Atypical Clinicopathological Presentation And A Definite Postmortem Diagnosis Of Diffuse Large B- Cell Lymphoma

P36

Presenting Author	KELECHI EREMINA EMMANUEL, MD, Internal Medicine Resident PGY1, Division of Medicine, University Of Pittsburgh Medical Center Pinnacle Health System, HARRISBURG, PENNSYLVANIA
Co-authors	Vinod Nookala. MD, Associate Program Director, UPMC Pinnacle, Louis Grenzer. MD, Cardiology, Medstar Goodsamaritan Hospital
Abstract	Atypical Clinicopathological Presentation And A Definite Postmortem Diagnosis of Diffuse Large B-cell Lymphoma INTRODUCTION Anaplastic diffuse large B-cell lymphoma (DLBCL) is a rare morphological variant of the tumor characterized by the presence of polygonal, bizarre-shaped tumor cells with relatively unknown clinicopathological and genetic features. The most common manifestation includes a painless swelling secondary to lymph node enlargement. We report the case of an elderly female who had an unusual presentation of DLBCL. CASE PRESENTATION A 69-year-old female presented with weakness and shortness of breath since one year. She also complained of unintentional weight loss of 8kgs for the past one month. She had a history of persistent anemia without any known cause. On arrival, she had a blood pressure of 141/91 mm Hg. Physical examination was unremarkable. Laboratory investigations included hemoglobin of 9.7g/dl, platelet count of 117,000/ul, c-reactive protein of 7.7 mg/dl, erythrocyte sedimentation rate of 90 mm/hr and haptoglobin of 290 mg/dl. Electrophoresis revealed free Kappa light chains at 37.4 mg/dl and free Kappa/Lambda light chain ratio of 1.91. Bone marrow biopsy showed a hypercellular bone marrow with morphological features favoring a low-grade myelodysplastic syndrome, myeloproliferative disorder or early myelofibrosis without evidence of any malignancy. Fine needle aspiration of the spleen was normal. Working Diagnosis: Flow cytometry of the spleen showed scattered megakaryocytes raising the possibility of extramedullary hematopoiesis. Management: The patient was given blood transfusions in view of persistent anemia and managed symptomatically, however her clinical condition deteriorated and the patient passed away soon after. Autopsy findings revealed anaplastic DLBCL with predominant liver and spleen involvement. Discussion: Imaging studies were consistent with splenomegaly, however the antemortem bone biopsy showed no evidence morphological, flow cytometric or cytogenetic evidence of a lymphoma. Clinicians should have a high level of suspicion of an underlying malignancy in patients presenting with unusual symptoms such as ours.
References and Resources	Lymphoma research foundation. www.lymphoma.org
Disclosures	All authors and coauthors have no relevant financial relationships to disclose. The author does not intend to discuss an off-label/investigative use of a commercial product/device.