Journal of Neonatal Surgery
ISSN(Online): 2226-0439
Vol. 14, Issue 8s (2025)
https://www.jneonatalsurg.com

OPEN ACCESS

Hodgkins lymphoma masquerading as tuberculosis

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Cite this paper as: Dr. Amit Kumar Gupta, Dr. Vatsala Gupta, Dr. Bhumika Gupta, Dr. Tarun Mittal, (2025) Hodgkins lymphoma masquerading as tuberculosis. *Journal of Neonatal Surgery*, 14 (8s), 933-935.

dy also found in some special case that if the body feel good means there is no body problem condition although they live with diabetes, but if the body feel uncomfortable means should be gotten treatment because it influences their all life such as their work, their stress and their community activities.

Keywords: *Factors, conditions, alternative health care, diabetes*

1. INTRODUCTION

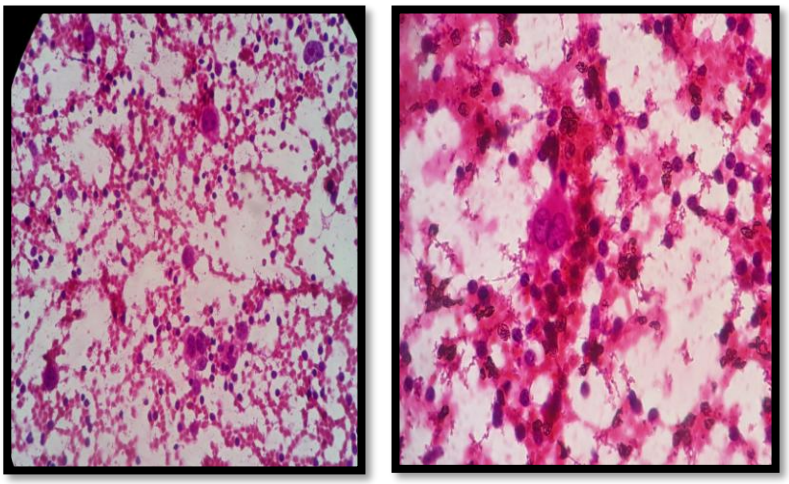
Hodgkin lymphoma is a malignant hemato-lymphoid neoplasm that affects lymph nodes and extra-nodal sites. Its associated B-symptoms can closely mimic infectious diseases such as tuberculosis, leading to frequent misdiagnosis. Due to overlapping constitutional symptoms, patients are often mistakenly treated for tuberculosis, which may result in inappropriate management and potential harm. Here, we present three cases initially diagnosed and treated as tuberculosis but later confirmed as Hodgkin lymphoma through cytological evaluation.

2. CASE REPORTS

CASE-1

A 21-year-old man who had presented with left cervical lymphadenopathy, was suspected to be tuberculous clinically and initiated on therapy for TB. Despite being on regular antitubercular regimen for 6 months, he did not improve. An extensive work up was thereafter performed. FNAC showed presence of large cells with multilobulated nuclei, reticular chromatin, huge prominent nucleoli, and pale fragile cytoplasm (Reed Sternberg cells) in a background population of lymphocytes, histiocytes, and eosinophils.

Pic-1: 21 year old man who had presented with left cervical lymphadenopathy



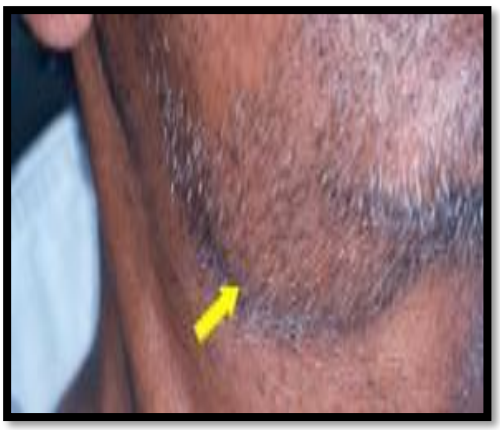
Pic-2,3: Large cells with multilobulated nuclei, reticular chromatin, huge prominent nucleoli, and pale fragile cytoplasm (Reed Sternberg cells).

Case-2:

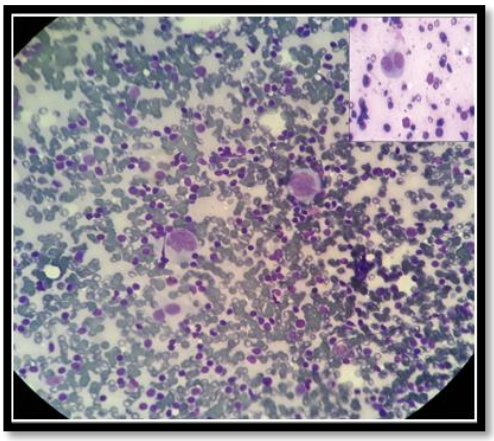
A 40-year-old man presented with right submandibular lymphadenopathy, with no constitutional symptoms. Ultrasonography revealed enlarged submandibular lymph nodes in right side measuring 3x5 cm. The lymph nodes were hypoechoic and showing vascularity.

Tuberculosis was suspected of ultrasonography and patient was started on antitubercular regimen. Despite being on the regular antitubercular regimen, he did not improve.

FNAC performed 3 months later showed Hodgkin cells (atypical mononuclear and few binuclear and multinucleated cells) with enlarged nuclei and large prominent nucleoli in a background population of lymphocytes, histiocytes and eosinophils. Thus, the cytologic diagnosis of HL was rendered for the swellings.



Pic 4 : 40-year old man presented with right submandibular lymphadenopathy



Pic 5: Binuclear and multinucleated cells) with enlarged nuclei and large prominent nucleoli (Reed Sternberg

Case-3:

A 47-year-old male with no significant medical history presents to the General Practitioner with flu-like symptoms and bilateral inguinal lymph node swelling. His past and recent medical history are unremarkable, with no reported comorbidities or notable family history. He had systemic symptoms of fever, night sweats, & weight loss. On physical examination, firm, fixed lymph nodes measuring approximately 2.4 cm were detected in both inguinal regions, with no signs of organomegaly. Earlier he had taken 6 months of tuberculosis treatment, despite being on regular antitubercular regimen, he did not improve.

FNAC performed showed Hodgkin cells (atypical mononuclear and few binuclear and multinucleated cells) with enlarged nuclei and large prominent nucleoli in a background population of lymphocytes, histiocytes and eosinophils, and hence diagnosis of Hodkins Lymphoma was made.

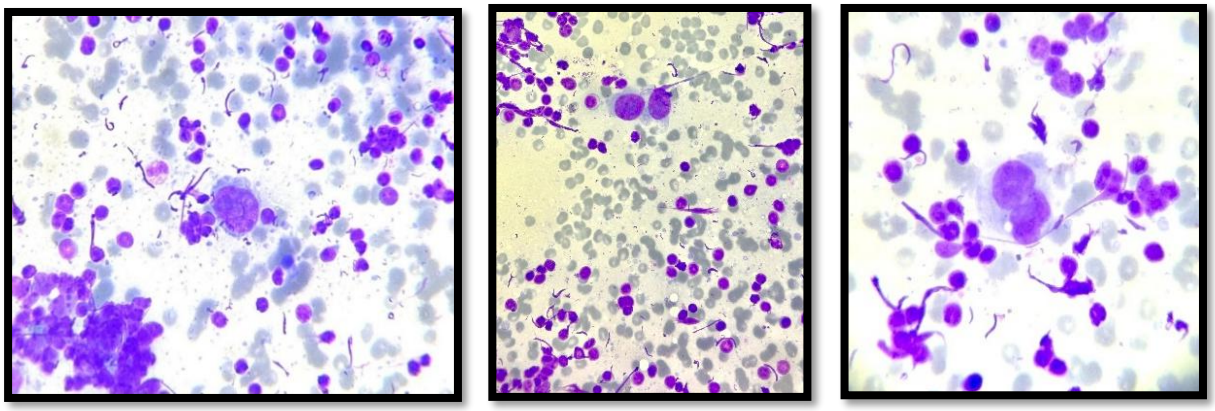


Fig- 6,7,8: Binuclear and multinucleated cells) with enlarged nuclei and large prominent nucleoli (Reed Sternberg cells)

3. DISCUSSION

Most patients of HL present with superficial asymptomatic lymphadenopathy, commonly involving cervical, supraclavicular and mediastinal lymph nodes.

The commonest extrapulmonary manifestation of tuberculosis is lymphadenopathy, commonly cervical.

Both may be associated with constitutional symptoms. Thus, misdiagnoses are common, especially in developing countries like India where tuberculosis is endemic and HL relatively less prevalent.

Antitubercular therapy is often started empirically, without confirmation of diagnosis, and a careful search for etiology is carried out only when the patient shows no response after months of therapy, as in both our cases.

4. CONCLUSION

A high index of suspicion is required to diagnose cases of Hodgkin lymphoma masquerading as tuberculosis. This is essential as both diseases are treatable and, in many cases, curable too. An extensive workup should be initiated at the outset to reach a definitive diagnosis and thereby avoid delay and misguided therapy. We therefore aimed to identify patients with lymphoma who had been misdiagnosed with TB in this setting, to raise awareness of lymphoma and aid doctors working in rural areas.

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