Karlo Pan Fidel et al., J Carcinog Mutagen 2018, Volume 9
DOI: 10.4172/2157-2518-C1-002

Disseminated intravascular diffuse large B-cell lymphoma presenting as fever of unknown origin, diagnosed on autopsy: A case report

Karlo Pan Fidel and Ma Luisa Tiambeng
Cardinal Santos Medical Center, Philippines

Background: Intravascular Large B-Cell Lymphoma (IVLBCL) is a rare type of Non-Hodgkin's Lymphoma (NHL) characterized by the selective growth of neoplastic cells within blood vessel lamina. The precise mechanisms responsible for this distinctive behavior are at the moment largely unknown. By the time of presentation, most patients have advanced, disseminated disease, and often the diagnosis is made at autopsy. Diagnosis requires skin, liver, lung, bone marrow, renal, meningeal, or brain vessel biopsy but is often made only when the illness has progressed or post mortem because early involvement of organs was not evident.

Objective: To present a case of disseminated intravascular large B-cell lymphoma presenting as fever of unknown origin.

Method & Result: We report a case of intravascular lymphoma who presented as fever of unknown origin. In this case, initial laboratory test results were unremarkable. Computed tomography of the chest and abdomen as well as bone marrow aspiration and biopsy were negative for malignancy. Patient developed neurologic symptoms and expired due to complications. Autopsy was done which revealed disseminated intravascular diffuse large B-cell lymphoma.

Conclusion: Without treatment, intravascular lymphoma is rapidly fatal. Ante-mortem diagnosis is challenging and indefinable. A high index of suspicion followed by biopsy of the organs suspected to be involved, together with early institution of treatment are of utmost importance in approaching these kinds of patients.

Biography

Karlo Pan Fidel has completed his Medical Degree from University of Santo Tomas and is currently taking his Residency in Internal Medicine at Cardinal Santos Medical Center.

karlofidel@gmail.com