Recurrence Hypercalcemia as an Initial Presentation of Large B-Cell Lymphoma

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Introduction

- Hypercalcemia is found in multiple malignancies including solid tumors. Hypercalcemia as the only manifestation of B-cell lymphoma is seen very rarely. (1)
- Here we present a case of recurrent hypercalcemia in large B-cell lymphoma

Methods

- A 68-year-old female with a history of hypertension, hypothyroidism, and hyperlipidemia, visited the emergency department due to generalized weakness, dizziness, and decreased appetite
- She mentioned an unintentional weight loss of 23 lbs in the preceding two months, and her family observed recent bouts of forgetfulness
- Labs indicated severe hypercalcemia (calcium at 18 mg/dL), significant hypokalemia (potassium at 2.2 mmol/L), and acute kidney injury (AKI) with BUN at 30 mmol/L and creatinine at 2.3 mg/dL
- The intervention involved intensive IV hydration, potassium supplementation, and a temporary cessation of her hydrochlorothiazide and ACEi medications
- A nephrology assessment revealed suppressed PTH. Tests including 25-hydroxy vitamin-D, 1-25 hydroxy vitamin-D, ACE level, PTHrp, UPEP, SPEP, and serum-free chains returned typical results.
- Given these outcomes, a malignancy was suspected, and further testing was initiated. CT scans of the chest, abdomen, and pelvis (without) IV contrast due to her AKI only identified mild splenomegaly.

Discussion

- Despite a comprehensive evaluation by a hemato-oncologist, her condition remained undiagnosed
- Her hypercalcemia receded, and she was released with an outpatient follow-up scheduled. Within six weeks, she was readmitted twice due to hypercalcemia, found in outpatient lab work.
- An endocrinologist found no evidence of myeloma, thyroid disease, granulomatous disorders, sarcoidosis, or hypervitaminosis D. On a subsequent admission, a hemoglobin drop to 8.4 mg/dL was noted.
- An endoscopy discovered a potential malignant gastric tumor, leading to a biopsy. A CT scan (with IV contrast) then unveiled a large tumor (13 x 11 cm) in the left upper quadrant, presumed to originate from the stomach, exhibiting signs of necrosis and spleen invasion. The stomach biopsy identified it as a B-cell lymphoma, specifically, diffuse large B-cell lymphoma.

Conclusion

- In cases of unexplained, recurrent hypercalcemia, medical professionals should consider the potential of underlying B-cell lymphoma, ensuring that prompt diagnostic procedures and treatments are employed.

References