

# CPSL and EAHP Lymphoma Tutorial

**session:** reactive lymphadenopathies

**Case:** TVU18-4863

**Clinical information:** A 54 year old female patient had been known with multiple myeloma since November 2017. The disease was well controlled with chemotherapy and she remained in complete remission under lenalidomide maintenance treatment. However, the disease course was complicated by terminal renal insufficiency (cast nephropathy) and cardiomyopathy that was attributed to light chain deposition disease (no amyloid demonstrated). In April 2018, she presented with generalized lymphadenopathy with relatively small lymph nodes (0.5-1.3cm), mild splenomegaly and a skin rash. She also had remitting low grade fevers. No weight loss was noted. The patient used extensive medication related to renal and cardiac disease during this episode as well as various lines of antibiotics for recurrent pulmonary infections (a.o. vancomycin, cotrimoxazol).

A left inguinal lymph node was resected.



