Clinical Course:
Platelets and hemoglobin levels continued to fall. Patient subsequently received intravenous immunoglobulin, high dose dexamethasone, platelets and blood transfusions.

Discussion:
• AITL is a type of peripheral T-cell non-Hodgkin lymphoma.
• Most commonly presents with systemic B symptoms, generalized lymphadenopathy, hepatosplenomegaly, polyarthritis and anemia.
• 91% of patients with AITL have involvement of at least 2 or more lymph node groups palpable on physical exam which was absent in our patient.
• 7% of patients have idiopathic thrombocytopenic purpura which is a consequence of the immune dysregulation that is part of the spectrum of AITL.
• Bone marrow is infiltrated in 60% of the patients.
• Studies looking specifically at patients with uninvolved bone marrow found only one of six cases to have platelet count below 150,000 x 10^9 which was actually the only significant initial finding in our patient.

Conclusion:
• AITL presents a diagnostic challenge for physicians because of its nonspecific hematologic and immunologic manifestations.
• AITL must be kept in mind in the setting of unexplained thrombocytopenia even if the typical features of a lymphoma are absent.

References: