

ISSN: 2835-1568 CODEN: USA DOI: 10.51521



WORLD JOURNAL OF CASE REPORTS & CLINICAL IMAGES

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CLINICAL IMAGE

Spontaneous Remission in a High-Grade B-Cell Lymphoma

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Citation:

P Copeland, P Windrum, A Niblock (2023). Spontaneous Remission in a High-Grade B-Cell Lymphoma. *World J Case Rep Clin Imag.* 2023 October-November; 2(2)1-3.

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Received Date:
31-10-2023
Revised Date:
05-11-2023
Accepted Date:
07-11-2023
Published Date:
14-11-2023

Introduction

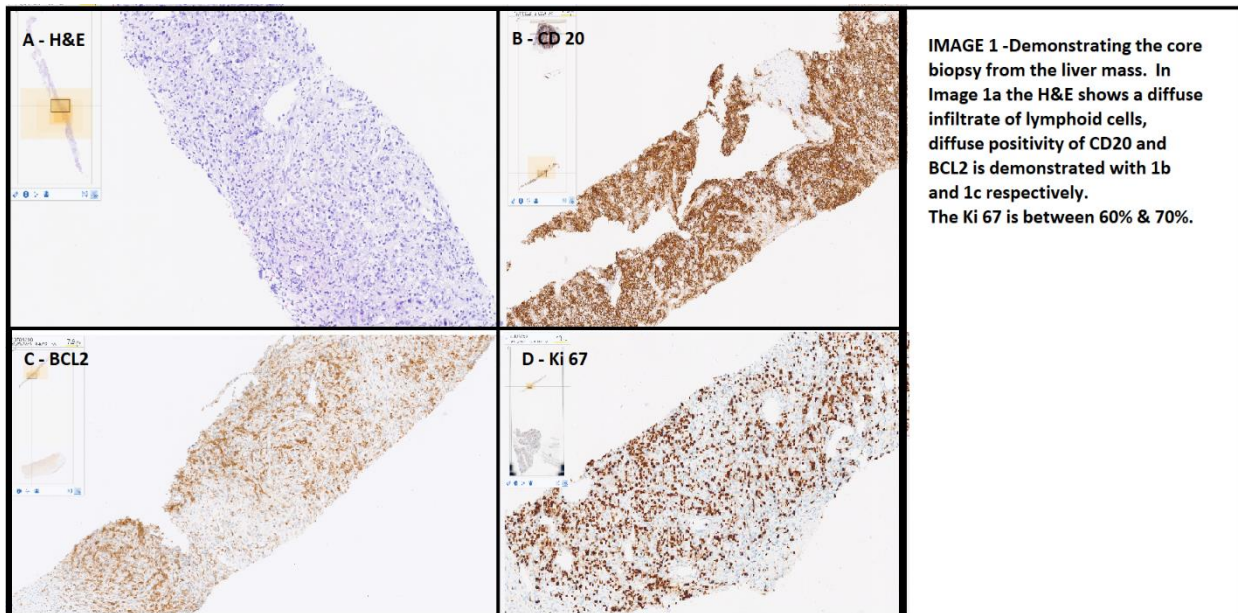
Case Presentation

A 71-year-old lady, with a background of Rheumatoid Arthritis on methotrexate presented with fever and weight loss. Imaging revealed a liver abscess with small volume lymphadenopathy present above and below the diaphragm.

She was managed with IV antibiotics and cessation of methotrexate. Interestingly the patient improved clinically however a follow-up scan 3 months later demonstrated an increase in the size of the liver lesion to 3.5 X 2.5cm as well as multiple enlarged nodes in the porta hepatis and peripancreatic areas. The concern now was for an intrahepatic cholangiocarcinoma but histology was in keeping with Diffuse Large B-Cell Lymphoma. This lesion was reviewed by numerous pathologists. Image 1 shows the core biopsy with an infiltrate of CD20+ B cells with a Ki67 of 60-70%. EBER ish was negative within the biopsy.

The patient was reviewed in haematology and a staging PET CT was performed showing resolution of the disease with only residual changes in affected areas within liver. Further follow-up CT imaging showed a small residual liver abscess with resolution of the lymphadenopathy.

In vivo biological processes surrounding tumour development has been demonstrated by this case. The role of methotrexate in suppressing the immune system is well recognized [1]. Did the infected abscess play a role in the underlying aetiology of the lymphoma and treatment of it with antibiotics combined with cessation of methotrexate result in remission? [2,3]. Despite the cessation of methotrexate and antibiotics, the lymphoma continued to grow for 3 months before regressing.



Conflicts of interest: None

Ethical Consideration: None

Acknowledgements: None

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