# Multicentric *Castleman Disease* Masquerading as Fluid Overload: A Diagnostic Odyssey

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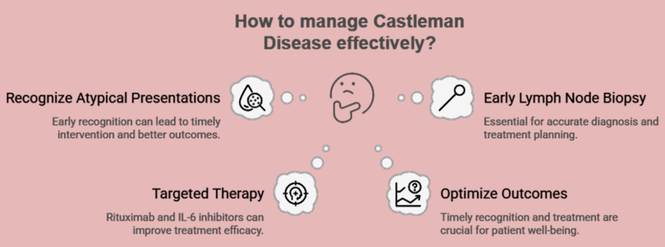
## INTRODUCTION

Castleman Disease is a rare lymphoproliferative disorder that mimics autoimmune, infectious, or malignant conditions

Idiopathic Multicentric Castleman Disease (iMCD) may present with fluid overload (ascites, pericardial effusion), often delaying diagnosis

Early recognition and targeted therapy are lifesaving

## OBJECTIVE




## CASE

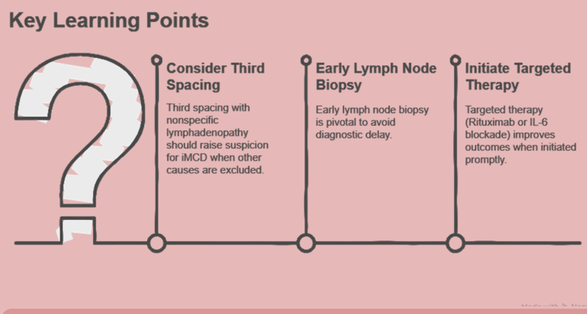
- 46F with hypothyroidism → progressive abdominal distention
- Labs: anemia, hypoalbuminemia, ↑ inflammatory markers; imaging: ascites + pericardial effusion
- Extensive infectious /autoimmune /malignancy workup unrevealing → diagnostic delay
- Lymph node biopsy → **mixed-type multicentric Castleman disease**
- Treated with 4-dose **Rituximab** → clinical & lab improvement on follow-up

## THIRD SPACING THE DIAGNOSIS

Third spacing from cytokine-driven vascular leak, coupled with nonspecific lymphadenopathy, can masquerade as cirrhosis, infection, or malignancy, delaying recognition of Castleman Disease. When ascites, effusions, and lymph node enlargement persist without a clear cause, clinicians must broaden the differential to include iMCD. Early biopsy and targeted therapy are critical to shortening the diagnostic saga and improving outcomes.

## CLINICAL IMPLICATION




## CONCLUSION

- This case highlights the importance of maintaining a broad differential when evaluating fluid overload syndromes and systemic inflammation
- IL-6–mediated cytokine storm and VEGF-driven vascular leak can present as ascites and pericardial effusion, mimicking more common conditions
- Early biopsy and tailored immunotherapy, such as rituximab or IL-6 inhibitors, are critical to improving prognosis
- This case underscores the life-saving impact of recognizing MCD in its early stages, particularly when traditional differentials have been exhausted

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