Unusual association of diseases/symptoms

Ankylosing spondylitis combined with angioimmunoblastic T cell lymphoma

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Summary

The authors present the report of an ankylosing spondylitis combined with angioimmunoblastic T cell lymphoma after the anti-tumour necrosis factor treatment.

BACKGROUND

This is an important clinical case report for learning and was never found before by Document Information Retrieval. This is related to the new therapy as the anti-TNF treatment.

CASE PRESENTATION

A 45-year-old woman was admitted on 20 January 2011, with fever for 1 day. One day ago, she had a fever up to 40.4°C, and anti-infection therapy is invalid to her. On 27 January 2011, her face and limbs turned up congestive rash. Then, her lymph glands of lower jaw, neck, oter and inguen had swelling and pain. On 28 January 2011, she had pharyngalgia and amygdale-bump.

She had a history of ankylosing spondylitis and received treatment with the tumour necrosis factor- α (TNF α)

blocker etanercept biweekly, and without preconceived effect for several months. Large amounts of glucocorticoid immunosuppressive therapies were then used. The case was without more special history.

INVESTIGATIONS

Laboratory data: blood routine indicated white blood cell count was progressively rising. Specific data are as follows:

Date	January 23	January 24	January 26	January 28
WBC($10^9/l$)	8.5	12.2	20.7	39.8

The pulmonary CT pointed out multiple lymph node shadows in mediastinum and the abdominal CT showed lymph node enlargement in retroperitoneum.

Figure 1 Neck lymph node biopsy.

Marrow routine indicated granular cells hyperplasia active.

Neck, axillary lymph node biopsy: microscopic examination showed that lymphatic structure disappeared and was replaced by medium heteromorphosis lymphocytes; abundant interstitial blood vessels showed branching, surrounded by visible eosinophil materials (figure 1). Strept avidin-biotin complex revealed CD3+, CD43+, CD2+, CD4 scattered +, CD5+, CD8+, CD7+, TIA-I+, CD30 scattered +, CD68 scattered +, bcl-2 scattered +, MUM1 scattered +, Vg38c scattered +, P53+, Ki-67 80% +; pathological diagnosis: angioimmunoblastic T cell lymphoma.

DIFFERENTIAL DIAGNOSIS

Infection such as ichorrhemia.

TREATMENT

The patient accepted chemotherapy with E-CHOP regimen (VP-16, CTX, EPI, VDS, DXM) on February 2, and COMP chemotherapy regimen (CTX, VDS, MITO, DXM) on February 8, and treatment is continuing.

OUTCOME AND FOLLOW-UP

The patient had fever and the treatment was continuing.

DISCUSSION

The patient with a history of ankylosing spondylitis, received treatment with the TNF± blocker etanercept and was then complicated with lymphoma.¹⁻⁵

Learning points

- ▶ The ankylosing spondylitis' characteristics and treatment.
- ▶ The side-effect of the anti-TNF treatment.
- ▶ The occurrence of angioimmunoblastic T cell lymphoma.

Competing interests None.

Patient consent Obtained.

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