

Non-Germinal Center Diffuse Large B-Cell Lymphoma of the Liver in a Renal Transplant Patient: A Case Report

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Introduction: Diffuse large B-cell lymphoma (DLBCL) is a rare lymphoproliferative disorder affecting more than 18,000 people annually. Extranodal involvement occurs in up to 40% of cases. While extranodal involvement most commonly occurs in the GI tract, liver involvement is particularly uncommon and may portend a poor prognosis. We present a case of an immunosuppressed patient with non-germinal center B-cell (non-GCB) DLBCL.

Methods: Literature review of reported cases was performed using PubMed.

Case Report: A 58-year-old male with history of right renal transplant, on immunosuppression, presented with fever, chills, nausea, vomiting, and RUQ pain. CT abdomen pelvis displayed a 2 cm right hepatic lobe lesion, a new finding compared to CT scans 4 days prior and 3 months prior. Empiric antibiotics were started for suspected hepatic abscess. MRI showed several ring-enhancing lesions displaying T2 hyperintensity and increased DWI signal. CT-guided percutaneous biopsy demonstrated negative culture results. Pathology showed a monomorphic, EBV positive, CD20 positive, DLBCL with a non-germinal center phenotype showing large areas of necrosis. Patient was admitted for weekly rituximab infusions, with plans for restaging 2-4 weeks later; full R-CHOP regimen was foregone given concerns for concomitant infectious etiology. However, CVP regimen was started. His condition quickly

deteriorated from an episode of fulminant *C. difficile* colitis resulting in ileal perforation and septic shock, and he passed away shortly after.

Conclusion: Malignancy should always be a consideration in patients presenting with RUQ pain, constitutional symptoms, and liver lesions, particularly in immunosuppressed patients. In cases of rapid onset, as in our patient, clinicians must differentiate DLBCL of the liver from hepatic abscess and more common primary or metastatic liver malignancies. This can be difficult given overlapping clinical presentations involving B-symptoms and an undifferentiated hepatic lesion. The rapid deterioration of our patient is a rare case of non-GCB DLBCL in the liver.

Keywords: Renal Transplant, Non-Geminal Center Large B-Cell Lymphoma
