P-19 (Resident)

Being hidden in vessels : lymphoma without lymphadenopathy

Haruka Namba[a]

[a] *National Hospital Organization Tokyo Medical Center*

Introduction:

Intravascular lymphoma (IVL) is a rare subtype of large cell lymphoma that is characterized by the proliferation of lymphoma cells within the lumina of small blood vessels. We report a case of intravascular large B-cell lymphoma (IVLBCL) diagnosed by a random skin biopsy.

Case:

A 63-year-old woman came to the hospital presenting with shortness of breath for 1 month, bilateral pedal edema, fever and night sweats for 3 weeks. She underwent a total hysterectomy otherwise she doesn't have any medical history. On physical examination, she appeared pale and her vital signs showed a temperature of 37.3 °C, blood pressure 126/76 mmHg, pulse 93 beats per minute, respiratory rate 16 per minute, and pulse oximetry 89% in ambient air. On laboratory testing, her hemoglobin was 7.5 g/dl, platelet count 12.9×104/μl, creatinine 1.82 mg/dl, and LDH 2086 U/l, and uric acid 9.3 mg/dl. In addition to her clinical presentation, her blood tests suggested that she might have hematologic malignancies. We performed CT with contrast of her neck, chest and abdomen which showed hepatosplenomegaly without any lymphadenopathy. She had bone marrow aspiration and skin biopsy was performed which showed monoclonal B cell proliferation in her bone marrow and the skin biopsy showed numerous large B-cell lymphocytes infiltrates blood vessels from dermis to subcutaneous tissue. Thus, she was diagnosed with IVLBCL and is currently treated with R-CHOP which makes her noticeable symptoms including shortness of breath much milder.

Discussion:

Early recognition of the possibility of IVL from the clinical history is important for prompt diagnosis of it. Even without significant lymphadenopathy on images, it is important to perform random skin biopsy for the diagnosis of IVL upon taking care of patients with B symptoms, unexplained LDH, uric acid elevation.