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PANUVEITIS AS A MANIFESTATION OF HODGKIN LYMPHOMA

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BACKGROUND

Hodgkin's lymphoma (HL) is a disease that originates from lymphoid tissues and accounts for less than 1% of neoplasms. As lymph nodes are distributed throughout the body, lymphomas may manifest with involvement in various areas. This can cause difficulties in diagnosis as well as delayed treatment.

The incidence of lymphoproliferative ocular diseases has increased, but intraocular involvement is a rare finding in lymphomas and late diagnosis is due to nonspecific signs. Ocular involvement is more prevalent in non-Hodgkin lymphomas. There are some documented cases of HL with ocular involvement, most of which are found after diagnosis of the disease. Although rare, there are also patients who have ocular symptoms and are later diagnosed with HL.

Ocular involvement may occur through direct involvement of the choroid and retina by metastasis, lymphomatous infiltrate, paraneoplastic vasculitis, or complications of HL treatment. The most common symptoms are painless vision loss, photophobia and ocular hyperemia. Due to the insidiousness and ability to simulate other conditions, diagnostic delay is common. Thus, HL should be included as a differential diagnosis of pathologies with ocular inflammation

CASE REPORT

A previously healthy 44-year-old male patient, complained of progressive visual turbidity associated with bilateral visual acuity impairment for the last two years. After being evalueted by the ophthalmologist, the patient was diagnosed with bilateral panuveitis. and empirical treatment for tuberculosis was started. Despite the treatment the patient did not improve of the ocular symptoms and was referred to the rheumatologist for the evaluation of immunosuppression. Patient reported that in the last two months, he had suffered pain in the lower limbs, daily fever, sweating and loss of 11 kg. At the physical examination, the patient presented pain at the palpation of lower limbs, with no signs of arthritis and the rest of the examination was normal. Based on patient's complaints, we opted for hospitalization.

General tests, serologies, antibodies and abdominal tomography were carried out during hospitalization, without any alterations but the chest tomography showed lymph node enlargement in the right inferior paratracheal chain with 2.5 x 2, 3 cm. It was performed

mediastinoscopy with lymph node biopsy

Subsequently, in the outpatient follow-up, the patient brought the anatomopathological result of the mediastinal lymph node, which immunohistochemical study was compatible with Hodking lymphoma, nodular sclerosis subtype.

CONCLUSION

The ocular manifestation of HL is rare, but rheumatologist and ophthalmologists should be aware of malignant pathologies in the presentation of ocular symptoms, mainly uveitis and vasculitis.