Primary Hepatic Diffuse Large B-Cell Lymphoma: A Rare Cause of Transaminitis

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Introduction: Diffuse large B-cell lymphoma is an aggressive cancer that classically presents with lymphadenopathy in the neck, abdomen, or mediastinum. Primary hepatic diffuse large B-cell lymphoma is an exceedingly rare presentation, accounting for only about 0.4% of cases. Case Report: A 58 year old male without significant medical history presented with acute onset jaundice, bilateral lower extremity edema, recent significant weight loss and worsening abdominal pain for 1 week. He was admitted to the ICU for hypovolemic hyponatremia of 106 mmol/L. He was found to have a palpable liver on physical exam. Laboratory exams were significant for transaminitis (AST 340 units/L, ALT 157 units/L), hyperbilirubinemia (total bilirubin 10.3 mg/dL, direct bilirubin 8.69 mg/dL), and alkaline phosphatase of 910 IU/L. The patient also had a stable leukocytosis with an elevated procalcitonin. He was placed on empiric cefepime and flagyl. He had a positive CMV and EBV IgG, however the IgM for both was negative. An HIV, EBV PCR, CMV PCR and hepatitis viral panel were negative. Gastroenterology was consulted and recommended further imaging, viral, and autoimmune antibody labs. The CT Abdomen showed severe hepatomegaly with hepatic steatosis and mild splenomegaly. Abdominal ultrasound revealed a patent IVC, no ascites, heterogeneously enlarged liver without disproportionate caudate hypertrophy, no liver masses or evidence of gallbladder pathology. MR cholangiopancreatography did not show common bile duct dilatation. On day 4 of admission, after correction of the sodium levels, the patient developed a pulse of 120 beats per minute, blood pressure of 86/53 mmHg/mmHg, and was found to be in distributive shock with coarse breath sounds bilaterally. He also had a lactate of 19.2 units/L, hyperkalemia and new acute renal failure. After extensive discussion with the patient and his family, they made the decision to pursue palliative measures only and forgo aggressive interventions. The patient passed away shortly thereafter. Upon autopsy, pathology revealed that the patient had high grade-diffuse large b-cell lymphoma, activated b-cell subtype with significant hepatomegaly and splenomegaly. Discussion: Primary hepatic diffuse B-cell lymphoma is an exceedingly rare presentation of non-hodgkin's lymphoma that happens in less than 1% of cases of non-hodgkin's lymphoma. It carries a poor prognosis given the rapidly progressive nature of the disease. This case, in particular, highlights the importance of considering this disease in differentials for acute liver pathology. Patients will require a liver biopsy for diagnosis, and should undergo treatment with rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP).