Bone Marrow Involvement by Multicentric Castleman’s in a Non-HIV patient
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Background
Castleman disease (CD) is a rare lymphoproliferative disorder that is categorized based on the extent of regional involvement and the presence or absence of HHV-8. Only about 6500 to 7700 new CD cases are diagnosed every year in America, with 25% of them being MCD.

Case
This is a case of an 80-year-old Haitian-Creole speaking female who presented with fever, generalized weakness, hypoxia and bicytopenia. Initial workup was negative for pulmonary embolism and infection, including COVID-19. However, she had diffuse lymphadenopathy throughout the thorax and abdomen. Lymphoma, leukemia and malignancy were ruled out with CT imaging, flow cytometry and lymph node biopsy. Due to her continued clinical deterioration, she underwent a bronchoscopy with transbronchial cryobiopsy that revealed multicentric Castleman disease that was HHV-8 positive.

Imaging/Pathology
CT Thorax: 2.0 cm right axillary lymph node; 1.7cm left axillary lymph node.

Background

Discussion
Castleman’s disease is difficult to diagnose due to no formal criteria and nonspecific symptoms such as fatigue, weight loss and night sweats along with fever. Due to the nonspecific presentation, lymphadenopathy on imaging and cytopenia, malignancy and common infections are usually ruled out prior to investigating for CD. Rituximab is considered the mainstay of treatment with evidence that stems solely from systematic reviews. Prognosis remains poor in untreated patients with a mortality rate of 70-85% and median survival of 8-14 months in HHV-8 positive MCD.

References