

Exophthalmos as the first manifestation of mantle cell lymphoma of the patient with Hashimoto thyroiditis.

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OBJECTIVES

The diagnosis of thyroid orbitopathy is based on clinical symptoms and typical changes in laboratory tests confirming thyroid disease. In approximately 5% it is Hashimoto's thyroiditis. Typical treatment is primarily steroids administered intravenously. But one disease does not exempt the other, and the drugs can not read. Therefore, we would like to present the history of our patient.

CASE REPORT

55 year-old man was admitted to the Endocrinology Ward due to a suspected thyroid orbitopathy, with the intention of steroid pulse therapy. The patient for a few weeks remained swollen eyelids, watery eyes, protrusion of eyeballs.

On physical examination, otherwise no significant deviations from the norm.

They showed normal levels of TSH, FT3 and FT4, and TR AB, and AB TPO exceed the norm of 25.3 (N 0-9 IU / ml), with of other tests drew our attention to a small lymphocytosis (5, G / l) .

MRI of the orbits revealed on both sides surrounded eyeballs confluent, well demarcated areas undergoing moderate hypo-intensive strengthening mainly in the area of mine-medial orbital segments. The muscles of the correct size. The eyeballs symmetrical correct size and shape, moved slightly forward. That are likely infiltration of the type of lymphoma, inflammatory changes less likely. The ultrasound said enlarged lymph nodes in the neck bilaterally largest 20x10mm on the right side, left side 19x8mm, near the axillary node on the right size 25x14mm, on the left the size of 26x12mm.

The patient was taken right axillary node for pathology, which was a mantle cell lymphoma classical type. The patient was referred for further treatment to the Clinic of Hematology.

Conclusion

If in our patient's treatment was based on clinical features of orbitopathy, then most likely it would lead to a initial clinical improvement because lymphoma respond to treatment with corticosteroids. However, this delay proper diagnosis and treatment, and probably was detrimental to the patient.

Despite some similarities in histology this is the first case known to us coexistence of mantle cell lymphoma and Hashimoto thyroiditis