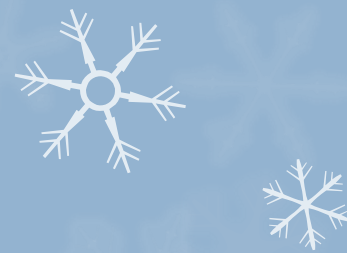


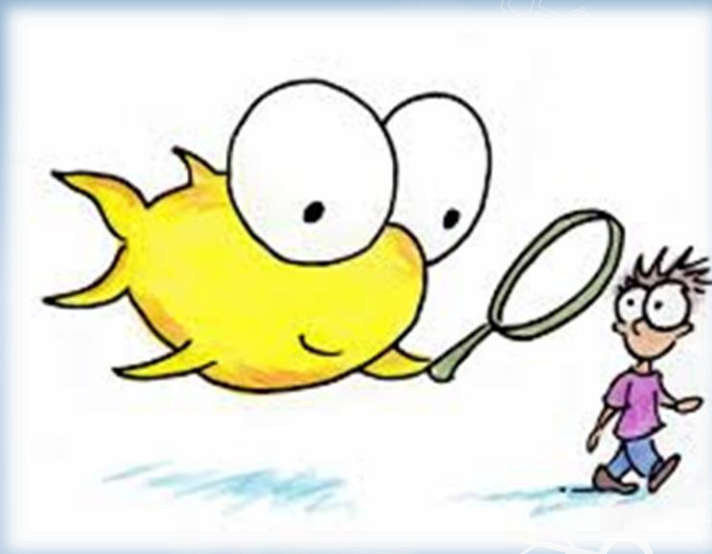


ESIM Winter School Riga 2015



# THE UNUSUAL SUSPECTS

**Dr CATERINA DELCEA**  
**BUCHAREST, ROMANIA**



# Chief Complaint & Medical History



- **75 y.o. male**

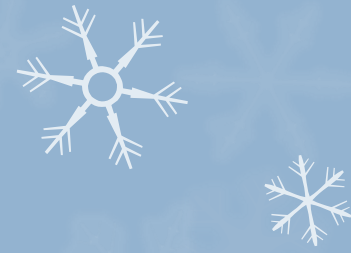
- **Progressively worsening dispnea on exertion (past month)**

- **Small, purple skin lesions on both legs (1 week)**

- **12 days ago – left inferior lobe pneumonia**

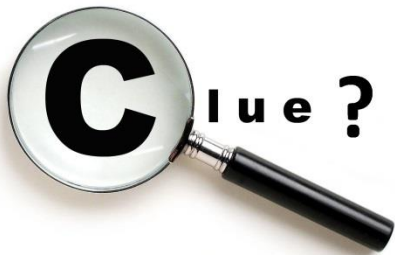
- **Amoxicillin/clavulanic acid 875/125mg po bid, 7days**

# Physical examination



- **Alert, oriented, afebrile**
- **BP 150/80mmHg, HR 68/min (regular), RR 22/min, O2 Sat 91-93% room air**
- **Palpable purpuric lesions on both legs**
- **Dullness on percussion and abolished breath sounds 1/3 inferior left lung**





Clue?

**Leukocytoclastic vasculitis**



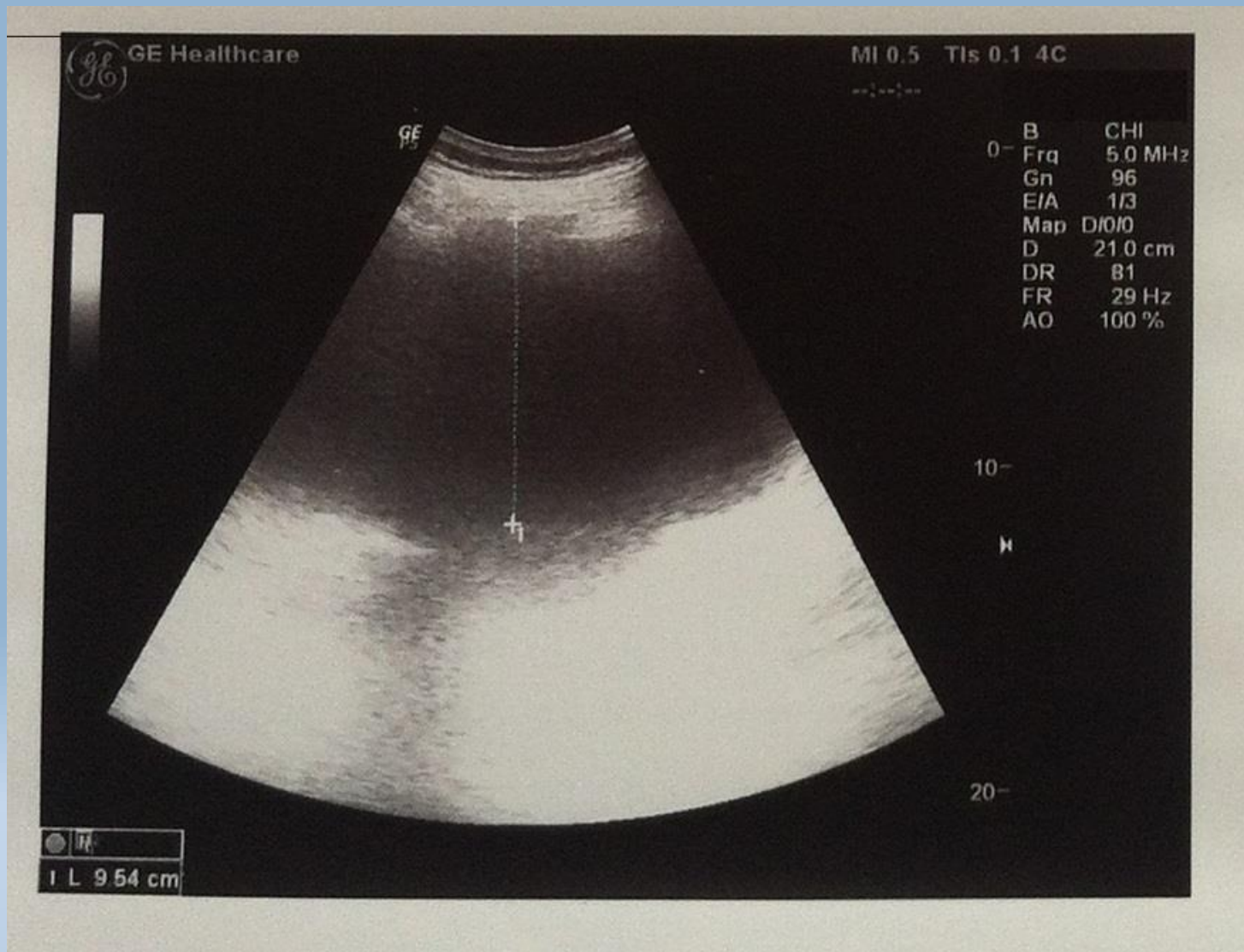


# Workup (1)

- **CRP 65.01mg/l (N<5); ESR 33 mm/h (N<20)**
- **CBC – PLT 142000/mmc, otherwise normal**
- **Liver and kidney function – normal**
- **Glicemia, electrolytes – normal**
- **LDH – normal**
- **NTproBNP, D-dimers – normal**
- **ANA, RF – negative**
- **cANCA, pANCA – negative**
- **Anti HVC Ab, HBs Ag – negative**



# Workup (2)



# Workup (3) – Pleural fluid

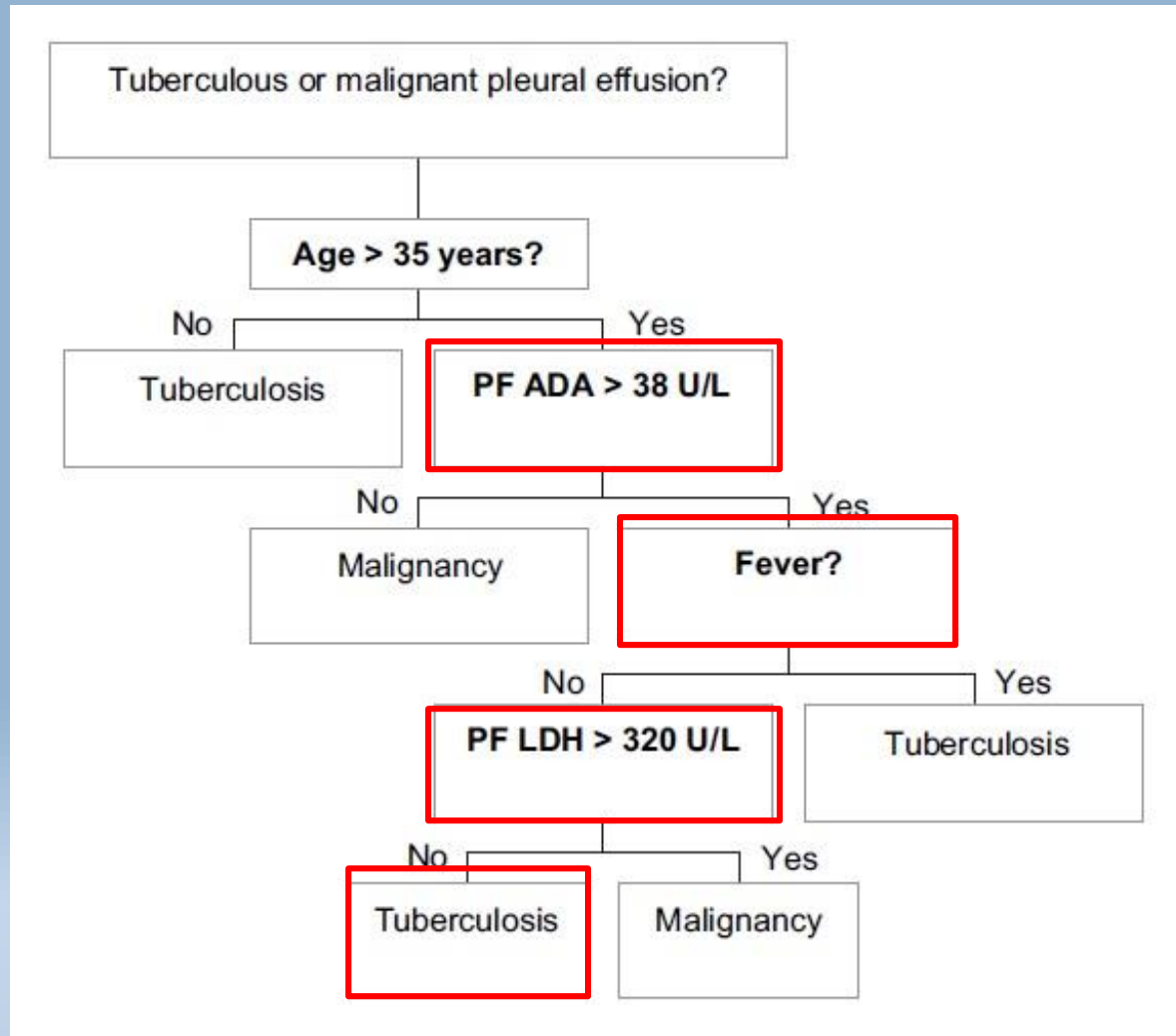
- **Exsudate**
- **Glucose 111.89 mg/dl**
- **LDH 107.55 UI/L**
- **1590 cells/mm<sup>3</sup>, 70% lymphocytes**
- **Ziehl-Neelsen stain – negative**
- **ADA 42 U/L (N<33U/L)**



# Differential diagnosis

<b>INFECTION</b>	<b>Bacterial, Viral, Fungi</b> <b>Mycobacterium</b>
	<b>Hepatitis Virus B/C</b>
<b>MEDICATION</b>	<b>ASA, Thiazides, Penicillin</b> <b>Quinolones, Retinoids</b>
<b>AUTOIMMUNE</b>	<b>LES, RA, PAN, Sjogren's Syndrome</b>
<b>MALIGNANCY</b>	<b>Solid Cancers</b> <b>Lymphoma, Leukemia, Mieloma</b>
<b>IDIOPATHIC</b>	

# Differential diagnosis



Presto  
Ex: 46130

Se: 2/5  
Im: 28/60  
Ax: 1135.0

512 x 512  
09

Mag: 1.0x

R

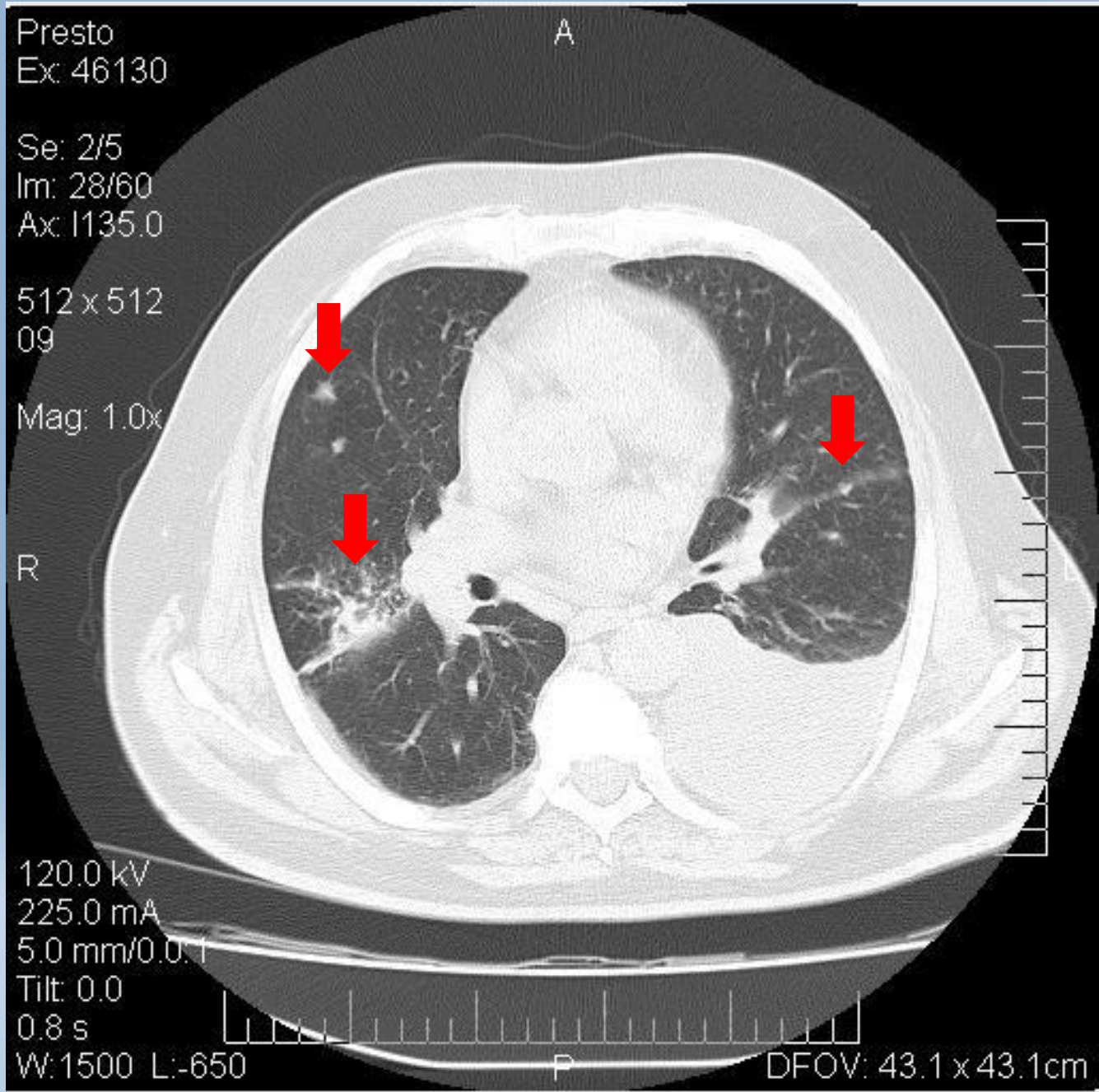
120.0 kV  
225.0 mA  
5.0 mm/0.01  
Tilt: 0.0  
0.8 s

W:1500 L:-650

A

P

DFOV: 43.1 x 43.1cm



Presto  
Ex: 46130

A

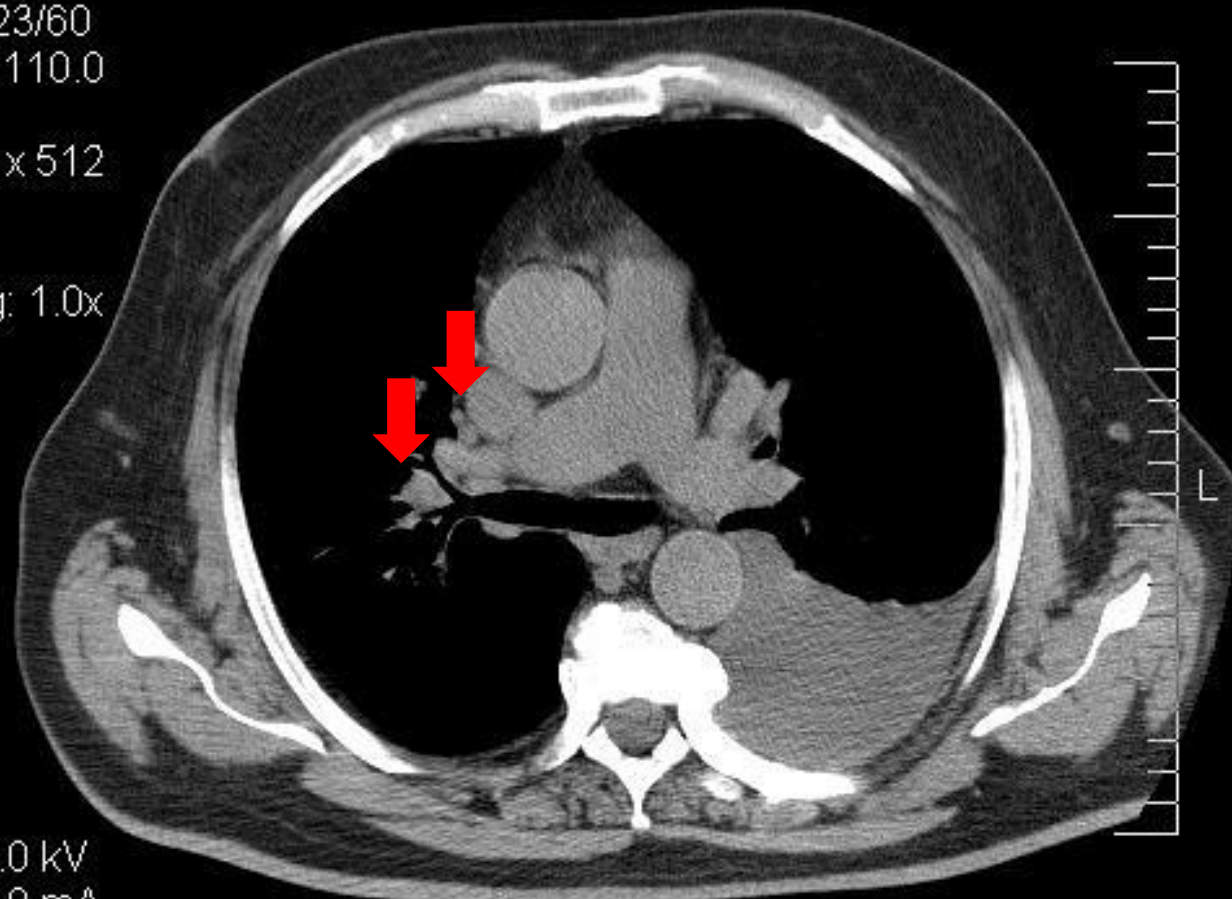
Se: 3/5  
Im: 23/60  
Ax: 1110.0

512 x 512  
05

Mag: 1.0x

R

120.0 kV  
225.0 mA  
5.0 mm/0.0:1  
Tilt: 0.0  
0.8 s  
W:350 L:20



DFOV: 43.1 x 43.1cm



# Workup (4)

- **Pleural biopsy**
  - **HP & IHC – inconclusive**
- **Bronchoscopy and alveolar lavage**
  - **No cancer cells**
  - **Ziehl-Neelsen staining negative**
  - **Nonspecific inflammation**







# Diagnosis

- **Adult T cell Leukemia-Lymphoma** with pleural involvement, mediastinal and abdominal adenopathies and left pleural effusion
- **Leucocytoclastic vasculitis** of the inferior limbs

# Learning points



- Up to 15% of pleural effusions remain undiagnosed; of these, a significant amount are due to malignancy or TB.
- In this case, what initially seemed a parapneumonic pleural reaction turned out to be the consequence of ATLL, in the rare association with leukocytoclastic vasculitis.



Thank you for your attention!

