




An unusual complication in a patient with Hodgkin lymphoma: bilateral auricular hematoma


Hodgkin lenfomalı hastada sıra dışı komplikasyon: bilateral auriküler hematom

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ABSTRACT

Hodgkin lymphoma is lymphoid neoplasm in which the malignant cells admixed with a heterogeneous population of non-neoplastic inflammatory cells. A combination of Bleomycin, Doxorubicin, Dacarbazine and Vinblastine (ABVD) is the frequently used chemotherapy protocol for Hodgkin lymphoma. We present a patient with Hodgkin lymphoma who developed bilateral auricular hematoma after a first-time administration of ABVD treatment in this case report. A 27-year-old female patient was applied to the hematology outpatient clinic with a swelling in the neck for two weeks. An excisional biopsy performed from the left axillary region. The pathology report demonstrated classical Hodgkin lymphoma was noticed to be consistent with mixed cellular type. First dose ABVD protocol was administered to the patient. One week after chemotherapy, swelling and discoloration were observed in the patient's bilateral auricles without a history of trauma. The patient was consulted to the Department of Otorhinolaryngology-Head and Neck Surgery. Bilateral drainage of auricular hematoma was performed immediately. Intravenous ciprofloxacin was also administered. The auricular hematoma did not reoccur after the subsequent chemotherapy treatments.

Keywords: Hodgkin lymphoma, auricular hematoma, adverse reaction, chemotherapy treatment, side effect.

ÖZ

Hodgkin lenfoma; malign hücrelerin, neoplastik olmayan inflamatuvar hücrelerle heterojen bir şekilde karıştığı lenfoid neoplazmdir. Doksorubisin, Bleomisin, Vinblastin ve Dakarbazin (ABVD) kombinasyonu, Hodgkin lenfoma için en sık kullanılan kemoterapi rejimidir. Bu olgu sunumunda, ilk kez ABVD tedavisi uygulandıktan sonra bilateral auriküler hematom gelişen Hodgkin lenfomalı bir hastayı sunuyoruz. 27 yaşında kadın hasta, iki haftadır devam eden boyunda şişlik şikâyeti ile hematoloji polikliniğine başvurdu. Sol aksiller bölgeden yapılan eksizyonel biyopsi sonucunda patoloji raporu klasik Hodgkin lenfomanın mikst hücreli tip ile uyumlu olduğu saptandı. Hastaya ilk doz ABVD protokolü uygulandı. Kemoterapiden bir hafta sonra travma öyküsü olmayan hastanın iki taraflı kulak kepçelerinde şişlik ve renk değişikliği gözlemlendi. Hasta Kulak Burun Boğaz-Baş Boyun Cerrahisi bölümüne konsülte edildi. Kulak hematomunun iki taraflı drenajı hemen yapıldı. Ayrıca intravenöz siprofloksasin uygulandı. Kulak hematomu sonraki kemoterapi tedavilerinden sonra tekrar ortaya çıkmadı.

Anahtar Sözcükler: Hodgkin lenfoma, auriküler hematom, advers reaksiyon, kemoterapi tedavisi, yan etki.

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INTRODUCTION

Hodgkin lymphoma is lymphoid neoplasm in which the malignant cells admixed with a heterogeneous population of non-neoplastic inflammatory cells. In the United States, Europe, and other economically developed regions, HL accounts for approximately 10% of all lymphomas 0.6% of all cancers, and 0.2% of all cancer deaths (1-3). ABVD is the frequently used chemotherapy regime for Hodgkin lymphoma. The commonest acute adverse effects of this regimen, include neutropenia, nausea/vomiting, alopecia, infections, constipation, anemia, thrombocytopenia and mucositis (4). We present a patient with Hodgkin lymphoma who developed bilateral auricular hematoma after a first time administration of ABVD treatment in this case report.

Case

A 27-year-old female patient was applied to the hematology outpatient clinic with a swelling in the neck for two weeks. Physical examination revealed multiple pathological lymphadenopathies at the left cervical region and left axilla. An excisional biopsy performed from the left axillary region. The pathology report demonstrated classical Hodgkin lymphoma was noticed to be consistent with mixed cellular type. Moreover, there were cervical, supraclavicular, axillary, and mediastinal involvements in PET CT. Therefore, the patient with more than two nodal involvements above the diaphragm on PET CT was evaluated as stage IIB according to the Ann Arbor classification. The patient's hemoglobin and lactate dehydrogenase (LDH) levels were 11,2 g/dl and 321 U/L respectively. Other biochemical, hemogram and activated partial thromboplastin time (aPTT)-prothrombin time (PT) were normal.

First dose ABVD protocol was administered to the patient. One week after chemotherapy, swelling and discoloration were observed in the patient's bilateral auricles without a history of trauma (Figure-1). The patient was consulted to the Department of Otorhinolaryngology-Head and Neck Surgery. The physical examination demonstrated, fluctuating auricular hematomas located at the cavum concha and cymba concha bilaterally. However bilateral external auditory canals and tympanic membranes were normal. In the systemic examination, there was no history of bleeding diathesis such as non-steroidal drug use, aspirin (acetylsalicylic acid), anticoagulant

drug, hypothyroidism, liver-kidney disease, alcohol use, and connective tissue disease. Moreover, blood count, PT and aPTT were normal. Bilateral drainage of auricular hematoma was performed immediately (Figure-1). Intravenous ciprofloxacin was also administered. The auricular hematoma did not reoccur after the subsequent chemotherapy treatments.



Figure-1. The upper images show bilateral ear hematoma after chemotherapy, and the lower images show drainage of the hematoma.

DISCUSSION

Auricular hematoma generally occurs after trauma including contact sports such as wrestling, boxing, and martial arts, earring placement, wrestling, or motor vehicle accidents (5). Interestingly, bilateral hematoma was detected in our patient without a sign of trauma. Of note, the auricular hematoma is an ear nose throat (ENT) emergency that might progress to chondritis and chondronecrosis. Therefore, bilateral auricular hematoma drainage and antibiotic treatment were applied immediately.

As far as we know, no case in the English literature developed auricular hematoma after chemotherapy for HL.

In literature, there are case reports with side effects in the outer ear after chemotherapy particularly related to the cytarabine treatment. Cytarabine-related side effects are usually manifested by swelling and redness in the ear (6-10). Moreover, chondritis has been reported in a patient with lung cancer to whom docetaxel and carboplatin therapy was administered (10).

CONCLUSION

Auricular hematoma that developed after ABVD treatment was observed for the first time in a patient with Hodgkin lymphoma. Although ear side effects are more common after cytarabine, it is noteworthy that unusual side effects may occur after any chemotherapy agent.

Ethics and competing interest

Consent for publication: Informed consent was obtained from the patient included in the study.

Availability of data and material: The datasets used and/or analyzed during the current study are available from the corresponding author.

Conflict of interest: The authors have no competing interest.

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