr., Othersen HB Jr., Moore MP Jr. The significance of sarcoid-like lesions in association with malignant neoplasms. *Am J Surg* 1962, 104: 577-586.
- [6] Kojima M, Nakamura S, Fujisaki M. et al. Sarcoid-like reaction in the regional lymph nodes and spleen in gastric carcinoma: a clinicopathologic study of five cases. *Gen Diagn Pathol* 1997, 142: 347-352.
- [7] Virgili A, Maranini C, Califano A. Granulomatous lesions of the homolateral limb after previous mastectomy. *Br J Dermatol.* 2002 May, 146(5): 891-4.
- [8] Centkowski P, Sawczuk-Chabin J, Prochorec M, Warzocha K. Hodgkin's lymphoma and tuberculosis coexistence in cervical lymph nodes. *Leuk Lymphoma* 2005, 46: 471-475.
- [9] Gupta D, Agarwal R, Aggarwal AN, et al. Sarcoidosis and tuberculosis: the same disease with different manifestations or similar manifestations of different disorders. *Curr Opin Pulm Med* 2012, 18: 506-16.