

An Atypical Presentation of Burkitt's Lymphoma

INTRODUCTION: Burkitt's lymphoma is an aggressive non-Hodgkin's lymphoma that is uncommon in adults and has 3 subtypes. The immunodeficiency-associated subtype is primarily linked to HIV infection and accounts for 30-50% of HIV associated lymphomas. GI involvement is rarely seen in this subtype. We present a case of an atypical presentation of Burkitt's lymphoma in a patient with HIV.

CASE DESCRIPTION/METHODS: A 38-year-old man with a PMH of HIV presented with:

History

 Nausea, vomiting, bloating, non-bloody diarrhea, unintentional weight loss, fevers, chills, diaphoresis and decreased appetite for 1 month.

Physical exam

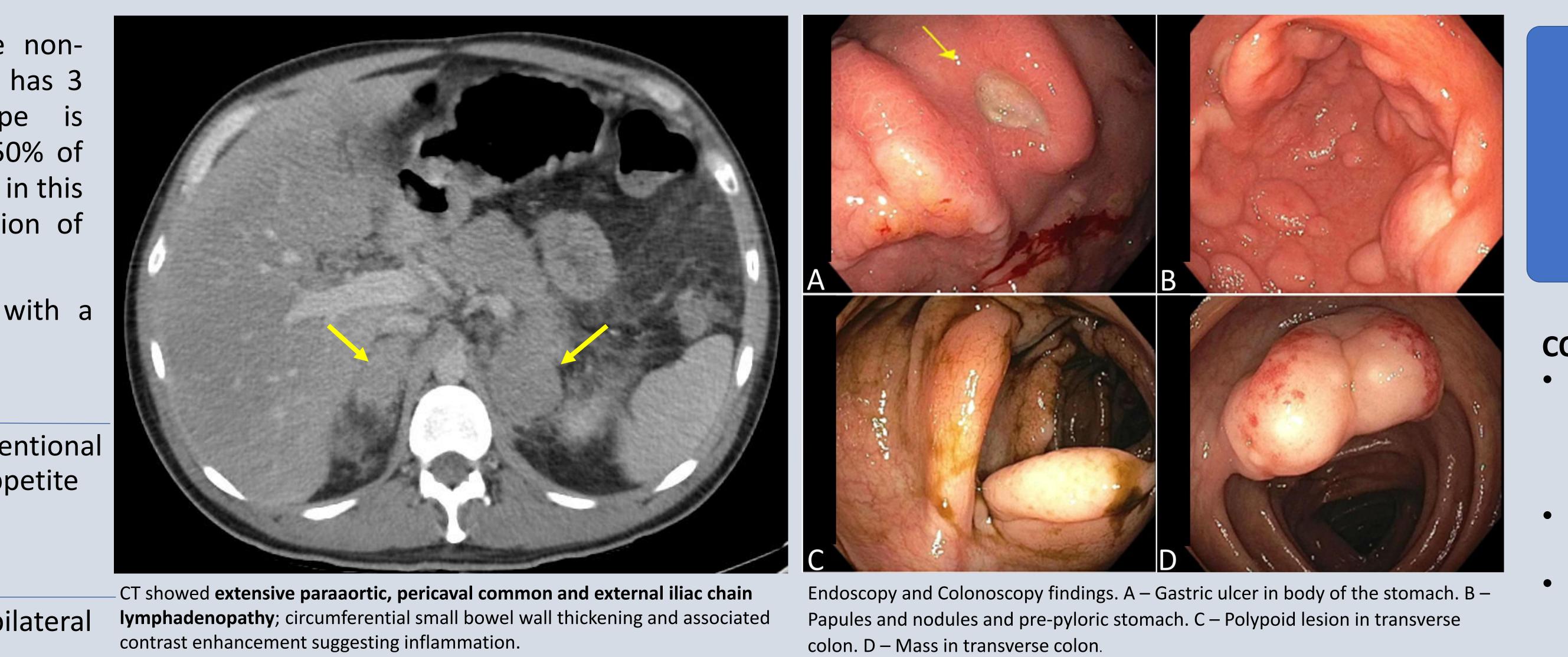
• Abdominal distention with ascites, hepatomegaly and bilateral lower extremity edema.

Labs

- AST of 67 U/L, ALT of 42 U/L, lactic acid of 3.7 mmol/L and LDH of 1,091 U/L.
- Absolute CD4 count of 242 /uL, HIV viral load of 2,256901 copies/mL

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Suspect GI lymphoma when encountering para-vascular lymphadenopathy



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Biopsy results revealed composite High-grade B-Cell Lymphoma (HBCL) with MYC+ Burkitt lymphoma.

CONCLUSION:

- Burkitt's lymphoma is a relatively rare malignancy in adults, accounting for about 1-5% of all non-Hodgkin's lymphomas in this population. It is associated with HIV infection in approximately 30-50% of cases.
- Mesenteric and retroperitoneal lymph node involvement is common.
- Based on our patient's vague initial presentation, the differential for his symptoms was initially very broad. After the CT finding of paraaortic and pericaval
- lymphadenopathy was known, the differential became more specific and endoscopic evaluation confirmed a diagnosis of Burkitt's lymphoma.

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