Abstract

Hodgkin's lymphoma is a malignancy of mature B lymphocytes. HL can present with many ways. Most patients with classical HL present with palpable lymphadenopathy, atypical presentations are increasingly recognised. This is a case report of a 68-years-old patient presented with PUO for two months duration .On further evaluation found to have marked loss of weight & appetite & productive cough. She denies contact history of Tuberculosis, high risk sexual behaviour or long distance travel. On examination she was pale & mildly icteric & no features suggestive of connective tissue disorders. Direct Antiglobulin Test (DAT) shows evidence of warm type auto immune haemolytic anaemia & lymph node biopsy shows mixed cellularity type of Hodgkin Lymphoma. A diagnosis of HL was made from the clinical findings & the investigations.

She was treated with oral prednisolone 40mg daily for 5 days with tailing off dose & commenced on chemotherapy regime every 14 days for six cycles. With the introduction of Prednisolone there was a significant clinical & biochemical improvement.

HL although not common, can present as AIHA. Early identification will result in both symptomatic & biochemical response.