

Conference Abstracts

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Classical Hodgkin Lymphoma Mimicking Spinal Tuberculosis: A Diagnostic Challenge in a Patient with Multifocal Skeletal Lesions

Prawesh Pokharel, MBBS^{1,a}; Soniya Dulal, DM, Medical Oncology¹; Anjal Shah, MBBS¹

¹ B.P. Koirala Institute of Health Sciences, Dharan, Koshi, Nepal

Corresponding author

^a Prawesh Pokharel, MBBS, B.P. Koirala Institute of Health Sciences, Dharan, Koshi, Nepal

Email: pokharelprawesh47@gmail.com

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Abstract

Background

Classical Hodgkin lymphoma (CHL) usually presents with lymphadenopathy and constitutional symptoms. Extensive skeletal involvement as the predominant presentation is uncommon and may closely mimic spinal tuberculosis, particularly in tuberculosis-endemic regions. Delayed diagnosis may occur when initial investigations are inconclusive.

Methods

Clinical Presentation: A 38-year-old man presented with progressive, refractory back pain associated with significant weight loss and non-productive cough. **Diagnostic workup:** MRI demonstrated multiple lesions involving the thoracic and lumbar vertebrae, sacrum, and iliac bones, with partial compression fractures. In view of the constitutional symptoms and vertebral lesions, spinal tuberculosis was suspected, and anti-tubercular therapy was initiated. However, there was no clinical improvement. The patient subsequently underwent extensive evaluation, including bone marrow examination and multiple vertebral biopsies, but these were non-diagnostic, showing predominantly reactive and hemorrhagic

changes. A whole-body PET-CT later demonstrated extensive metabolically active skeletal lesions along with bilateral supraclavicular, mediastinal, hilar, and retroperitoneal lymphadenopathy and a right iliac fossa soft-tissue deposit. Targeted biopsy of the paraspinal soft-tissue lesion revealed a lymphohistiocytic infiltrate with numerous eosinophils. Immunohistochemistry, including CD30 and PAX5 positivity, confirmed classical Hodgkin lymphoma. Given the extensive skeletal and nodal involvement, the disease was classified as Stage IV. **Treatment:** The patient was treated with ABVD chemotherapy with curative intent, with good tolerance and progressive clinical improvement over subsequent cycles.

Conclusion

CHL should be considered in patients with persistent back pain, constitutional symptoms, and multifocal skeletal lesions when the clinical course is atypical or unresponsive to anti-tubercular therapy. This case highlights the importance of reassessing an initial diagnosis, using PET-CT to identify an optimal biopsy site, and obtaining adequate tissue for definitive diagnosis. Early recognition can prevent prolonged diagnostic delay and facilitate timely curative treatment.

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