

When recurrent T- cell lymphoma goes undiagnosed in a parturient

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- The incidence of non-Hodgkin's lymphoma (NHL) during pregnancy is about 0.8 cases per 100,000 women¹
- Patients present with a wide range of symptoms such as palpable LN or classic B symptoms, anemia and thrombocytopenia

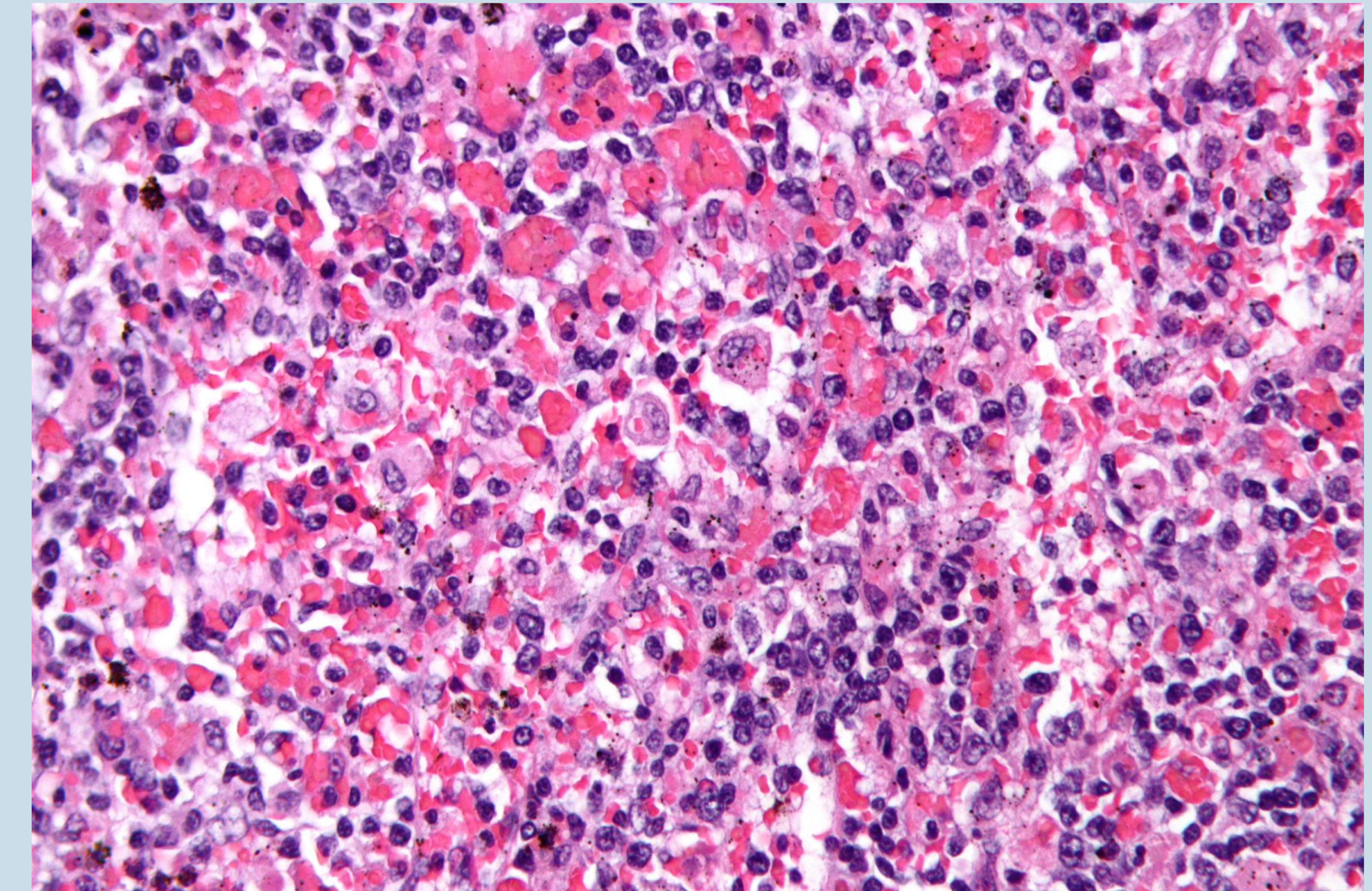
CASE PRESENTATION

30-year-old primipara with a history of:

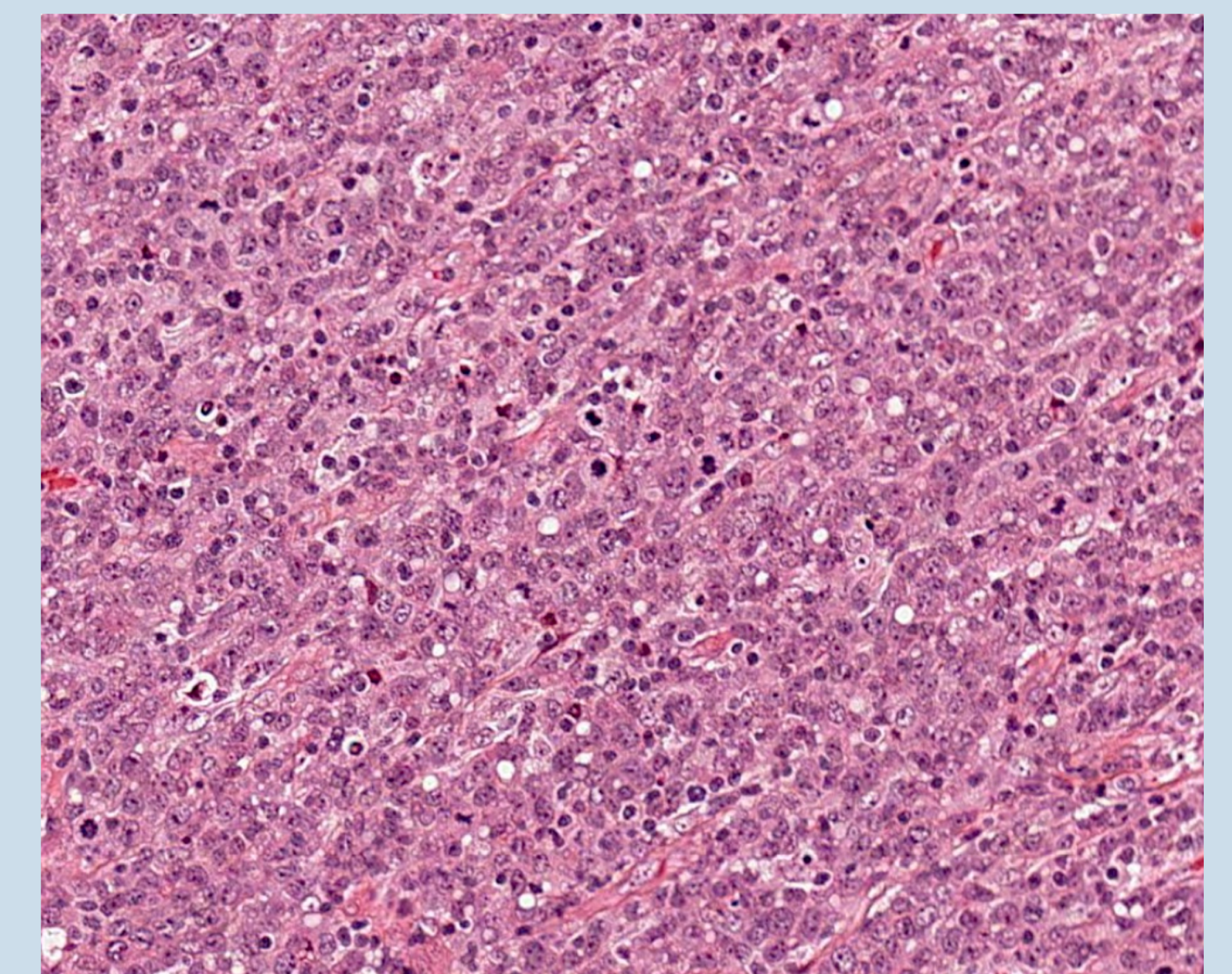
- **Stage IVB peripheral T-cell lymphoma** diagnosed in 2019
- Chemotherapy, and autologous stem cell transplant in 5/2020, resulted in remission
- She presented in October 2021 to the hospital at 31+4 weeks due to constant high-grade fever. She had no palpable LN

IMAGING & LABS

- Repeat CT scan done in March 2021 showed splenic LN enlargement, which had been followed medically
- New onset pancytopenia made **hemophagocytic lymphohistiocytosis (HLH) secondary to a viral infection**, the most likely diagnosis



HLH



PTCL

ANESTHESIA MANAGEMENT

- At 32 weeks, the decision was made to proceed with an emergent cesarean delivery (CD)
- Upon pre-operative assessment, platelets were found to be 29000 and INR was 2.8
- Anesthesia management included preoperative transfusion of platelets and FFP, CD under GA, massive transfusion protocol activation
- Arterial line was placed for ABGs and BP monitoring
- Hemodynamic stability was maintained with a phenylephrine infusion, the transfusion of 3 units of PRBC and 2 units of FFP intraoperatively
- A bone marrow biopsy was performed following CD

CONCLUSION

- The patient recovered in the medical intensive care unit
- HLH treatment was started; but BM biopsy results confirmed **relapse of Primary T Cell Lymphoma** and she was started on salvage therapy and continues to be treated
- Timely diagnosis of NHL during pregnancy is challenging
While we want to offer optimal medical treatment to the mother, we have to think about the impact of this management on the fetus

REFERENCES

Ilker et al. Primary Brain T-Cell Lymphoma during Pregnancy. *J Pak Med Assoc.* 2012