

Abstract

Lymphoproliferative disorders are commonly associated with paraneoplastic manifestations which might precede the onset of neoplasm. High index of suspicion in high risk populations can help discover the lymphoma early.

A young female presented with anaemia and diarrhea eighteen months after the kidney transplant and was diagnosed to have stage IV jejunal lymphoma with pelvic skeletal deposits. She had an episode of left sacroiliitis nine-months prior to this. The original renal disease that rapidly progressed to end-stage - kidney failure was membrano-proliferative glomerulonephritis. Current presentation was complicated by possible cardiac autonomic failure.

Sacroiliitis, Glomerulonephritis and cardiac autonomic failure are well-known paraneoplastic manifestations of lymphoma. All three can precede lymphoma by years or present simultaneously. While our patient was at risk of PTLD, we postulate whether the GN and sacroiliitis could have been paraneoplastic. Malignancy related sacro-iliitis can be paraneoplastic or related to skeletal deposits. It can seemingly respond to anti-inflammatory therapy. Thorough evaluation of adult onset glomerulonephritis is required to exclude an underlying malignant aetiology. We highlight the importance of protocol based complete analysis of seemingly benign and unrelated conditions which might help discover underlying sinister aetiologies and thereby help change the natural history of both.