Histopathological examination of the liver biopsy revealed atypical lymphoid cells in the sinusoidal region, portal region and central venous region. (Hematoxylin and Eosin staining ×40).

Most of the lymphoid cells were positive for CD20.

Key words: hepatosplenomegaly, edema, high-grade fever

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A 74-year-old woman was referred to our hospital because of a high-grade fever (38.6°C) and general fatigue. A physical examination showed hepatosplenomegaly and leg edema, but no sign of lymphadenopathy, skin lesions, or neurological abnormalities were detected. A laboratory study revealed a white blood cell count of 2,400/mm³ (not lymphocytosis) and elevated tumor markers for lymphoma (soluble interlukin-2 receptor: 9,640 U/mL and thymidine kinase: 210 U/mL). Computed tomography and abdominal ultrasonography showed hepatosplenomegaly and pleural effusion without lymphadenopathy.

A bone marrow examination was performed twice, but no conclusive results were obtained. We next performed a liver biopsy, which revealed atypical cells in the sinusoidal region, portal region and central venous region (Picture 1). Most of the lymphoid cells were positive for CD20 (Picture 2) and negative for CD56, CD68, granzyme and TIA. The pathological diagnosis was diffuse large B-cell lymphoma, and we diagnosed her clinically as having intravascular large B-cell lymphoma (1, 2).

In this report, we describe a patient in whom a liver biopsy enabled an ante mortem diagnosis of intravascular lymphoma. Thus, liver biopsy might be a useful method for making a definite diagnosis during the early stage of intravascular lymphoma.

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