Hodgkin lymphoma, tuberculosis and atypical radiologic image

Sora Yasri1; Viroj Wiwanitkit2

1. KMT Primary Care Center, Bangkok Thailand

2. Adjunct professor, Joseph Ayobabalola University, Ikeji-Arakeji, Nigeria

Correspondence

Sora Yasri
KMT Primary Care Center, Bangkok Thailand

Email: sorayasri@outloook.co.th

Hodgkin lymphoma, tuberculosis and atypical radiologic image

Dear Editor, we read the report by Büyükşimşek et al. on “Atypical Radiologic Image Characterized by Cavitary Lung Lesions in a Case of Hodgkin Lymphoma (NHL)” with a great interest [1]. Büyükşimşek et al. reported on a case of HL presenting with abnormal lung radiologic image and mentioned that “Disseminated cavitary lesions mimicking tuberculosis or other opportunistic infections in a case of HL is interesting and differential diagnosis is very important”. We would like to share ideas with this observation. Indeed, the lung involvement due to lymphoma is possible. Nevertheless, the concurrence between HL and tuberculosis is detectable. In the endemic area of tuberculosis, such as Southeast Asia, the tuberculosis screening is routinely done in any cancerous patients including those with HL. Pathophysiologically, a common pathway that can result in increased risk for tuberculosis among the patient HL is the alteration of antioxidative system. The depletion of glutathione (GSH) due to HL [2] can increase risk for tuberculosis since GSH plays important role in defending against Mycobacterial pathogen [3]. Considering the present report by Büyükşimşek et al., there is an interesting question whether the present case of HL had a concurrent tuberculosis infection or not. Büyükşimşek et al. used QuantiFERON test for exclusion of tuberculosis. In a recent report, the sensitivity and specificity of QuantiFERON test are poor [4]. In case with underlying vitamin B12 deficiency, the false negative result of QuantiFERON is possible [5]. In a recent report, vitamin B12 deficiency is observable in 0.54 % of patients with HL and anemia [6].

Conflict of interest

None
Atypical Radiologic Image Characterized by Cavitary Lung Lesions in a Case of Hodgkin Lymphoma

Lymphoma

Dear Editor,

Thanks to Dr. …… for interest and sharing their thoughts for our case report.

We agree with Dr. …… about co-occurrence of tuberculosis and lymphoma, especially in endemic areas. Additionally it is very well known that infections with mycobacterium tuberculosis and other intracellular microorganisms are common in cases with hodgkin lymphoma (HL) due to underlying T cell defect [1,2]. On the other hand clinical symptoms and signs including fever, night sweats and weight loss are very common in tuberculosis and in HL and sometimes it may be very difficult to differentiate HL and/or accompanying tuberculosis in a case with HL. For this reason as we discussed before, tuberculosis was the
first diagnosis in our case when she presented with fever and night sweats. To differentiate and to exclude the tuberculosis we tried with different technologies including culture for tuberculosis and also follow up radiologic imagings and also clinical signs and symptoms. Of course the only test was not QuantiFERON in our case but due to the limitation of format of ‘’Image of the TJH’’ we could not mention the other tests: culture for tuberculosis was reported as negative and patient responded very well to anti-lymphoma therapy only. Yours sincerely.

Conflict of interest

None

References
