LINFOMA PARECE, BACTERIA NO ES

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R3 - Medicina Interna

H. U. Guadalajara

HISTORIA CLÍNICA

60 años

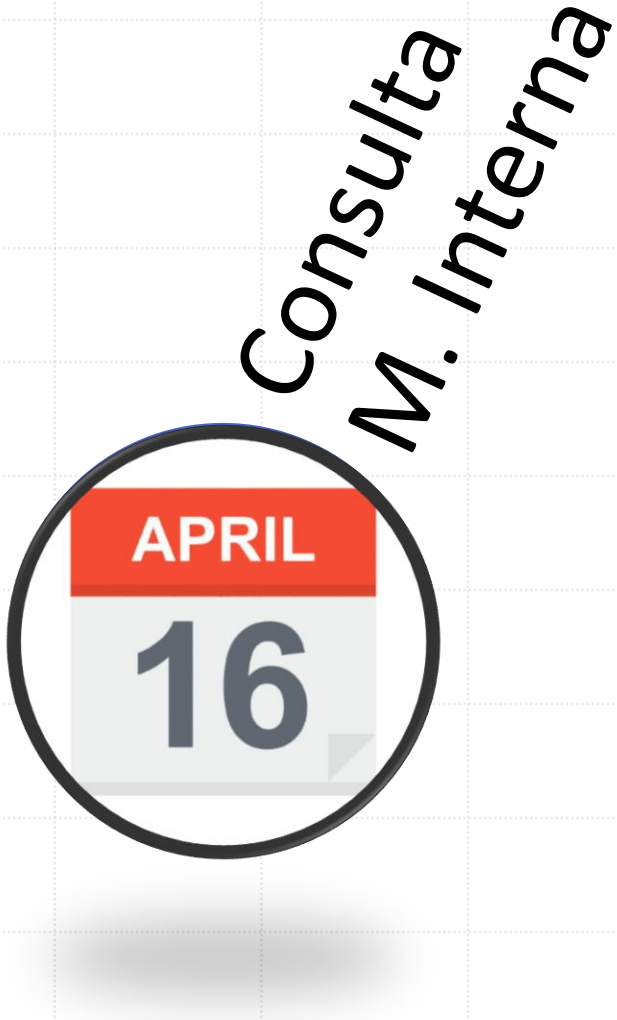
Antecedentes

- No reacciones alérgicas conocidas.
- Niega hábitos tóxicos.
- Síncopes de repetición de origen vasovagal.
- Tendinitis supraespinoso.

Tratamiento habitual

- Niega.

HISTORIA CLÍNICA



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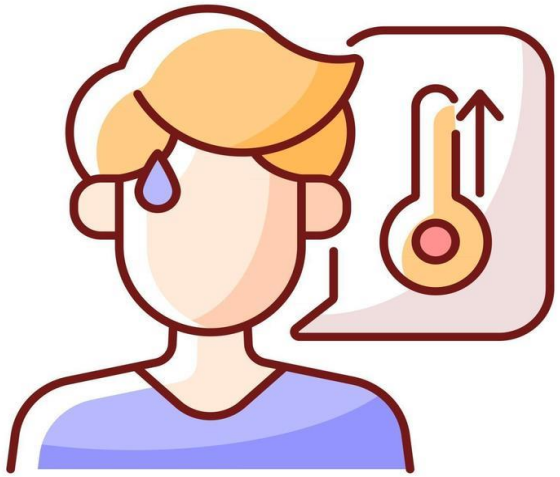
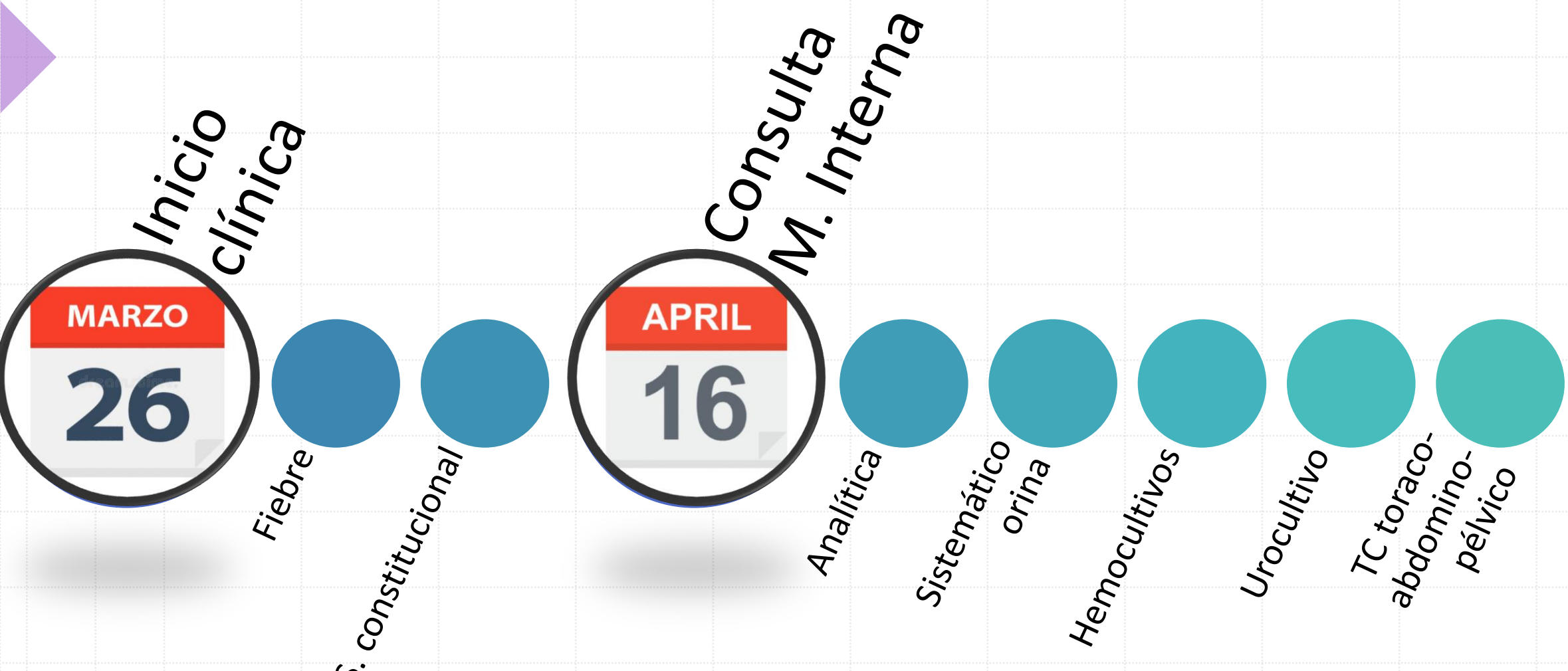


Fiebre

- Vespertina
- No focalidad
- ↓6Kg
- Contacto con animales
- Exploración física normal

HISTORIA CLÍNICA

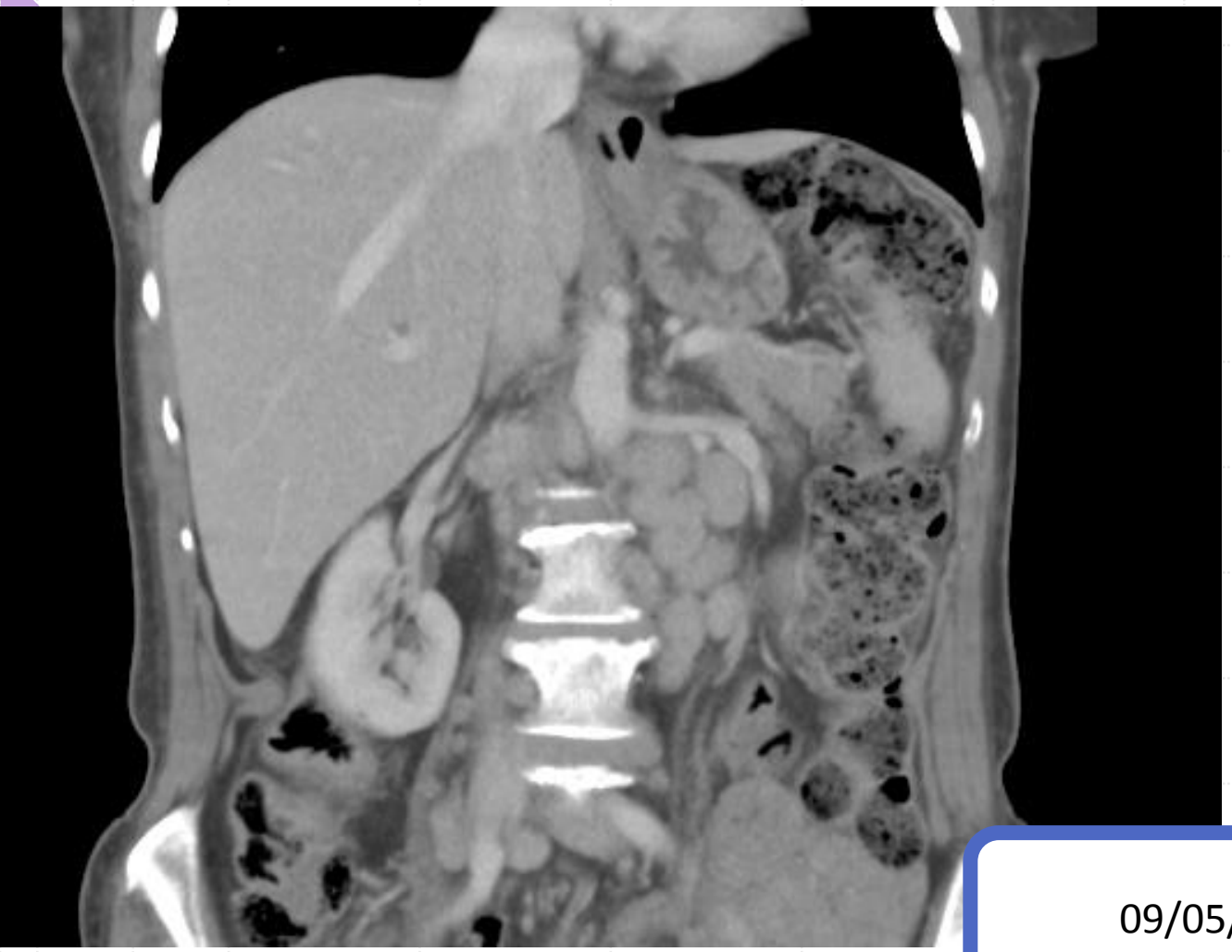


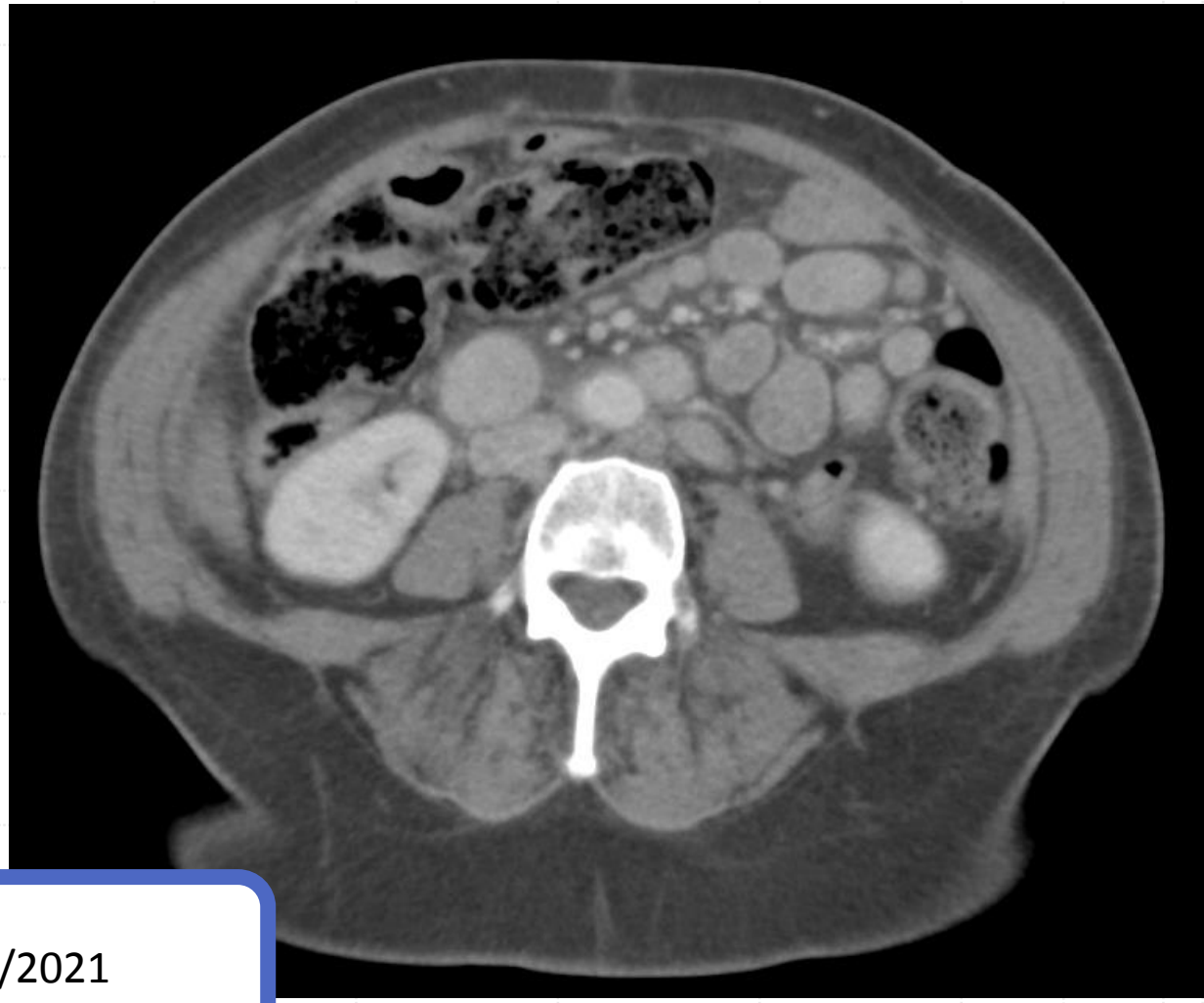
PRUEBAS COMPLEMENTARIAS

Leucocitos	10.4x1000/microl
Neutrófilos	**8.3x1000/microl**
Proteína C Reactiva (PCR)	**52 mg/L**
Factor reumatoide	<10UI/mL
Anticuerpos antinucleares (ANA)	**Positivo (1/160)**
Serologías*	Negativa

*Serología: Rosa de Bengala, Brucella, Borrelia, Rickettsia coronii, IgM Coxiella burnetii, Bartonella henselae, Paul-Bunnell, anti-Treponema Pallidum, IgM citomegalovirus, anti-core hepatitis B, anti-hepatitis C, anti-VIH 1 y 2 negativos.

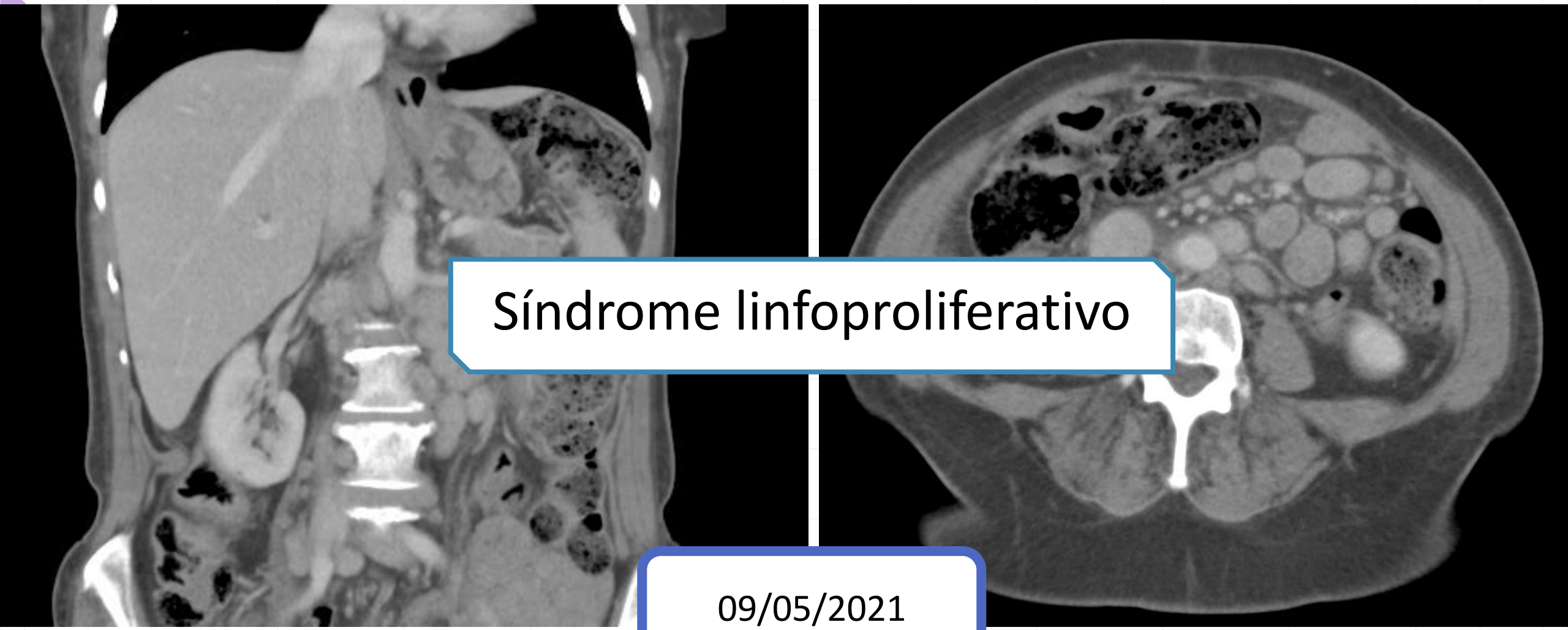
PRUEBAS COMPLEMENTARIAS





09/05/2021

PRUEBAS COMPLEMENTARIAS



Síndrome linfoproliferativo

09/05/2021

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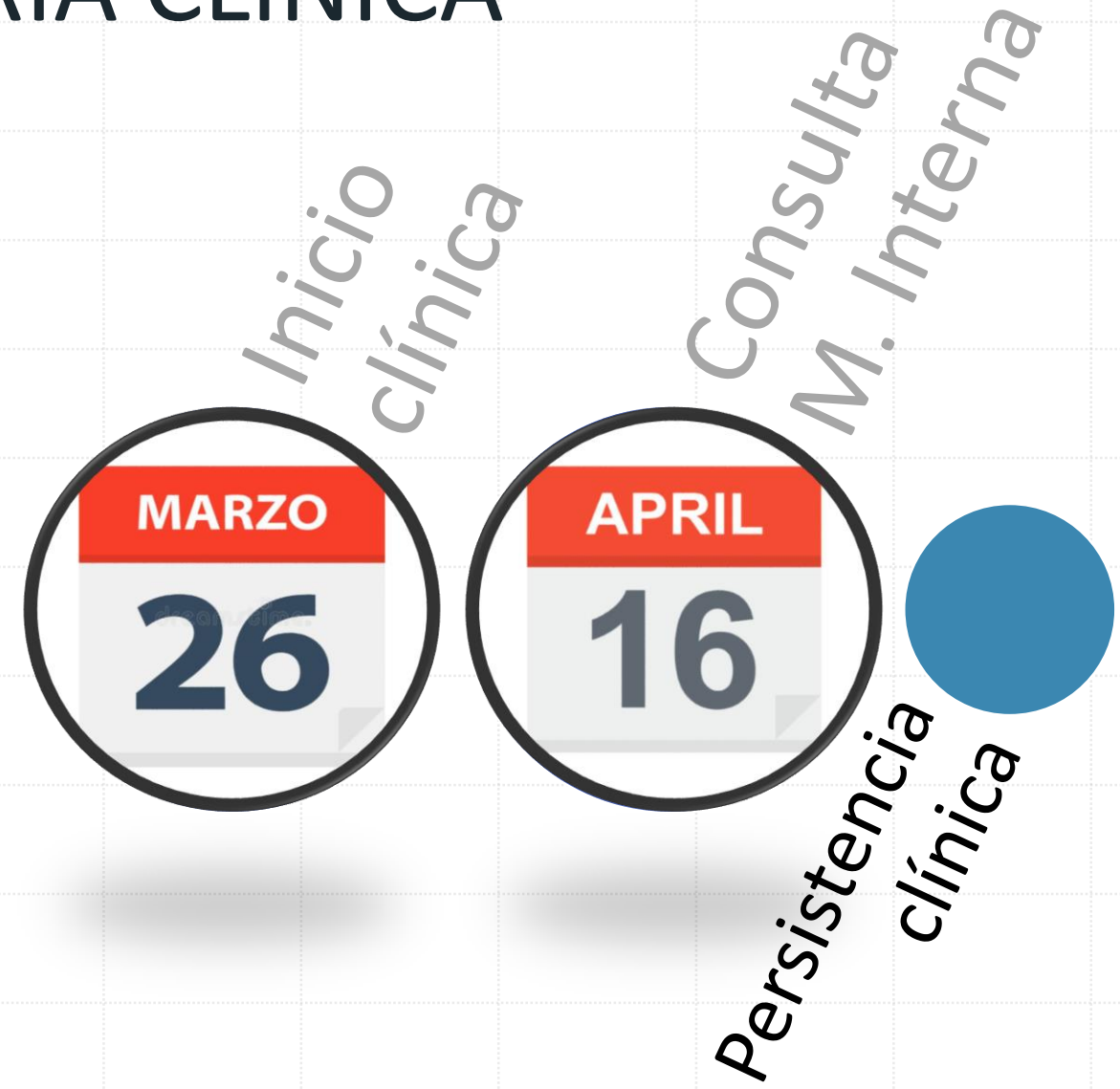

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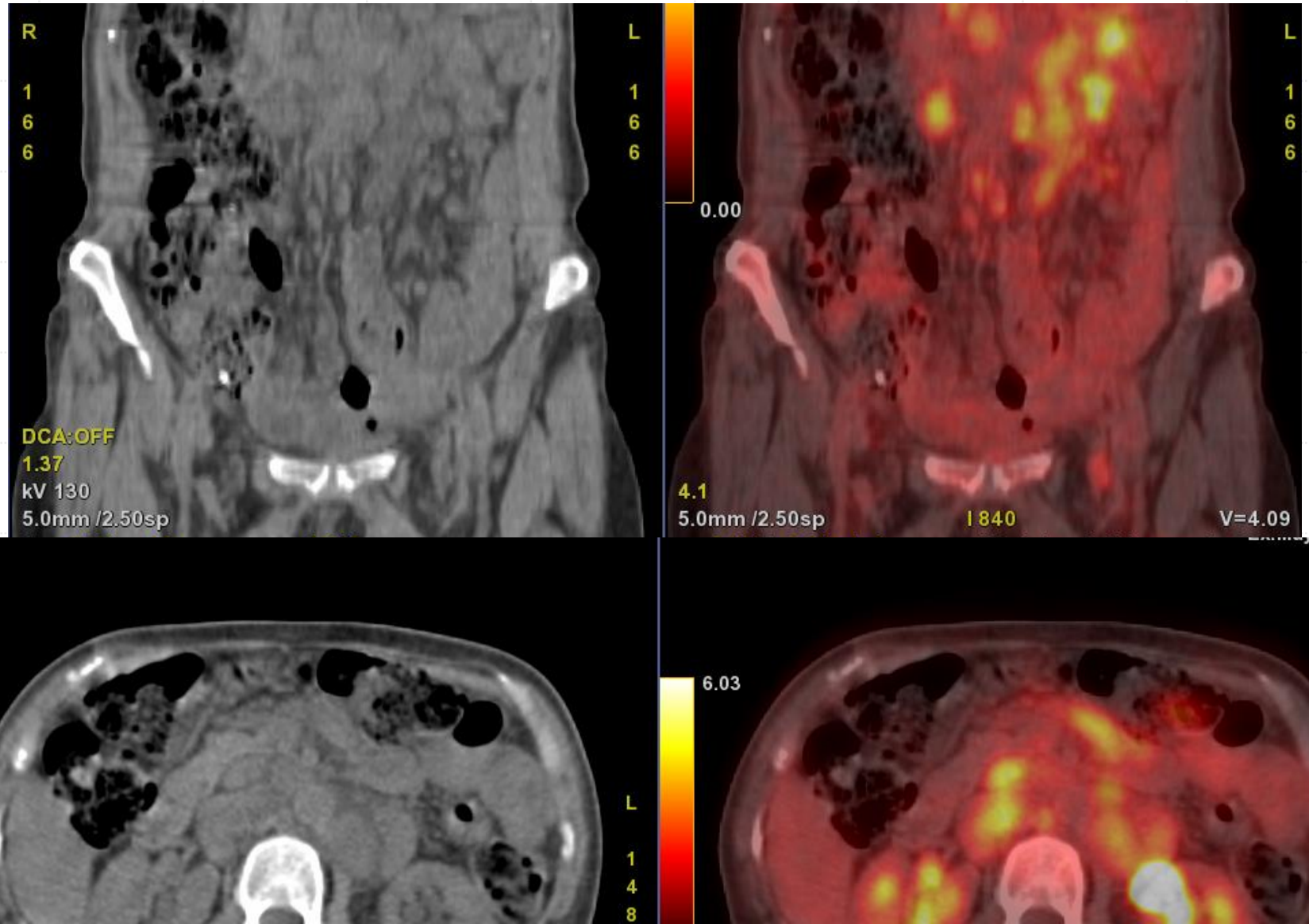

HISTORIA CLÍNICA

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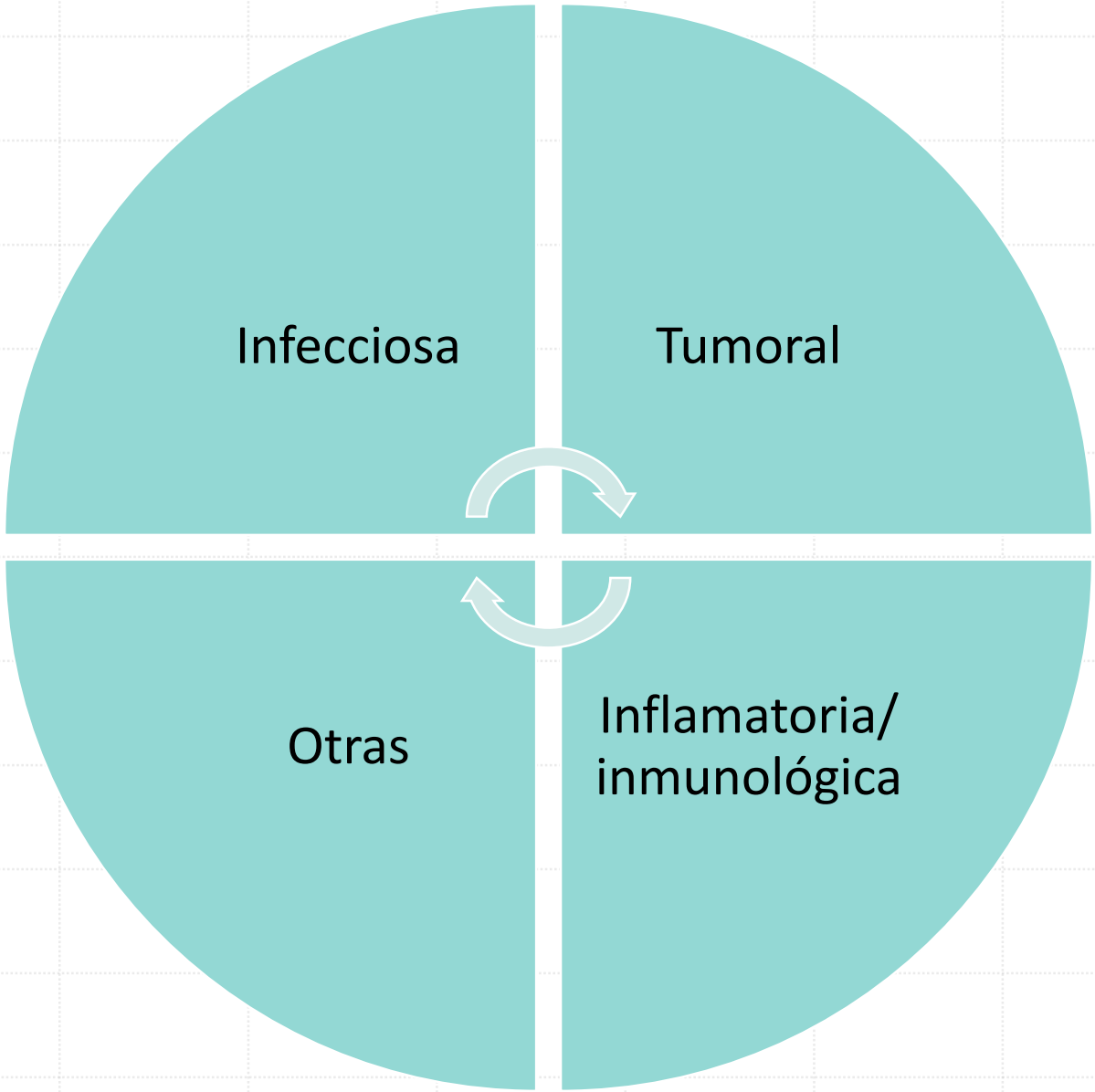
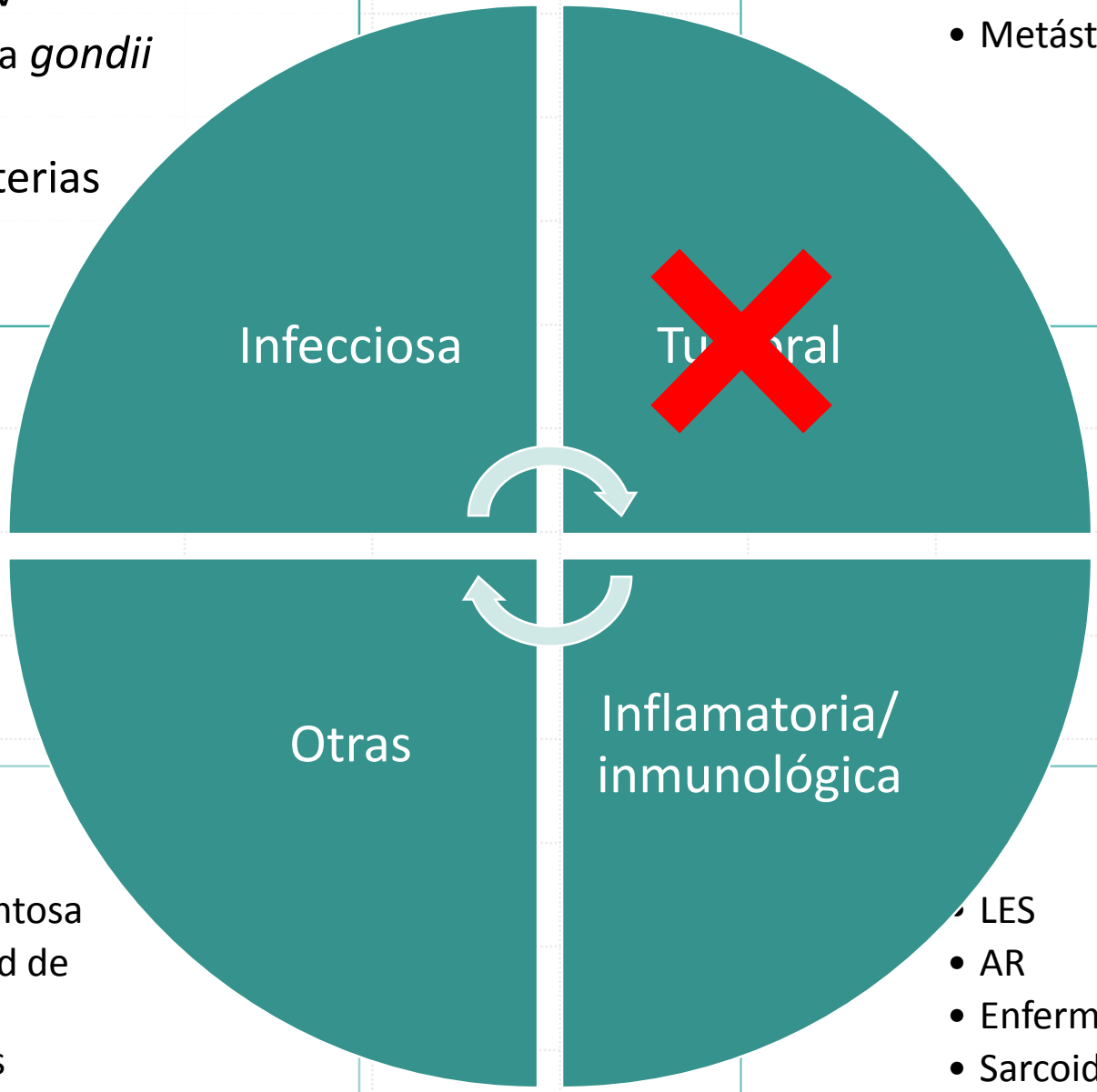
Diagnostico diferencial



Diagnostico diferencial

- VEB, CMV
- Toxoplasma *gondii*
- VIH
- Micobacterias

- Hematológicas
- Metástasis

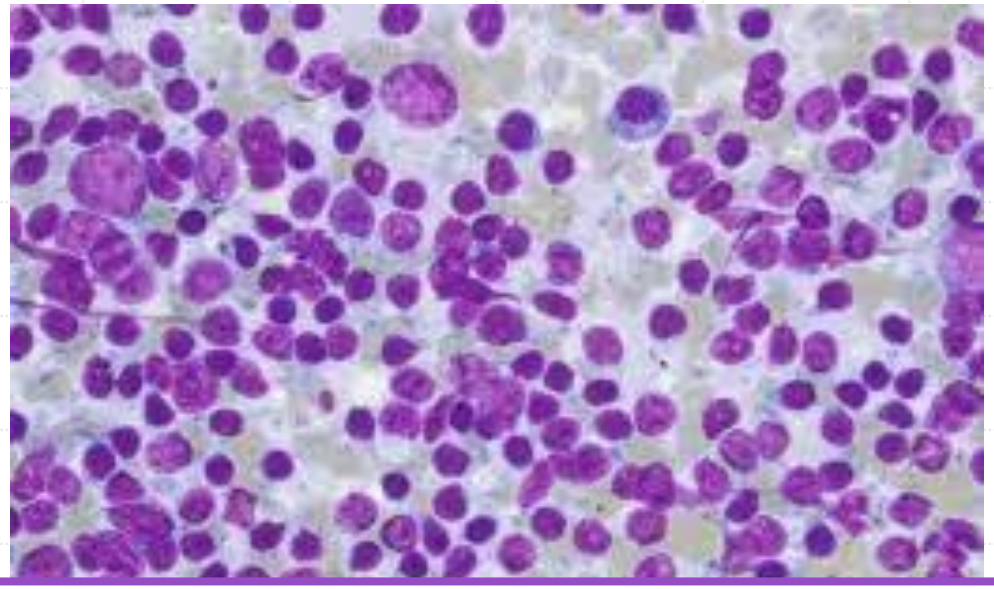


- Medicamentosa
- Enfermedad de Kikuchi
- Amiloidosis

- LES
- AR
- Enfermedad de Still
- Sarcoidosis

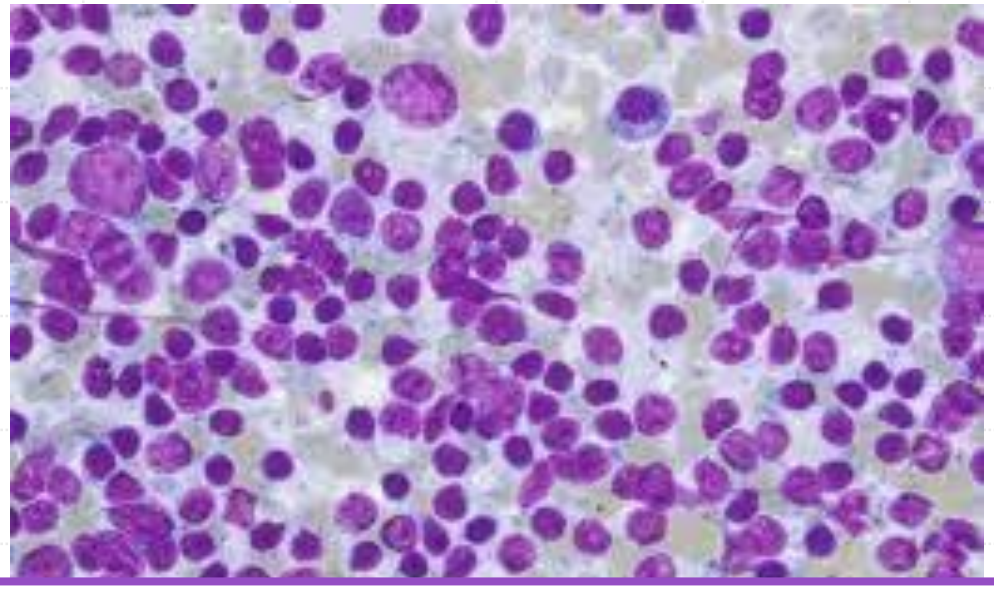
HISTORIA CLÍNICA

PRUEBAS COMPLEMENTARIAS



Linfadenitis granulomatosa no necrotizante

PRUEBAS COMPLEMENTARIAS



Estructuras PAS +

HISTORIA CLÍNICA

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PRUEBAS COMPLEMENTARIAS

Adenopatía inguinal	Biopsia duodenal	Líquido cefalorraquídeo
• PCR Tropheryma whipplei: positivo	• PCR Tropheryma whipplei: positivo	• PCR Tropheryma whipplei: negativo

Linfoma parece, bacteriano es

HISTORIA CLÍNICA

DISCUSIÓN

3/1.000.000	♂	Mediana edad
Diarrea, malabsorción, artralgias	15% retraso diagnóstico	Curso fatal

DISCUSIÓN

ENFERMEDAD DE WHIPPLE LOCALIZADA

- Clínica neurológica
- Monoarticular
- Pulmonar
- Adenopatía
- Uveítis
- Linfadenitis granulomatosa

DISCUSIÓN

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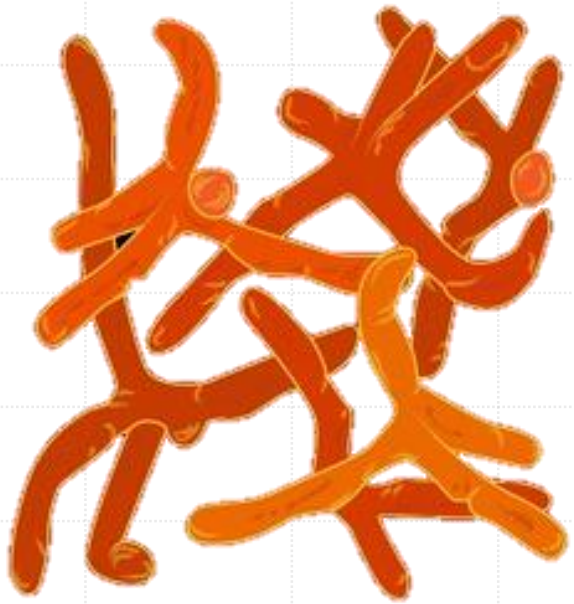
Histología

PCR

DISCUSIÓN



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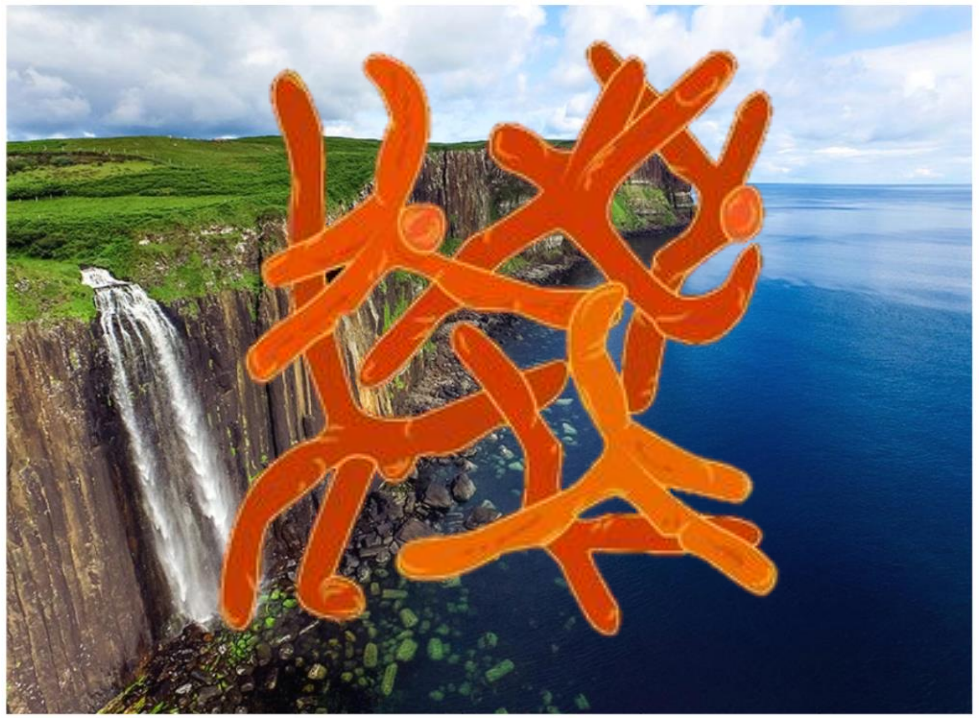

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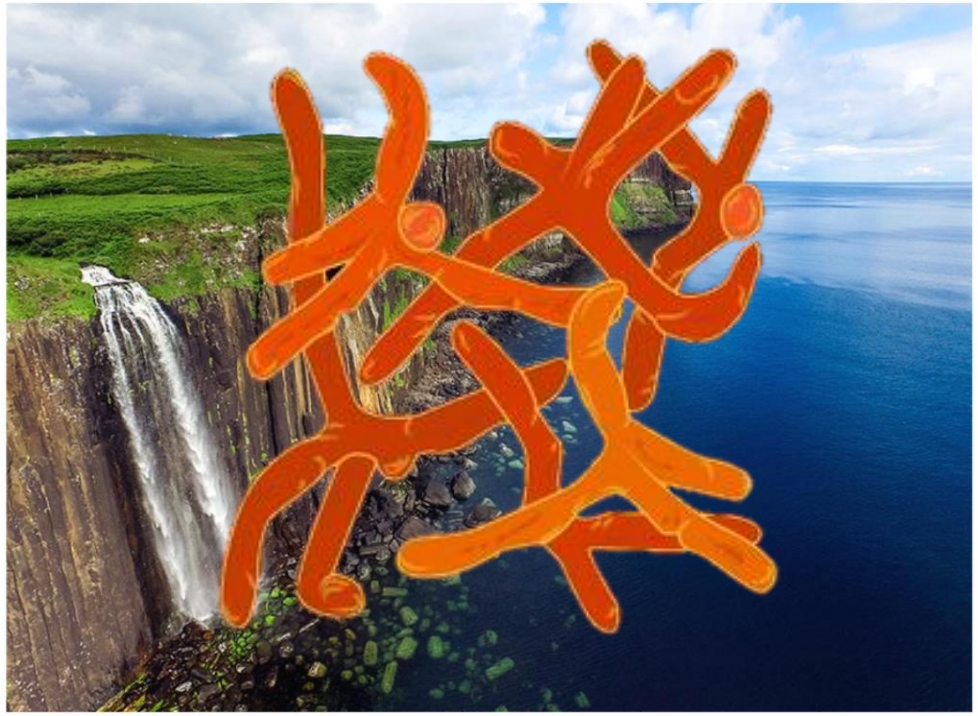

DISCUSIÓN

CONCLUSIONES

BIBLIOGRAFÍA

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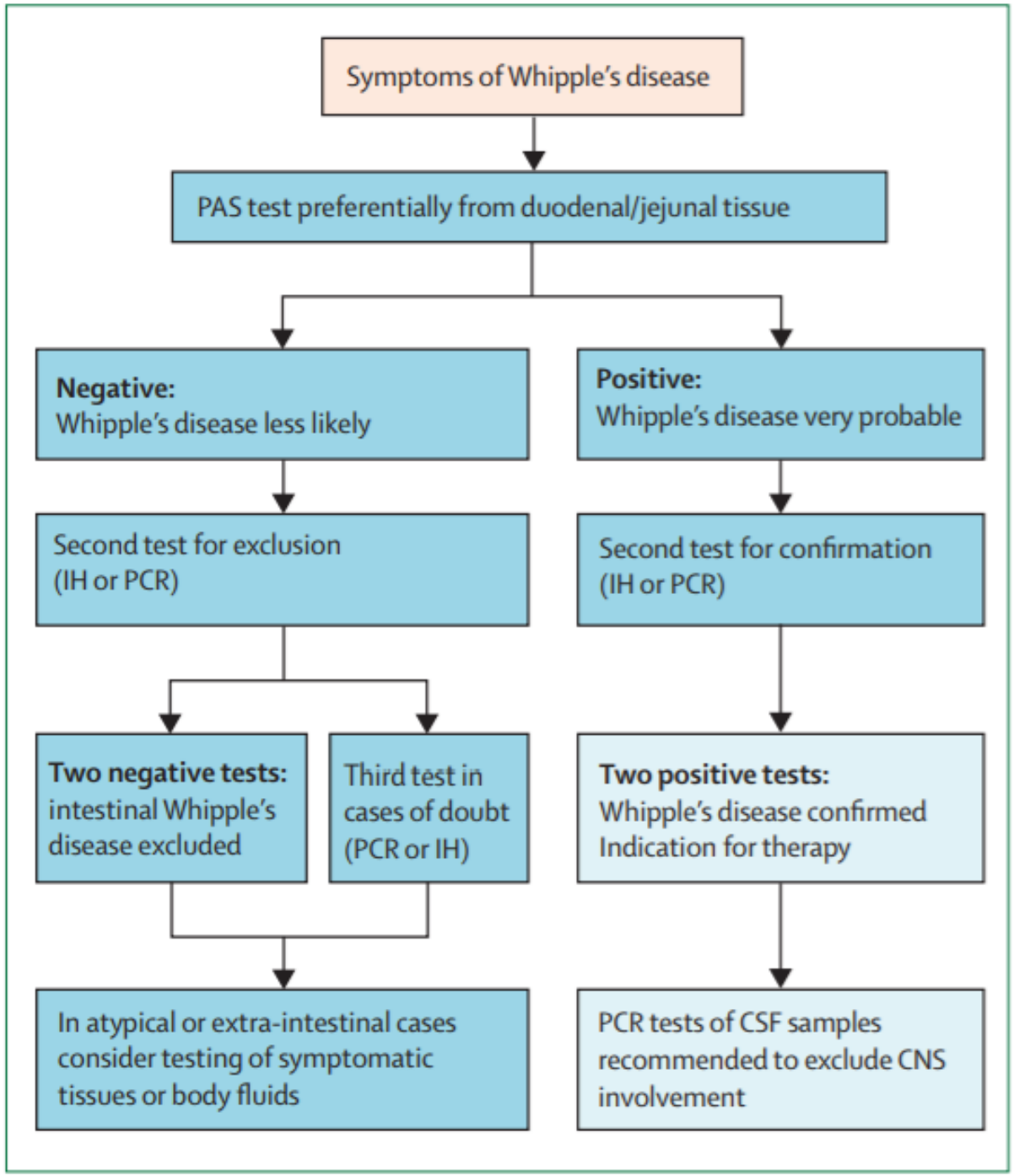
THANKS

Antimicrobial therapy in Whipple's disease

Indication	Agent	Duration
Initial therapy		
Initial phase*		
General infection	Ceftriaxone 2 g IV once daily **OR** Penicillin G 2 million units IV every four hours	Two weeks
Endocarditis	Penicillin G 2 million units IV every four hours **OR** Ceftriaxone 2 g IV once daily	Four weeks
Central nervous system disease¶	Ceftriaxone 2 g IV once daily **OR** Penicillin G 4 million units IV every four hours	Two to four weeks
If ceftriaxone and penicillin allergic	Meropenem 1 g IV every eight hours	Two to four weeks

Maintenance phase		
All infections	Trimethoprim-sulfamethoxazole one DS tablet twice daily	One year
If sulfa allergic	Doxycycline 100 mg PO twice daily **PLUS** Hydroxychloroquine 200 mg PO thrice daily	One year
Therapy for relapse		
Initial phase*	Penicillin G 4 million units IV every four hours **OR** Ceftriaxone 2 g IV twice daily	Four weeks
Maintenance phase	Doxycycline 100 mg PO twice daily **PLUS** hydroxychloroquine 200 mg PO thrice daily **OR** Trimethoprim-sulfamethoxazole one DS tablet twice daily for one year	One year


Symptoms of Whipple's disease
PAS test preferentially from duodenal/jejunal tissue
Negative:
Whipple's disease less likely
Positive:
Whipple's disease very probable
Second test for exclusion
(IH or PCR)
Second test for confirmation
(IH or PCR)
Two negative tests:
intestinal Whipple's
disease excluded
Third test in
cases of doubt
(PCR or IH)
Two positive tests:
Whipple's disease confirmed
Indication for therapy
In atypical or extra-intestinal cases
consider testing of symptomatic
tissues or body fluids
PCR tests of CSF samples
recommended to exclude CNS
involvement