Primary Hepatic Lymphoma: A Rare Case Treated Incidentally With Orthotopic Liver Transplant

Jose Del Rio Acosta, MD, PhD,1 Rafael Pastrana Laborde, MD,1 Ivan Antunez Gonzalez, MD,1 1University of Puerto Rico Medical Sciences Campus, San Juan, Puerto Rico;2University of Puerto Rico School of Medicine, San Juan, Puerto Rico;3Liver Transplant Center at Hospital “Auxilio Mutuo”, San Juan, Puerto Rico.

INTRODUCTION: Primary Hepatic Lymphoma (PHL) is defined as a lymphoproliferative malignancy confined to the liver, without involvement of bone marrow, lymph nodes, spleen, or other lymphoid structures. It is a very rare malignancy, accounting for only 0.4% among extra-nodal non-Hodgkin’s lymphoma and 0.016% among all non-Hodgkin’s lymphoma worldwide. We present a rare case of PHL in a patient who underwent Orthotropic Liver Transplant (OLT).

CASE DESCRIPTION/METHODS: A 57-year-old man with history of Obesity, Insulin-Dependent Diabetes Mellitus and Chronic Liver Disease secondary to non-alcoholic steatohepatitis complicated with recurrent ascites, hepatic encephalopathy and history of several variceal bleeding episodes requiring banding ligation, underwent an OLT in our center without major complications. Pre-emptively they had abnormal liver function, in near 90% of patients the Beta-2-microglobulin is elevated, but the elevation of LDH (suggesting tissue necrosis) with normal AFP, CEA and CA19-9, is essential to differentiate PHL from primary liver cancer and metastatic liver involvement. Our patient just complaint of recurrent ascites and mild encephalopathy; all above cited laboratory markers were absent. Treatment options include Surgery, Chemotherapy and Radiation alone or in combination, however due to the delay in the diagnosis and aggressive nature of PHL the prognosis is very poor, the overall survival has been estimated to be approximately 33 months. In our case, the OLT was both diagnostic and therapeutic, with excellent outcomes, highlighting the impact of early diagnosis and management in the patient’s survival.

Donor Derived HSV Hepatitis in a Kidney Transplant Patient

Joseph H. Zeidan, MD1, Kiran Gajurel, MD,2 Paul Schmeltzer, MD,2 William Ahrens, MD,2 1Carolinas Medical Center, Charlotte, NC.

INTRODUCTION: It is estimated that worldwide 66% of the population is infected with herpes simplex virus type 1 (HSV-1). Despite its commonality, liver manifestations are particularly infrequent, and in most cases can lead to fulminating liver disease. In especially rare cases the infection has been reported as being donor-derived after a solid organ transplant leading to HSV hepatitis as shown in this case.

CASE DESCRIPTION/METHODS: Forty-three-year-old male with end-stage renal disease presented 10 days after undergoing a deceased donor kidney transplant with a fever of 102.4°F and diarrhea over 3 days. Initial labs show a WBC of 13×10^9/L, INR of 1.9, total bilirubin 1.2 mg/dL, alkaline phosphatase 127 IU/L, alanine aminotransferase (ALT) >5000 IU/L, aspartate aminotransferase (AST) 6788 IU/L. He had previously had no known liver disease. Empiric antibiotics were started with cefepime and vancomycin and with suspicion for HSV hepatitis, acyclovir 750mg every 8 hours. In the pre-transplant workup 6 months prior, the HSV 1 and 2 PCR, Hepatitis A, B and C panel were all negative. His medication list included levofoxacin, allopurinol and atorvastatin. Immunosuppression was tacrolimus 4mg twice daily, mycophenolic acid 1 gm twice daily and prednisone 20mg twice daily. The liver enzymes peaked at ALT >5000 IU/L and AST >10,000 IU/L and INR of 3.2 after 2 hours. He had no signs of encephalopathy and/or metabolic acidosis and repeat sorcery Hepatitis A, B, C were negative. Viral loads for HBV DNA, HCV RNA, ERV and CMV were all undetectable. HSV 1 PCR serum was not detected however HSV 2 PCR serum was >1.0×10^6 copies/mL. Later, a trans-jugular liver biopsy confirmed the diagnosis showing sub-massive hepatic necrosis with HSV. Necrosis involved 60-70% of hepatocytes and immunity for HSV was strongly positive in necrotic areas. After 11 days of treatment with acyclovir 750mg every 8 hours his labs improved with an INR of 1.2, ALT 325 IU/L, AST 46 IU/L. HSV 2 PCR viral load trended down to 70,070 copies/mL. He remained asymptomatic and was eventually discharged home.

DISCUSSION: Although rare, HSV hepatitis is a life threatening disease that we see in 75% of cases lead to liver transplantation or death. Early identification and treatment is particularly important since sorcery is unreliable and cutaneous lesions only occur in about 30% of cases. Without therapy one report shows in donor derived disease transmission mortality is 100%. In this clinical scenario with high suspicion, treatment can never be delayed.