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5-7-2021

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Poster # 23

Category: Clinical Vignette

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Very Late Relapse of Hodgkin Lymphoma 18 Years After Remission

A 72-year-old male with a history of protein C and protein S deficiency, factor V Leiden mutation, DVT/PE, and stage IIIB nodular sclerosis Hodgkin lymphoma (diagnosed 18 years back) presented with shortness of breath. EKG showed complete heart block and a transvenous pacemaker was placed. Laboratory studies showed severe normocytic anemia with hemoglobin of 6.2 g/dL, WBC of 2.6 bil/L, platelets of 113 bil/L, and INR of 2.8. The direct antiglobulin test was positive for Anti-IgG and negative for Anti-C3D. LDH was normal and haptoglobin was elevated, contrary to hemolysis. Computed tomographic scan of the abdomen and pelvis showed extensive retroperitoneal lymphadenopathy.

The coagulopathy was corrected by transfusing blood products but patient progressively developed anemia. The bone marrow biopsy was done. It revealed a hypercellular bone marrow with extensive involvement by Hodgkin lymphoma, consistent with disease recurrence after 18 years.

In treated advanced stage Hodgkin lymphoma, 15% to 30% of the patients may experience relapse of the disease. The very late relapse, defined as recurrence of the disease more than 5 years after remission, is uncommon, and has been mostly reported with the nodular sclerosis subtype. In Hodgkin's lymphoma, remission is expected in most cases but it is important to consider disease relapse in those who develop unexplained severe anemia.