

Clinicopathological Conference

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Chart number: 207XXX10

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Case presentation:

Living donor liver transplantation recipient with post-transplant lympho-proliferative disorder.

History:

Mr. Chiu was a 41-year-old male suffered from a combination of HBV-related and alcoholic cirrhosis. Liver transplantation was indicated due to repeated esophageal varices bleeding and massive ascites. His wife donated right lobe of the liver for him and living donor liver transplantation was performed on Oct. 25, 2012. Ascites was 9000cc. Graft-to-recipient weight ratio was 0.79%. Pre-transplant serum tests were positive for TPPA, EB virus and CMV. B-cell population was 3.87% and T-cells were 45.2%. After transplantation, hypoalbuminemia and ascites persisted. However, he recovered from liver transplantation gradually. Immunosuppression was inducted by tacrolimus, steroid and mycophenolate mofetil to prevent acute rejection and maintained by tacrolimus and mycophenolate mofetil. He was regularly followed up at OPD.

He was admitted via ER on 6/11/2013 due to general weakness, dyspnea and abdominal fullness. In the ward, the patient became agitated. For fear of neurotoxicity of tacrolimus, tacrolimus was replaced by everolimus. Brain CT and MRI were performed and revealed decreased density at bil thalami, basal ganglia and brain stem. Brain biopsy was not recommended due the difficult location and risk of biopsy. Empirically, B-cell lymphoma was the impression and two courses of rituximab was given. The clinical course was much improved. Brain MRI on 7/18/2013 showed dramatic improvement of the mass effect. However, left-sided weakness attacked in Aug. 31th, 2013. Brain MRI on 9/2/2013 showed relapse of brain tumor. Radiotherapy was applied to treat the tumor. Brain MRI on 10/2/2013 showed

regression of the brain tumor. In early Dec. 2013, right-sided weakness attacked again. Brain MRI was repeated and showed tumor in left parietal lobe. Brain biopsy was performed on 12/22/2013, and post-transplant lymphoproliferative disorder was confirmed. Rutaximab was administered again, however, the tumor did not respond to the treatment this time. The patient died on 1/10/2013.