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Angioimmunoblastic T-cell Lymphoma: Case Report of a Diagnostic Challenge Presented as a Lymphoproliferative Syndrome

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Brazilian female patient, 51-year-old, born in the State of Bahia, rural worker, married, catholic, was living in São Paulo for 2 months. She was admitted to the Emergency Department at Santa Casa of São Paulo in October/2014 complaining of abdominal pain, nausea, vomiting, lymphadenomegaly, fever, night sweats and weight loss (10kg) that had begun about 3 months ago. She smoked 1 pack of cigarettes per day for 36 years, however she denied any past medical history or agrotoxic exposure. The complete blood count (CBC) showed anemia, eosinophilia and thrombocytopenia. All the serologies for infectious diseases were negative, except for IgM EBV, that was positive. Abdominal ultrasound showed homogeneous hepatosplenomegaly, periportal lymphadenomegaly, simple cyst in the right kidney and small amount of ascites. CT scan of the chest showed small nodules in the lungs, small amount of pericardial effusion, increased number of lymph nodes in mediastinal, tracheal and infracarinal regions, increased size of lymph nodes in hilar region bilaterally as well as in the chains of diaphragm, clavicles, and in the axillaries chains. Myelogram ruled out Leishmaniasis. The bone marrow biopsy was only hypercellular, showing hyperplasia of the three myeloid types. Lastly, the cervical lymph node biopsy was done with immunophenotyping: CD45 diffusely positive; CD3 positive in the small and medium cells; CD20 positive in immunoblasts; CD4 positive in most of the lymphocytes – T-cell lymphoma with angioimmunoblastic features.