Anaplastic large cell lymphoma as a cause of rapidly appearing subcutaneous nodules in an HIV-infected patient

Nódulos subcutáneos de rápida aparición como forma de presentación de linfoma Ten paciente con infección por VIH

To the Editor,

AIDS patients have an increased risk of cancer, and one third of them will eventually develop a tumour. The risk of non-Hodgkin lymphomas (NHL) is much higher than in immunocompetent individuals. However, this risk has decreased since highly active antiretroviral treatment (HAART) was introduced, and the frequency has now been reported to be 1–4% in modern series. T-cell derived lymphomas are uncommon and represent less than 3% of NHL, and they usually present worse outcomes than B-cell derived ones. We report a patient with AIDS who developed a rapidly evolving T-cell type NHL.

A 50 year-old patient was admitted to hospital due to fever, weight loss and malaise for the past 3 weeks. He had a history of intravenous drug use and was diagnosed with HIV infection and hepatitis C virus-associated liver disease 11 years earlier. One year before the current admission he suffered P. jiroveci pneumonia, but refused to take HAART or prophylactic drugs against opportunistic infections. The physical examination was remarkable for low body weight (body mass index 17 kg/m²), and enlargement of the liver and spleen. There were no palpable lymph nodes. Blood analyses revealed a normocytic anaemia, a markedly increased ESR, 14 CD4 cells/μl and 1,480,000 HIV copies/μl. Chest X-ray revealed a slight interstitial pattern. All microbiological tests were negative. A CT scan revealed a 3 cm × 5 cm necrotic mediastinal lymph node, with an inconclusive biopsy. A bone marrow biopsy showed non-specific abnormalities. In the following days subcutaneous painful nodules appeared in the abdomen. They were about 2 cm in diameter, but the size changed, enlarging or decreasing over a few days. An excisional biopsy of one of these nodules revealed a dense infiltrate of lymphoid cells with horse-shoe nuclei in the hypodermis, consistent with malignant large cell lymphoma. Due to the poor patient status, HAART was initiated due to chemotherapy. However, the patient deteriorated rapidly and died 2 weeks later due to a lung infection.

Unlike from lymphomas derived from B-cells, T-cell lymphomas tend to be extranodal, with a higher propensity to affect skin and bone marrow. Among them the peripheral T-cell lymphoma...
ALCL have been described, systemic and cutaneous.7 Although the virus infection in Spain?

Are HIV-infected patients a high-risk population for hepatitis E infection in Spain?

¿Son los pacientes VIH positivos un grupo de riesgo para la infección por virus de la hepatitis E en España?

To the Editors,

We read the article by Rodriguez-Frias et al. 1 with interest. The authors reported a seroprevalence of anti-HEV antibodies (IgG anti-HEV) between 2.2% and 7% in Spain. However, the prevalence of anti-HEV antibodies varies according to the population included in the study, and is even much higher in HIV infected patients. Data on the frequency of anti-HEV antibodies in these patients in Spain are scarce, and it is a controversial issue in other countries, such as England where Feane et al.2 reported a similar seroprevalence in controls and patients with HIV infection.

Therefore, we tested 178 plasma samples from 178 HIV-infected patients who attended our Infectious Disease Department for monitoring of HAART therapy between December 2011 and January 2012. Among them, 140 (78.65%) were males with a mean age of 46 years (range: 20–78). IgG anti-HEV antibodies were detected in serum by a commercial enzyme immunoassay (EIA) kit (HEV Ab, DiaPro Diagnostic Bioprobes, Milan, Italy) following the manufacturer’s instructions. All positive samples were studied further for the presence of IgM anti-HEV antibodies (HEV IgM, DiaPro Diagnostic Bioprobes, Milan, Italy). A result was considered positive by both tests when the ratio of the sample optical density and the cut-off value was higher than 2. Positive results by EIA were confirmed by Western blot analysis (RecomBlot HEV IgG/IgM; Mikrogen, Martinsried, Germany). In addition, HEV RNA was amplified by reverse transcriptase (RT)-nested PCR3 in all serum samples with IgG or IgM anti-HEV. All the patients included in this study were living in urban or the surrounding areas of Madrid. IgG anti-HEV antibodies were found in 18 out of 178 (10.11%). IgM anti-HEV antibodies were detected in 1 out of 18 IgG anti-HEV positive samples, suggesting acute or recent infection. HEV RNA was positive in a IgG anti-HEV positive patient. None of them presented clinical symptoms related to viral acute hepatitis currently or in recent years. ALT and AST were normal in all the patients who had IgG, IgM anti-HEV and/or HEV RNA in serum.

The seroprevalence of HEV infection has been studied in other probable risk groups, such as immigrants in Madrid (Table 1). Our results showed similar frequencies of detection of IgG anti-HEV

Bibliografía


