Abstract

Hemophagocytic lymphohistiocytosis (HLH) in human immunodeficiency virus (HIV) infected individuals can be due to the disease itself or due to associated infections/malignancies.

We report a case of 73-year-old patient who presented with reduced appetite and loss of weight for three months duration with a recent history of intermittent high fever spikes for one week duration.

On further investigation he had pancytopenia with markedly elevated serum ferritin of 1802ng/ml. His blood picture was more favor of multiple myeloma or lymphoma and bone marrow aspiration revealed plasma dyscrasia with hemophagocytic activity.

He was diagnosed with HLH according to HLH 2004 protocol as with elevated triglycerides and low fibrinogen levels. On further evaluation for the cause of HLH, HIV screening was positive and confirmed by western blot test. His CD4 count was 50 cells/μL with high viral load of 237,478 copies/ml.

His CECT chest & abdomen revealed mediastinal, hilar and para-aortic lymphadenopathy with mild splenomegaly. Trephine Biopsy & Immunohistochemistry revealed Hemophagocytic lymphohistiocytosis with increased positive lymphocytes of CD3 and CD138 suggested T cell Lymphoma with HIV infection.

Our patient was started on IV dexamethasone for HLH and antiretroviral treatment as well. In conclusion it is important to have index of suspicion in patients with pancytopenia and fever for hemophagocytic activity and need further evaluation to rule out etiology. As in our patient HLH condition can give rise due to HIV status and also due to T cell Lymphoma.