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## A rare case of Hodgkin's lymphoma in an accessory spleen

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**Introduction:** Hodgkin lymphoma (HL) exclusively in the accessory spleen has been seldom reported in the literature. We report a case of a HIV positive man with classic Hodgkin lymphoma with B symptoms and positive Epstein Barr Virus (EBV) LMP.

**Case Report:** A 51 -year-old Nigerian man with undisclosed HIV status, non-compliant with antiretroviral therapy presented with complaints of fever, abdominal pain, jaundice, bone pains, diarrhea and weight loss of 2 years duration. He denied history of use of hepatotoxic or intravenous drugs. His workup done in Nigeria, India and Dubai included a bone marrow biopsy which revealed hypocellular bone marrow with fibrosis and plasmacytosis. As his symptoms worsened, he decided to seek treatment in the United States. Initial physical examination was unremarkable but his mental status deteriorated. Laboratory tests showed pancytopenia, elevated liver enzymes, coagulation profile and HIV positive (CD4 count 235 cells/mm<sup>3</sup> and undetectable viral load). Hepatitis, malaria parasite tests and cerebrospinal fluid tests were negative. CT abdomen showed accessory spleen and hepatomegaly. Laparoscopic wedge liver biopsy and excision of accessory spleen was done. Pathology of accessory spleen revealed classical Hodgkin lymphoma, mixed cellularity type, CD15 positive, CD30 positive, Fascin positive, MUM-1 positive, PAX 5 positive, EBV LMP positive in atypical cells. He showed symptomatic and laboratory improvement on antiretroviral therapy and was referred to an Oncology Center for ABVD (Adriamycin, Bleomycin, Vinblastine, Dacarbazine) treatment with outpatient follow up.

**Discussion:** HL is the most common non AIDS defining malignancy in HIV patients. The nodes are commonly involved (75%) while spleen is the most common extranodal site (20%). This case is unusual because lymphoma was only seen in the accessory spleen. Though incidence of AIDS defining cancers has declined, the incidence of HL in AIDS has increased, possibly due to the use of combination antiretrovirals and therefore improved immunity. Nearly all cases in HIV patients are associated with EBV (70-80%), B symptoms and histologically, half of cases are mixed cellularity as seen in the patient above. EBV is suggested as an important etiological factor in the development of HIV associated HL. The incidence of HL peaks at CD4 counts between 150 to 199 and HL with CD4 counts less than 200 associated with a poorer prognosis. Currently, ABVD is the standard of treatment for AIDS related HL as well as HL.

## Biography

O dianosen Obadan is currently a Medical Resident at St. John's Episcopal Hospital in New York. After completing his Medical School in 2007, he did Masters in International Health Policy and Management in Boston, MA. He has been involved in medical research for the last 8 years and was also an Adjunct Instructor for Anatomy and Physiology for a Licensed Professional Nursing Program. He is currently doing his Medical Residency in Internal Medicine.

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