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Intravascular lymphoma with hypopituitarism: A case report

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Abstract

BACKGROUND

Intravascular lymphoma (IVL) is a rare subtype of lymphoma involving the growth of lymphoma cells within the vessel lumina without lymphadenopathy. Because of various modes of presentation and its rarity, IVL is often diagnosed postmortem. Herein, we report a case of intravascular B-cell lymphoma with hypopituitarism, an extremely rare complication, that was successfully treated with chemotherapy.

CASE SUMMARY

An 80-year-old Japanese woman presented with a 7-mo history of a tingling sensation in the lower limbs. She also presented with various other symptoms such as pancytopenia, high fever daily, and unconsciousness with hypoglycemia. Although the doctor who previously treated her diagnosed hypoglycemia as being due to

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Intravascular large B-cell **lymphoma** (IVLBCL) is a rare subtype of diffuse large B-cell **lymphoma**. There have been only a limited number of **reports** regarding pituitary dysfunction associated with IVLBCL. We present a 71-year-old woman with **hypopituitarism** without any **hypothalamic**/pituitary abnormalities as assessed by magnetic resonance imaging.

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Pekic et al 5 have **reported a case** of **intravascular large B-cell lymphoma** complicated with **hypopituitarism**, treated with immunochemotherapy which resulted in remission and gradual and late reversal of **hypopituitarism**. In our patient, deficiencies of thyroid stimulating hormone, testosterone and growth hormone resulted from the involvement of the pituitary gland.

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considered in the differential diagnosis. We **report a case** of **persistent hyponatraemia** secondary to SIADH and partial **hypopituitarism** in whom a diagnosis of **intravascular large B-cell lymphoma** was made only after postmortem studies. **CASE PRESENTATION** A 75-year-old man presented with a 1-year history of rapid weight loss of 14 kg and increasing tired-ness.

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