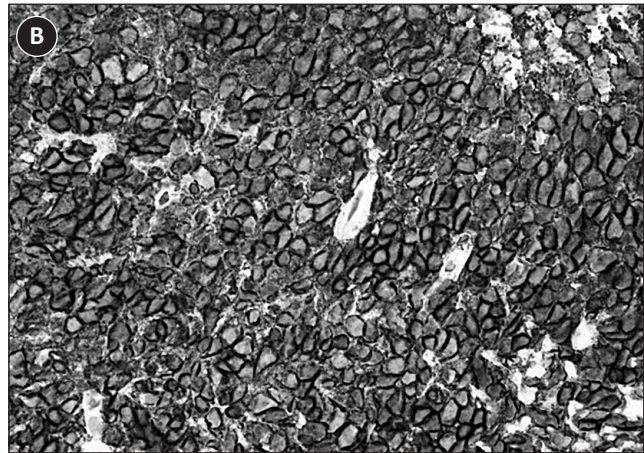
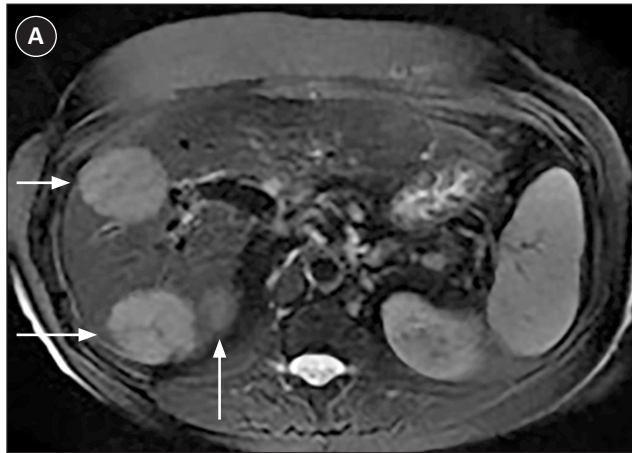


Extranodal Liver, Pancreas and Spleen Lymphoma in a Patient with Advanced Liver Fibrosis After Successful Treatment of Hepatitis C with Direct Acting Antiviral Therapy



There is a clear association between hepatitis C virus (HCV) and lymphoma (1) since it has been suggested that antiviral therapy for HCV has a curative role for B-cell lymphomas (2), however the pathophysiology is not well understood. Here we present a rare case of extranodal liver lymphoma presenting after years of HCV cure. A 63-year-old Hispanic woman with a history of hepatic cirrhosis secondary to hepatitis C genotype 1 infection was successfully treated with direct acting antiviral agents (DAAs). Two years later, she came to the clinic for routine evaluation. She was asymptomatic. Laboratory results showed preserved liver function and a normal AFP tumor marker. She underwent an abdominal MRI with liver protocol as part of the surveillance for hepatocellular carcinoma which revealed three hyperintense liver lesions (A), a lesion in the subcapsular area of the spleen, and in the head of the pancreas. Given the absence of typical radiological features for an HCC diagnosis, liver biopsy was performed. Histological examination with immunohistochemical studies were consistent with the diagnosis of diffuse large B cell non-Hodgkin's lymphoma with positive CD 20 staining (B). Whole-body FDG-PET/CT showed increased uptake in the liver, spleen, and pancreas. Bone marrow biopsy was negative. She received six cycles of cyclophosphamide, doxorubicin, vincristine, and prednisone. She has remained on remission after five years of completing chemotherapy. This case raises the issue about the possible development of malignancy despite virological cure with DAAs (3). The effect of DAAs

on lymphoproliferative disorders remains to be established. (Informed consent was obtained from the patient to publish these images).

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