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Gastroenterology, a guiding light in Hemophagocytic Lymphohistiocytosis

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P2526 - Gastroenterology, a Guiding Light in Hemophagocytic Lymphohistiocytosis

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Location: Exhibit Halls 3 and 4 (Street Level)

Presenting Author(s)

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Introduction: Transaminitis is not an uncommon consult for a gastroenterologist. The presence of profound transaminitis in the setting of septic shock often skews our etiology towards shock liver and other more common causes of acute liver injury in the absence of previous known liver pathology. HLH is a rare cause of acute liver injury but lack of prompt diagnosis and treatment can make the difference in outcome.

Case Description/Methods: Patient is a 27 year old male with no known past medical history who presented with a two week history of fever in which he took acetaminophen every four hours. Reported history of alcohol consumption of 12 beers per day for three years. History remarkable for a camping trip to Oklahoma two to three weeks prior to admission. No history of NSAID or herbal use. No personal or family history of liver disease. Patient admitted to the ICU and treated for septic shock and subsequently started on N-acetylcysteine in the setting of acetaminophen use and acute liver injury. Patient had worsening renal function requiring initiation of dialysis, acute respiratory failure requiring intubation during evaluation. Gastroenterology consulted on hospital day two in which complete hepatic evaluation was initiated with remarkable findings of markedly elevated ferritin and positive Ebstein-Barr virus (EBV). Suspicion of Hemophagocytic lymphohistiocytosis (HLH) noted per Gastroenterology given high ferritin and diagnostic criteria being met. This prompted recommendations for evaluation by Hematology in which bone marrow biopsy confirmed HLH and prompt treatment with Rituxan, Dexamethasone and subsequent clinical improvement.

Discussion: EBV-HLH is an uncommon entity that is encountered on a daily basis. However, the mortality associated with the disease process is high if timely intervention is not implemented. A constellation of clinical features and laboratory results comprise clinical diagnosis of HLH combined with multi-speciality contribution to formulate the diagnosis. Transaminitis, elevated ferritin, cytopeniae should not skew a clinician’s thought process towards shock liver altogether and EBV-

HLH should be high on the differential early in the clinical course. Gastroenterology will be involved frequently in management due to transaminits and gastrointestinal bleeding manifesting frequently. Early treatment of EBV-HLH with immunosuppressants has shown to reduce mortality by 40 % mandating more awareness about the disease in Gastroenterology and be a guiding light in the management.

Disclosures:
Sahityan Viswanathan indicated no relevant financial relationships.
Jeffrey Capati indicated no relevant financial relationships.
Long Hoang indicated no relevant financial relationships.

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