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Primary Osseous Hodgkin Lymphoma Mimicking Tuberculosis: A Diagnostic Challenge

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Abstract

Background

Primary osseous involvement in Hodgkin lymphoma (HL) is extremely uncommon and often radiologically mimics spinal tuberculosis or metastatic malignancy, leading to diagnostic delay.

Methods

A 38-year-old male presented with severe chronic lumbar back pain without constitutional symptoms. Imaging revealed multiple lytic and mixed lytic-sclerotic vertebral and pelvic lesions initially interpreted as metastatic disease. Despite extensive evaluation—including tumor markers, endoscopy, bone marrow studies, and repeated biopsies—findings remained inconclusive. The

patient was empirically treated for tuberculosis following granulomatous pathology and positive QuantiFERON, but symptoms persisted. Repeat immunohistochemistry on the prior biopsy finally demonstrated CD30+, MUM1+, and weak PAX5 expression consistent with Hodgkin lymphoma. The patient was initiated on ABVD chemotherapy, achieving complete metabolic resolution and is currently under followup and remains in remission.

Conclusion

This case underscores the importance of considering Hodgkin lymphoma in chronic back pain with atypical skeletal lesions and highlights the diagnostic value of immunohistochemistry and PET-CT, especially in settings where tuberculosis is prevalent.

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