

**AWARD FOR HIGHEST SCORE DURING THE ABSTRACT REVISION PROCESS FOR CASE REPORTS, 1<sup>ST</sup> PLACE:****03. FULMINANT HEPATIC FAILURE AS THE INITIAL PRESENTATION OF HODGKIN'S DISEASE AND LIVER TRANSPLANTATION: A CASE REPORT**

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<https://www.youtube.com/watch?v=vlsNiqV1-28&t=31008s>

**BACKGROUND:** Hodgkin's lymphoma (HL) or Hodgkin's disease is a B-cell neoplasm, characterized by affecting the lymph nodes or extranodal lymphoid tissue. Includes two distinct entities: classical HL (95%) and lymphocyte-predominant nodular HL. This disease presents as cervical and intrathoracic lymph node growth in 60-90%, however, presentation due to liver infiltration is extremely rare. Around 30% of patients manifest the disease with a picture of general malaise based on fever, night sweats, weight loss and chronic pruritus.

**THE CASE:** We present the case of a 13-year-old female, who started with an insidious condition that evolved to fulminant hepatic failure of unknown etiology (Table 1), it was decided to perform an orthotopic liver transplant, the histopathological analysis of the explant and a lymph node reported mixed cellularity Hodgkin's disease. Subsequently, the hematology service requested a lumbar puncture, with no evidence of infiltration. It was decided to initiate six cycles of chemotherapy with BEACOPP scheme, evolving without complications and achieving a complete response eleven months later; currently, she has been free of disease for three years.

**CONCLUSION:** The cause remains unknown for this disease, so an early diagnosis and having different treatment options are the key points to combat this disease. Even though having a diagnosed neoplasm is a contraindication for receiving a liver transplant at present, the diagnosis was not available at that time, and because of her clinical situation, she met the criteria for liver transplantation. In the future, it could be essential to individualize each case to weigh the risks and benefits of carrying out the transplant or not.

**Table.** Blood test results to evaluation for transplantation department.

<b>Total bilirubin</b>	17
<b>Direct bilirubin</b>	11.9
<b>Indirect bilirubin</b>	5.6
<b>ALT</b>	1014
<b>AST</b>	716
<b>LDH</b>	418
<b>INR</b>	8.3
<b>Ammonium</b>	285
<b>Procalcitonin</b>	>10

**Key words:** Hodgkin disease; Liver failure; Transplantation (Source: MeSH-NLM).