Hepatitis C Induced Low Grade Lymphoma with Complete Resolution on Oral Antiviral Therapy

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Introduction

The link between chronic hepatitis C virus (HCV) infection and a subset of B-cell non-Hodgkin lymphomas is strongly supported by epidemiological studies. We present a case of HCV related lymphoplasmacytic lymphoma with HCV related cirrhosis which resolved with antiviral therapy.

Case Report

A sixty nine year old male patient was detected to have hepatitis C infection in 2005. He was offered therapy with interferon and ribavirin, but for the fear of side effects, he preferred close monitoring. He followed up with his local physician and did annual blood tests and ultrasound. He was doing well till 2016 when he noted progressive abdominal distention and pedal edema. He was investigated and found to have chronic liver disease with portal hypertension. CT scan showed a 3 × 3 cm lesion in segment 7 suggestive of hepatocellular carcinoma. Upper gastrointestinal endoscopy showed large esophageal varices for which he underwent banding and glue injection.

Blood examination showed HCV genotype 1 infection (real time PCR) with high viral load of 14 million copies per ml (Taq Man ELISA, 1IU=5.82copies/ml). He had pancytopenia, with haemoglobin of 7.8 g/dl, total leucocyte count of 3200 and platelet count of 1.2 lakhs that apparently could not be explained on the basis of his liver dysfunction. He underwent bone marrow examination at the same hospital which showed hypercellular marrow with trilineage hematopoiesis erythroid dominance and lymphoplasmacytosis. Flow cytometric analysis on bone marrow aspirate showed monoclonal kappa protein quantified at 7 g/L. Electrophoresis and immunofixation showed Ig M monoclonal kappa protein quantified at 7 g/L. Serum protein electrophoresis and immunofixation showed Ig M monoclonal kappa protein quantified at 7 g/L. Bone marrow examination showed no evidence of lymphomatous involvement and no evidence of clonal B lymphoproliferative disorder on flow cytometry. He was advised to stop antivirals and follow up after 3 months.

Discussion

Regression of lymphoma after HCV clearance has been described. However, there are only a handful of reports of such regression with directly acting antiviral treatment. Rosso et al. reported a rapid virologic and hematologic response with combination of a NS3/NS4A inhibitor (vadiprevir) and a non-nucleoside NS5B inhibitor (deleobuvir) in a patient with HCV associated SMZL [6]. Sultanik et al. showed complete regression of MZL after 12 weeks of therapy with sofosobuvir and ribavirin [7].

The present case highlights the role of antiviral therapy in treating low grade lymphomas associated with hepatitis C infection.

References


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