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Hodgkin's Lymphoma Causing Bulky Cervical Lymphadenopathy

Sarbjot Grewal* and Pankaj Bharati

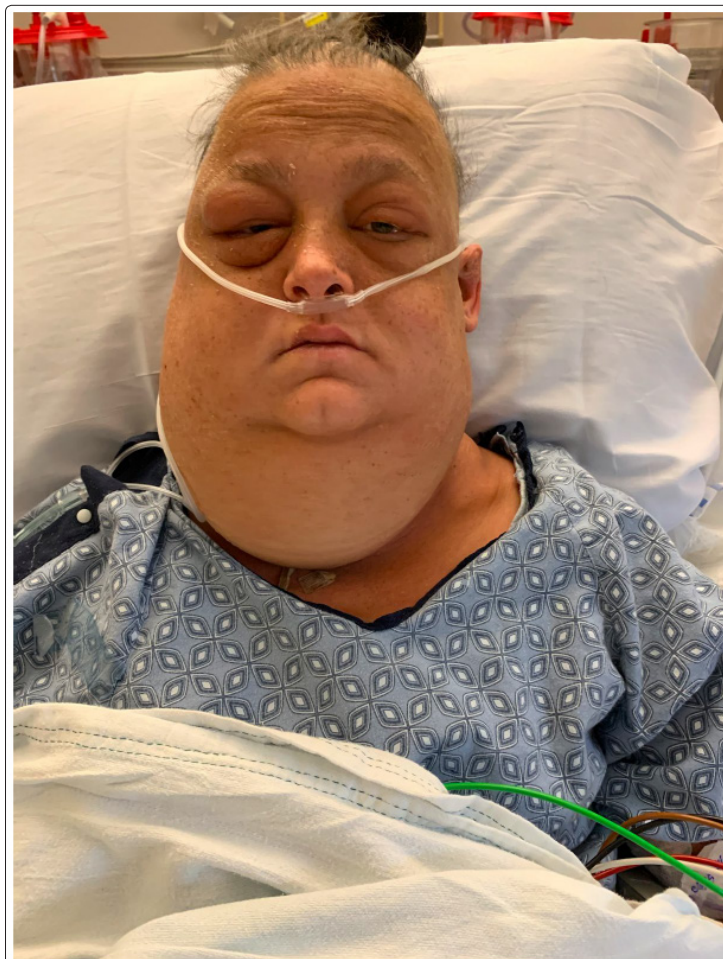
Internal Medicine, Saint Agnes Medical Center, Fresno, USA

***Corresponding author**

Sarbjot Grewal, Internal Medicine, Saint Agnes Medical Center, Fresno, USA; E-mail: sarbjotg95@gmail.com

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34 year old female with no past history presented to the emergency room due to neck swelling and fevers, chills, night sweats along with generalized pruritus, progressively worsening since a few months, now causing acute hypoxic respiratory failure due to mass effect on trachea as confirmed via CT neck. On physical exam, noted to have tender, bulky cervical, mediastinal and axillary lymphadenopathy. Biopsy of lymph nodes confirmed Classical Hodgkin's lymphoma, Nodular Sclerosis type, Immunophenotype: CD30+, CD15+, CD3-, CD20-, BCL 6+ and MUM1+. GMS Stain returned negative for fungal agents. In the interim, she received high doses of Dexamethasone, which reduced the size of her lymphadenopathy; the patient was eventually extubated after receiving steroids. Patient was counseled on the possibly curable nature of the disease but she deferred further treatment and opted for hospice care. Our case elicits an unusual presentation of Classical Hodgkin's lymphoma with extensive cervical lymphadenopathy causing acute upper airway obstruction, responsive to high dose steroids.

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