PANCYTOPENIA AS INITIAL PRESENTATION OF HODGKIN LYMPHOMA: A CASE REPORT

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Introduction

Lymphomas and chronic leukemias are among several causes of pancytopenia but initial presentation of Hodgkin Lymphoma with pancytopenia is unusual.

Case Description

HPI:- A 78 years old man presented with generalized weakness and progressive weight loss over three months period. He has CLL with bulky disease for five years but responded well to rituxan and chlorambucil.

Exam - revealed pallor and loss of muscle bulk

Labs: - Hgb 6.8gm%, WBC 2K, with 20% L and Platelets 32K, down from 12 K, 4.5 K and 151 K respectively two months prior. BMP, INR and LFTs were normal.

Imaging: – PET/CT ( C/A/P) - mild axillary hyper metabolism, no other lymphadenopathy.

Bone Marrow Bx – Classic Hodgkin lymphoma, involving 40% BM cellularity. No evidence of CLL. Pancytopenia with normal karyotype.

Clinical Course

Patient was admitted and blood products replaced. After stabilization, he was treated with MOPP chemo therapy and patient’s symptoms gradually improved.

Fig.1 – PET CT with no major hypermetabolic LAP

Fig.2- Bone marrow localization of classic Hodgkin lymphoma.

Discussion

New onset pancytopenia can be caused by a wide variety of etiologies, leading to diagnostic dilemma. The etiologies range from congenital bone marrow failures to marrow space occupying lesions, infections and peripheral destruction, to name a few. (1) Bone marrow examination, in addition to a detailed clinical history is often needed for accurate diagnosis. (1)

Lymphomas and chronic leukemias can lead to pancytopenia, but such presentations are rare unless there is significant bone marrow replacement, autoimmune cytopenia or splenomegaly. (2)

Majority of patients with clinical Hodgkin lymphoma presents with overt disease, most often as an asymptomatic enlarged lymphoid or a mass on chest radiograph. Occult presentation of Hodgkin lymphoma is unusual. (3)

Implications

In patients with new onset pancytopenia, hematologic malignancies including Hodgkin Lymphoma should be considered in the differential. Early diagnosis helps for early treatment and better outcome of this potentially curable disease.

References

3. UpToDate, Section Hodgkin Lymphoma