中文題目：酒精性肝硬化患者併發原發性積液淋巴瘤–罕見病例報告

英文題目：A Rare Case of Primary Effusion Lymphoma With Underlying Alcoholic Liver Cirrhosis

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Introduction

Here we presented with a rare case of PEL under alcoholic liver cirrhosis.

Primary effusion lymphoma is an aggressive type of non-Hodgkin lymphoma(NHL).

Case report

This 64-year-old man with a history of alcoholic liver cirrhosis, Child-Pugh C, he had regular follow up at our hospital's GI outpatient clinic. In May 2019, he presented with diffuse abdominal pain with distension, accompany with the symptoms of poor appetite, low-grade fever and chills, the abdominal pain radiate to back, and black color stool off and on for a week.

He has been admitted to hospital and was managed as a case of spontaneous bacterial peritonitis. The paracentesis was done and the ascites culture showed negative finding, the polymorphonuclear cell revealed 21%. The antibiotic treatment Cefotaxime, diuretic and FFP transfusion with albumin supplement were prescribed. However, the ascites amount showed limited improvement after management above.

The abdomen sonography revealed a 9mm hyperechoic lesion at liver S5, suspect hepatocellular carcinoma. The abdomen and pelvis computed tomography (CT) showed a 0.7cm and a 0.69cm hepatic nodules at S2/3 and S6, hepatocellular carcinoma can't be ruled out. However, his hepatic nodule small than 1 cm and alpha-fetoprotein not elevated. Base on HCC guideline treatment, we keep observation.

During hospitalization, the patient presented with chest tightness and shortness of breath. The chest radiograph showed left lung massive pleural effusion. The thoracentesis and paracentesis performed, and the pathology suspected malignant lymphoma.

The PET/CT scan showed multiple lymphadenopathies and FDP-glucose uptake, which was compatible with the pathology report. The excision of right neck lymphadenopathy was performed and pathology revealed primary effusion lymphoma.

The bone marrow biopsy, it shows normocellular marrow tissue with normal topography. No lymphoma involvement is identified by CD30, HHV8, CD20, CD3, MUM-1 immunostain.
The peritoneal biopsy by laparotomy had fibrin coating over peritoneal, omentum and bowel surface. Microscopically, fibrous tissue fragments and blood clots. Some atypical mononuclear cells mixed with fibrin noted on the surfaces of fibrous tissue. Immunohistochemically, they are positive for CD30 and HHV-8, which is compatible with the tumor cells present in the ascites pathological reference.
The patient received one cycle of CHOP (cyclophosphamide + Vincristine + Doxorubicin HCl and prednisone) palliative chemotherapy but subsequently died due to liver failure 2 months after diagnosis.

Discussion

Here we presented with a rare case of primary effusion lymphoma with alcoholic liver cirrhosis. PEL most commonly arises in patients with underlying immunodeficiency. Primary effusion lymphoma is a neoplasm of large B-cells and HHV-8 or EBV infection, particularly in AIDS-related case. This patient has no HIV nor EBV infection. Which is rare for primary effusion lymphoma. We finally diagnosis by HHV-8 IHC stain. Owing to the scarce of the disease, it would be difficult to promptly diagnose it correctly. For this patient, delayed diagnosis caused a further obstacle for the following treatment. Although we adjusted the chemotherapy with lower dosage intensity for his poor liver function, he still can't tolerate the treatment and developed severe sepsis with liver failure afterward. If we could make the diagnosis earlier, a patient may have a better chance to control the disease.