

Clinical Image

Diffuse Large B-Cell Lymphoma Mimicking Osteomyelitis

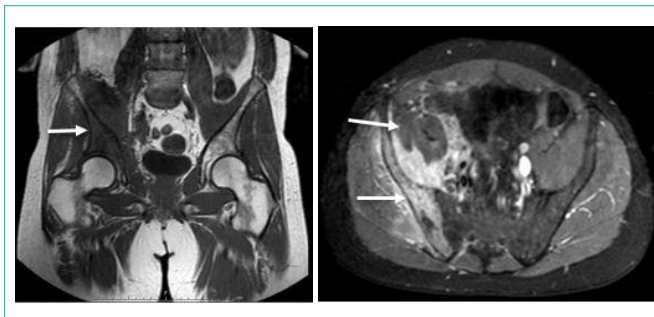
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A 41-year-old male presented with two-month history of right groin pain radiating to the back associated with fatigue, night sweat and 10-pound weight loss. The physical examination revealed 2x2 cm firm, painless right inguinal lymph node. Laboratory investigation was significant for WBC 12,200/uL. Computed tomography of the abdomen and pelvis revealed right iliac bone permeative appearance, internal and external iliac and inguinal lymphadenopathy. Core biopsy of right inguinal node showed necrotizing granuloma. An extensive infectious workup came back negative for mycobacterium, fungal and bacterial elements. MRI of Pelvis revealed extensive



enhancement of right iliac bone with cortical resorption concerning for osteomyelitis with intraosseous abscess. Excisional biopsy of the right iliac bone revealed a high grade diffuse large B-cell lymphoma with immunohistochemistry strongly positive for CD20. Our case is unique because of the obscurity of the clinical presentation, initial radiological findings and core needle biopsy results, were anchoring towards a chronic necrotizing process and osteomyelitis.