

Session I

A Case of Periapillary Lymphoma in HIV Patient

Dong Wook Lee, Ho Ga]k Kim, Jimin Han

Department of Internal Medicine, Daegu Catholic University Medical Center, Daegu, Korea

1. Case presentation

A 40-year-old male visited our hospital and suffered from right upper abdominal pain and abnormal liver function test in laboratory finding of other hospital. He diagnosed on HIV and has received HIV treatment in our hospital for about 1 year. EUS performed and bile sludges in CBD and GB was noticed. ERCP could not be done and only medical treatment was performed due to cost problem. After 3 months, his symptoms were aggravated and whole body jaundice was developed. ERCP was performed and stricture of distal bile duct and main pancreatic duct of pancreas head were observed. Duodenal swelling in periampullary area and multiple ulcers were also observed and biopsy was performed at the ulcer sites.

2. Diagnosis

Diffuse large B cell lymphoma (DLBCL)

3. Therapy and Clinical Course

Chemotherapy with R-CHOP

4. Conclusion

We experienced the HIV patient with DLBCL that occurred in periampullary area

Key Words: Diffuse large B cell lymphoma, Human immunodeficiency virus, Jaundice

5. References

1. Ito Y, et al.: Significance of biopsy with ERCP for diagnosis of bile duct invasion of DLBCL. *Int J Hematol* 2019;110(3):381-384.
2. Zakaria A, S Al-Obeidi, and S Daradkeh: Primary non-Hodgkin's lymphoma of the common bile duct: A case report and literature review. *Asian J Surg*, 2017;40(1):81-87.

Identification

- **Patient Information**

- M/40

- **Chief complaint**

- LFT abnormality with intermittent RUQ pain for 4 months

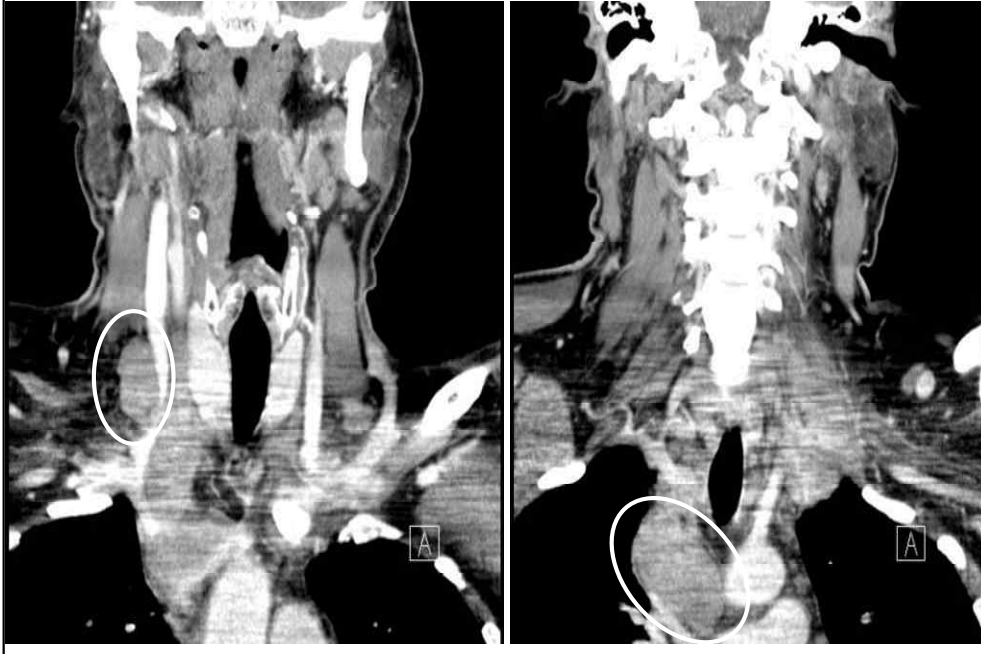
- **Admission date**

- 2020. 9.2

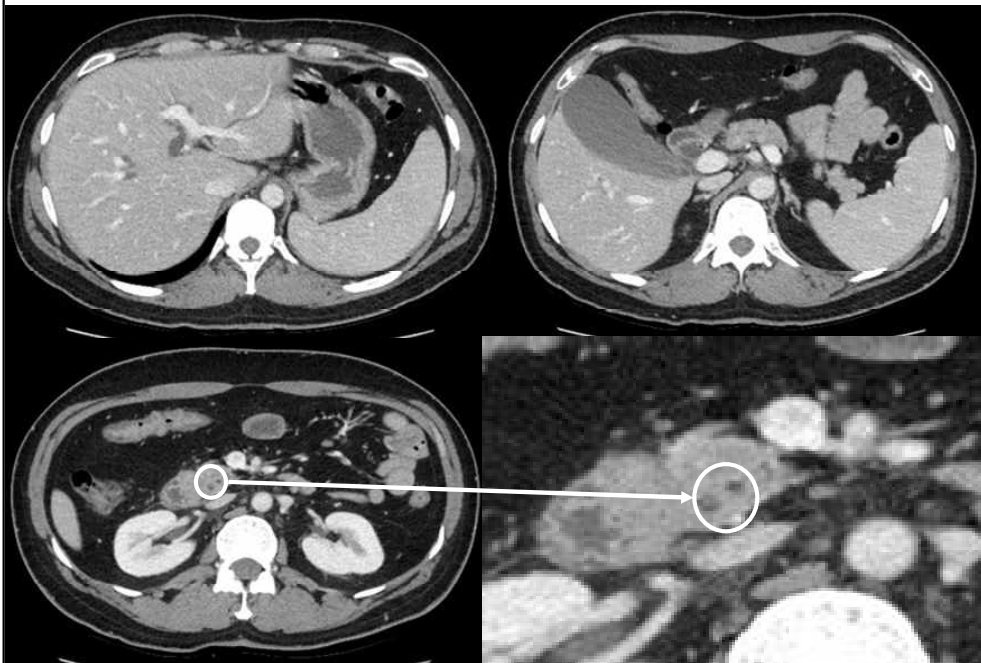
Admission note

- 인도인, 6년 전부터 한국에 거주
- 2019초 목안의 이물감으로 본원 ENT 외래 진료 중 HIV + 확인되어 치료 시작.
- 감염내과 치료하며 경과관찰 하던 중 2020.05 오른쪽 경부 불편감과 함께, 감염내과 외래에서 시행한 lab 상에서 AST/ALT 229/469 U/L, ALP 197, T-bil 6.6 등 LFT 상승 소견 확인되어 further evaluation 위해 소화기내과로 의뢰됨.

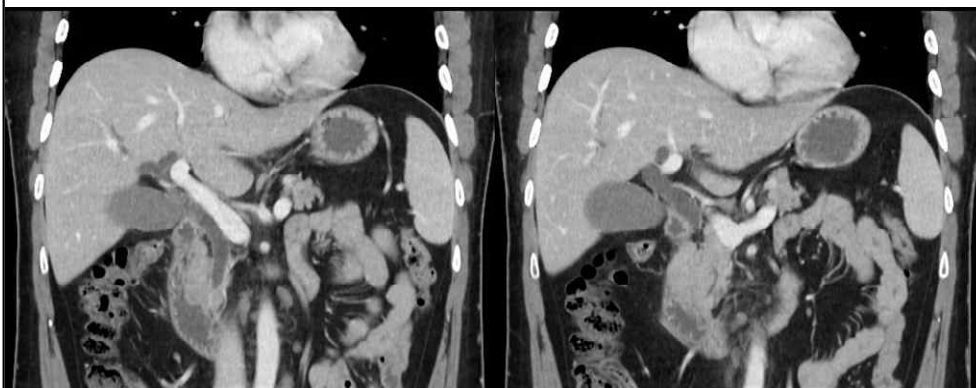
2020.05.29 Neck CT



2020.05.29 Biliary Pancreas CT



2020.05.29 Biliary Pancreas CT

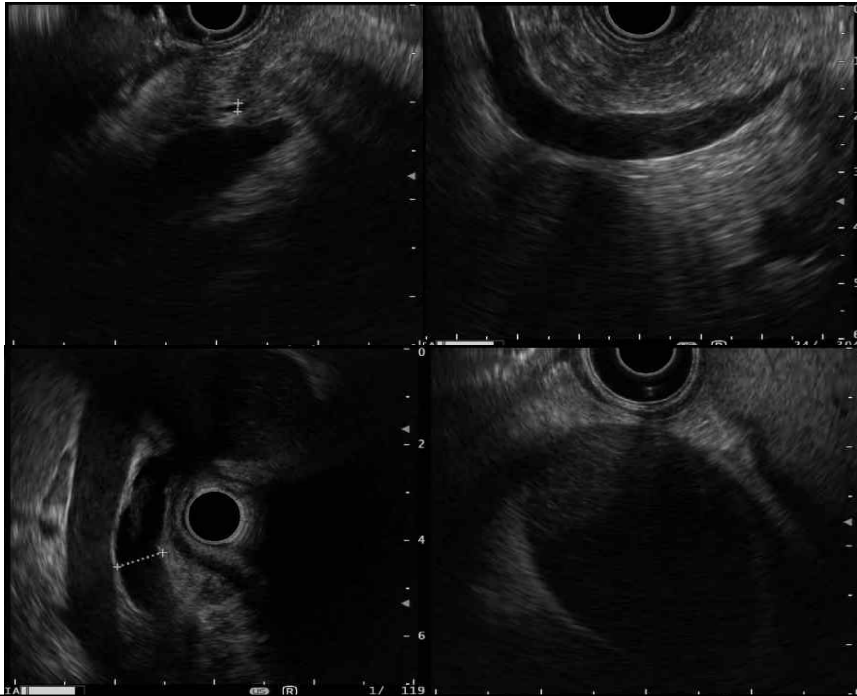


Admission note

- 2020.05.28 lab 상 HBsAg/HbsAb -/-, HCV Ab -
- 2020.05 ENT에서 시행한 **Neck node FNA**에서 **atypical cell**로 확인되어 biopsy 권유하였으나, 3개월간 **ENT외래 방문하지 않음**.
- 2020.6.4 lab 상 AST/ALT 66/79, ALP 226 U/L, r-GT 795 U/L, T bil 5.1 mg/dL, CA 19-9 12U/mL 확인되어 CBD mass or sludge 등 이상 여부 확인 위해 EUS 시행.

검사항목	06월 04일	05월 28일
AST	66	229
ALT	79	469
ALP	226	281
r-GT	795	1214
T-bilirubin	5.1	6.6
D-bilirubin	4.7	6.4

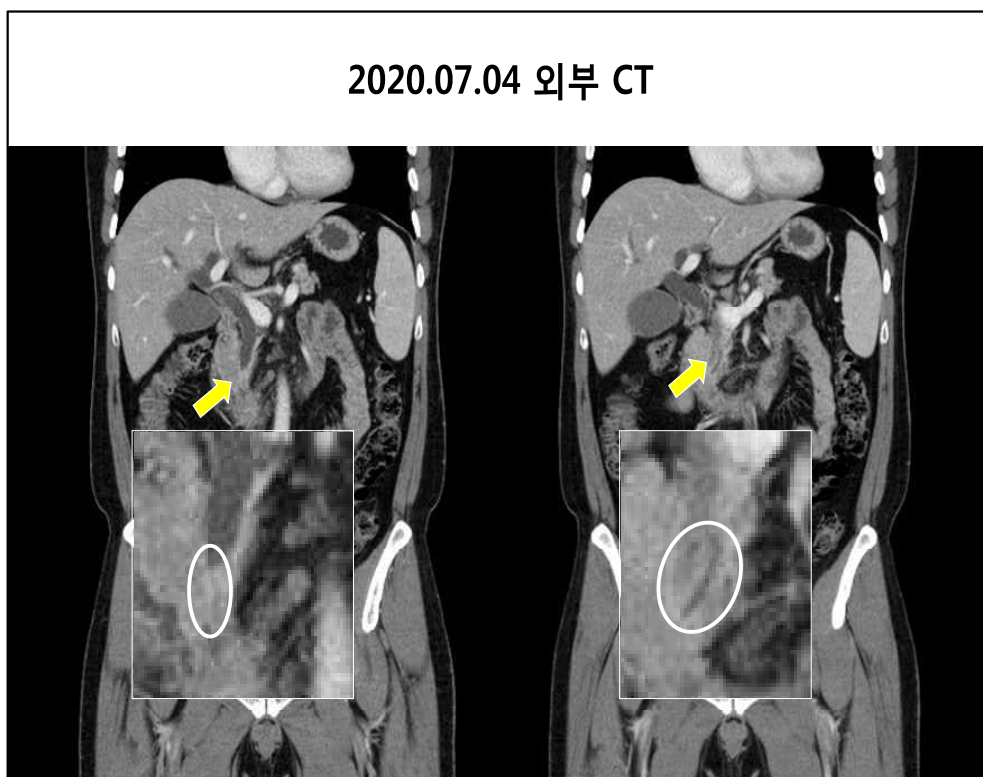
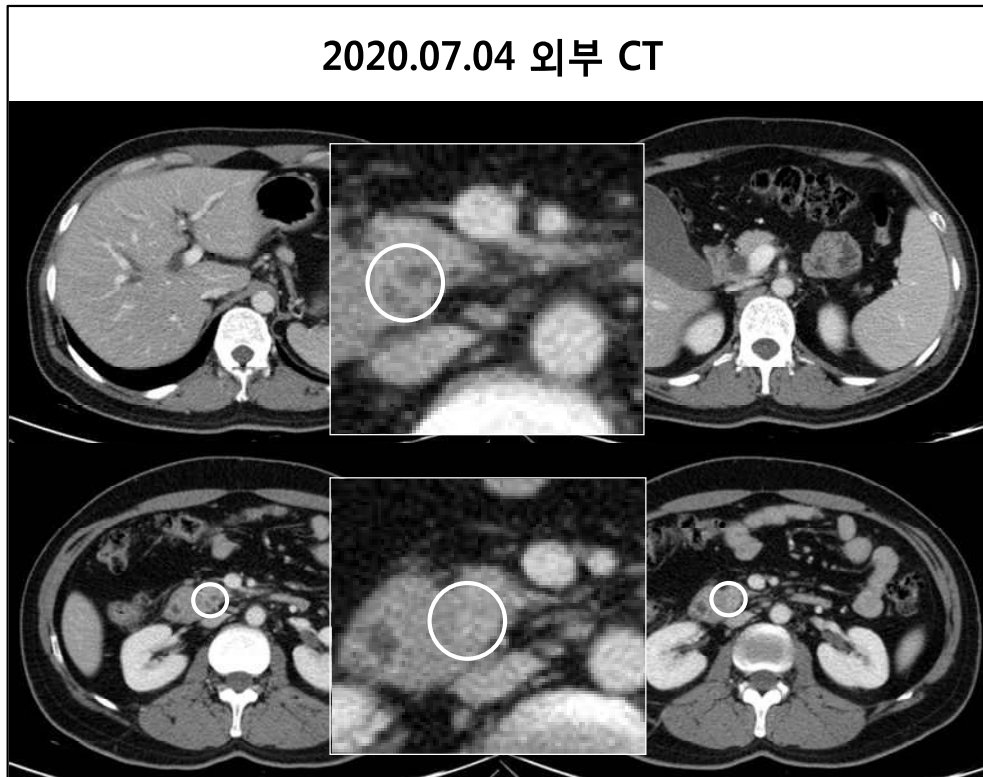
2020.06.04 EUS



Admission note

- 2020.6.18 소화기내과 외래 f/u 시 증상 없고, 시행한 f/u 혈액검사상 AST 47 U/L ALT 27 U/L, ALP 225 U/L, r-GT 558 U/L, T-bilirubin 2.2 mg/dL 보여 경과관찰 하기로 함.
- 2020.06.29일 RUQ의 심한 통증으로 2020.06.30 외래 재방문하였으며, lab 상 AST 59 U/L ALT 54U/L, ALP 243 U/L, r-GT 436 U/L, T-bilirubin 4mg/dL, Amylase/ lipase 27/18 WBC 5800 확인되어 입원하여 **CT, ERCP 등 evaluation 하려 하였으나, 환자 refuse**하여 경과관찰하기로 함.
- 이후로 증상의 호전과 재발을 경험하다가, 2020.7.4 환자는 다시 RUQ pain 있어 외부 병원 방문하여 CT 시행

검사항목	06월 30일	06월 18일	06월 04일	05월 28일
AST	59	47	66	229
ALT	54	27	79	469
ALP	243	225	226	281
r-GT	436	558	795	1214
T-bilirubin	4	2.2	5.1	6.6
D-bilirubin	3.7		4.7	6.4



Admission note.

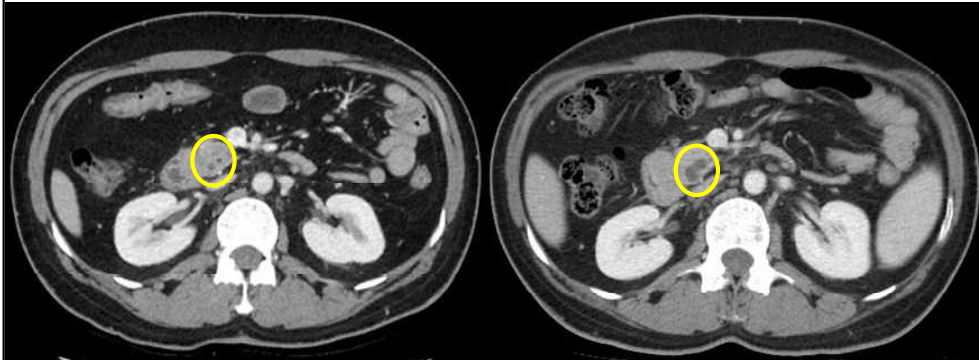
- 소화기내과에서 UDCA 200mg tid, Rowachol 1C tid 사용하며 주기적 f/u 하던 중 2020.08말 dark urine, icteric sclera 악화 및 RUQ pain 재발하여 외부 병원에서 abdomen CT 시행 후 2020.09.02 입원함.

	08월 29일	08월 20일	08월 13일	06월 30일	06월 18일
AST	63	43	42	59	47
ALT	38	27	30	54	27
ALP	166	162	157	243	225
r-GT	201	173	212	436	558
T-bilirubin	4.2	2.9	3.1	4	2.2
D-bilirubin	3.9	2.8	2.9	3.7	
Amylase	33			27	
Lipase	24			18	

2020.08.29 외부 Dynamic abdomen CT

2020/05/24

2020/08/29



Initial V/S and Labs.

- V/S: BP:115/71, HR:84, RR:20, BT:36.3
- Mentality: alert

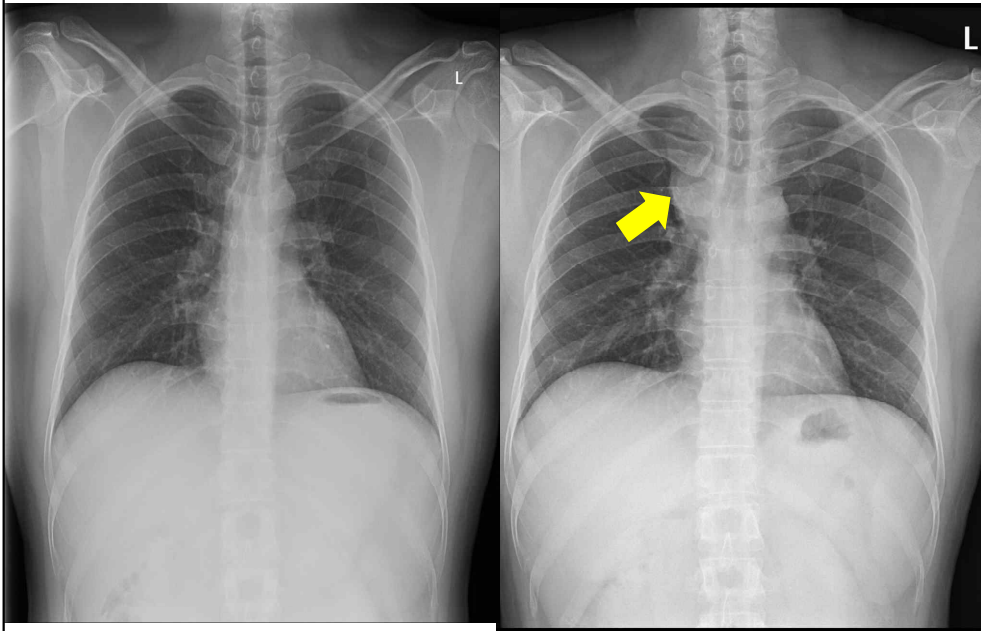
- CBC: 4900-12.8-234 k
- PT/aPTT: 14.5 sec (11.5-15), INR 1.13(0.8-1.2)/ 39.1 sec (28-45)
- CRP: 22.3 mg/L (<5.0)
- **AST/ALT: 58/23 U/L**
- **T-bil: 4.9 mg/dL, D- bil. 4.8 mg/d, ALP 170 U/L, LDH 460**
- Amylase/Lipase: -/- U/L
- BUN/Cr 7.8/1.2 mg/dL
- Na/K/Cl 138/4.7/101 mmol/L, Ca/P 9.5/3.7

- **HIV Ab +**
- COVID-19: -

Physical Examination

General Appearance	Chronic ill looking appearance, jaundice(+)
Mental state	Alert
HEENT	Conjunctiva: Not pale, Sclera : Icteric Face: Not puffy, Mouth: Not dried Neck node: Not Palpable
Heart / Lung	Regular rhythm, Murmur (-), Rale (-), Wheezing (-)
Abdomen	Flat, Normoactive bowel sound, Td (+): RUQ , rTd (-) Hepatomegaly (-), Splenomegaly (-)
Back / Extremity	CVA Tenderness (-), Pitting Edema (-)

Chest PA (09.02)



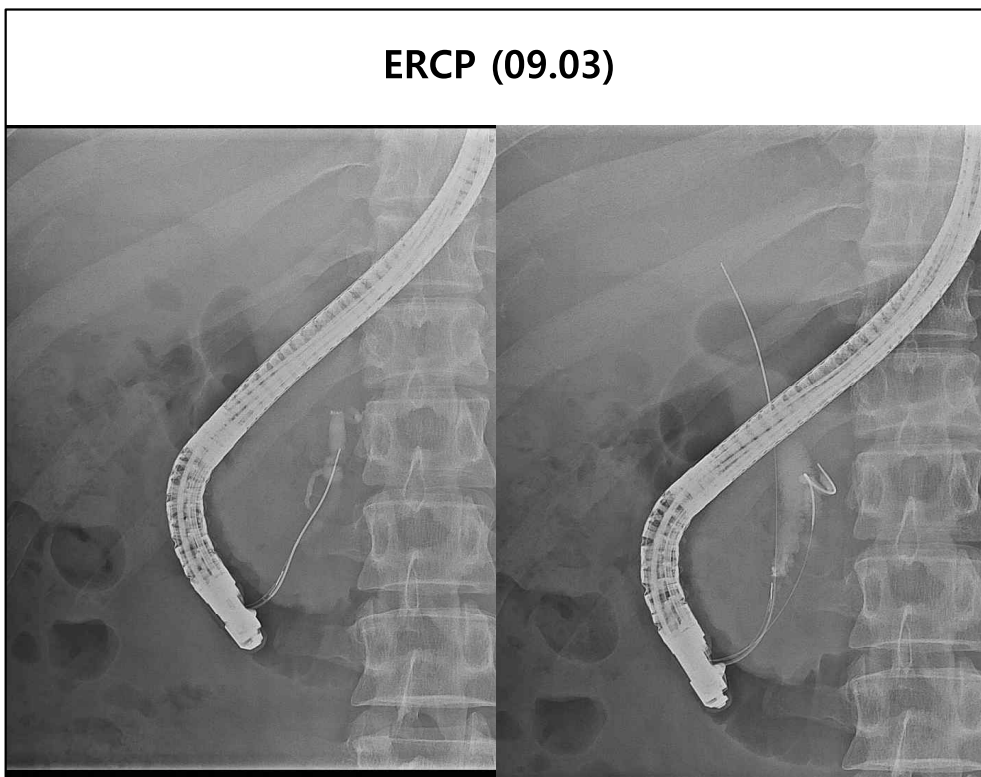
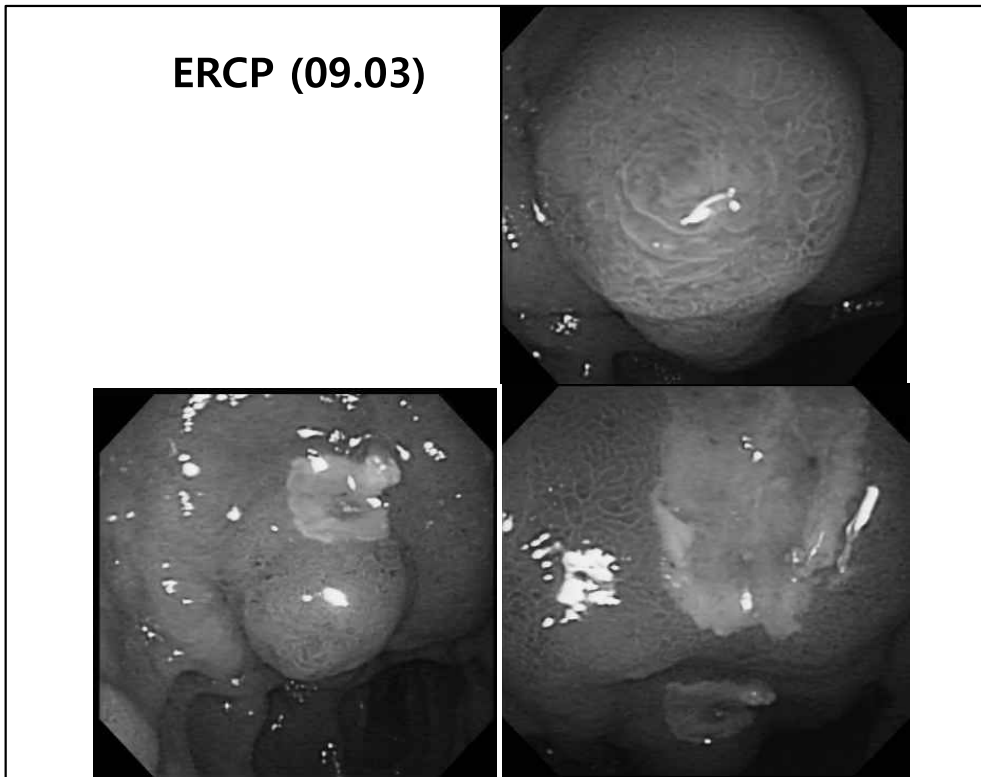
Abdomen Supine & Erect (09.02)



Problem List

- **C/C: Jaundice, intermittent RUQ pain for 4 months**
- **Abdominal CT findings**
 - Distal CBD and main PD of pancreas head enhancement and dilatation
 - Neck, paratracheal LN enlargement.
- **LAB**
 - Elevated AST, ALT, Total/Direct bilirubin, ALP, r-GT,

- **Impression**
 - Abnormal LFT cause?
 - Obstructive jaundice with biliary stricture caused by HIV infection or microlithiasis/sludge
 - Multiple lymph node enlargement (neck, paratracheal)
 - d/t r/o malignant
 - d/t r/o bacterial, viral infection
 - HIV infection
- **Plan**
 - ERCP with biliary drainage
 - 환자를 설득시켜 ENT w/u 권유.
 - Medication: HIV antiviral agent, hepatotonics 유지

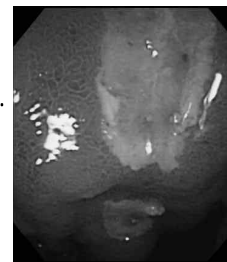


	09월 17일	09월 04일	09월 03일	09월 02일	08월 29일	08월 20일	08월 13일	06월 30일	06월 18일
AST	41	47	49	58	63	43	42	59	47
ALT	28	34	38	43	38	27	30	54	27
ALP	121	168	186	170	166	162	157	243	225
r-GT	65	157		183	201	173	212	436	558
T-bilirubin	1.3	3.1	4.2	4.9	4.2	2.9	3.1	4	2.2
D-bilirubin	1.2		4	4.8	3.9	2.8	2.9	3.7	
Amylase	36	51	73	74				27	
Lipase	36	39	70	145				18	

Pathology report 2020.09.07

1. **Brush cytology** - Bile duct . DIAGNOSIS : Negative for malignancy

2. **Tissue biopsy** - Duodenum, ampullar of vater
- Microscopic: Section shows diffuse proliferation of lymphoid cells.
 - Immunohistochemistry and Special stain :
 CD20 (+), CD3 (-), Bcl2(-), Bcl6(-), Mum-1(+), CD10 (+),
 C-MYC (+, 70%), EBV in situ (-), Ki-67 LI (about 80~90%)



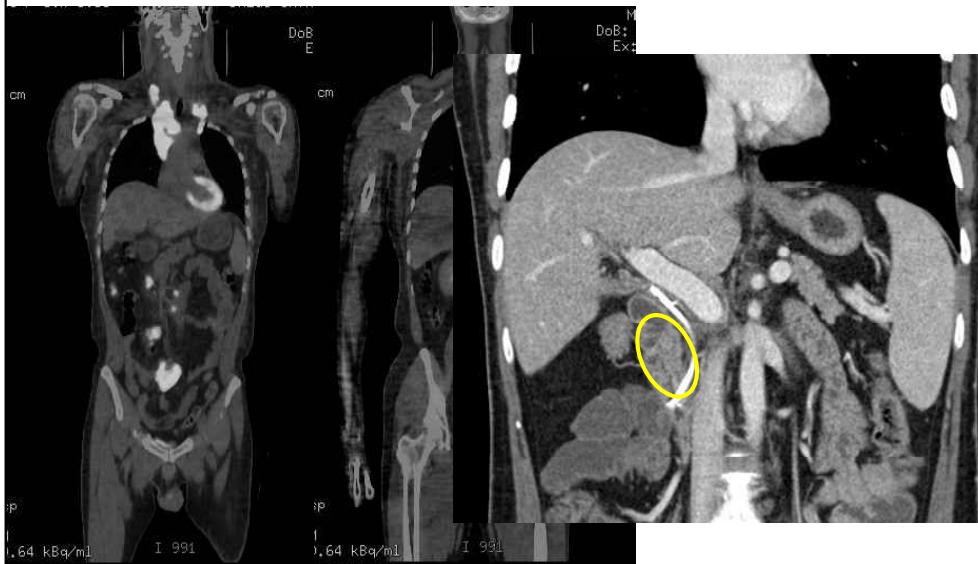
DIAGNOSIS:

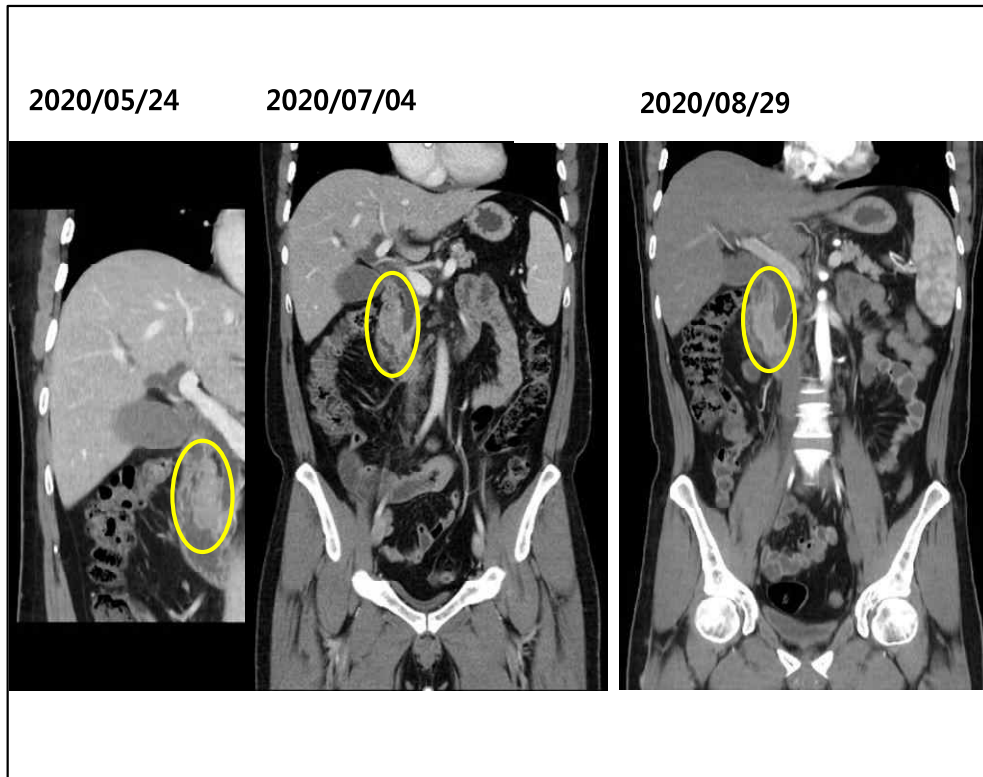
Duodenum, ampulla of vater, endoscopic biopsy:

Lymphoma associated with HIV infection, consistent with diffuse large B-cell lymphoma

Final diagnosis

- HIV-related Diffuse large B cell lymphoma in Duodenum, Testis, Lt. kidney & Multiple lymph node





MEMO

MEMO