Chylous Ascites as Initial Presentation of Follicular Lymphoma in a Young Female
Hac-Tu Jacqueline Chung, DO; Sebastian Kyle Gordon, MD; Luisa Barrueto, DO; Allison Ferris, MD
Florida Atlantic University Internal Medicine Residency, Charles E. Schmidt College of Medicine
Bethesda East Hospital - Boynton Beach, FL

Background

- **Follicular lymphoma**:
  - 2nd most common type of non-Hodgkin lymphoma
  - Estimated incidence=6 new cases/100,000 persons/year.  
- Painless lymphadenopathy (axillary, cervical, femoral, and inguinal)  
- Few case reports detailing the presentation of chylous ascites in follicular lymphoma
  - Typically, history of malignancy or older than our patient.  
- The incidence of chylous ascites due to malignancy and cirrhosis is increasing.  
- No cases have been reported associating in-vitro fertilization with malignancy or chylous ascites. Association between in-vitro fertilization (IVF) and malignancy remains unstudied.  

Case Presentation

- 40-year-old female with history of hypothyroidism, ovarian cysts, hx of infertility requiring IVF, s/p Caesarean section and appendectomy, presented with seven days of abdominal pain and bloating.  
- Diffuse pain, most severe periumbilical.  
- + anorexia, nausea, nonbilious vomiting, and night sweats.  
- She was undergoing workup for a second IVF round but was not on hormones at the time of presentation.  
- CT scan abdomen/pelvis: diffuse ascites in all four quadrants, extensive adenopathy from posterior mediastinum through retroperitoneum.  

Discussion

- Our patient had the typical presentation of lymphadenopathy but with chylous ascites presenting as follicular lymphoma which is unusual.  
- Overall, follicular lymphoma has a favorable prognosis with drug interventions having better outcomes.  
- Further study and monitoring of patients with IVF history is required to understand the long-term effects and potential association with malignancy.  

Hospital Course

- Admit
- US–guided paracentesis
- 3650 mL milky white fluid
- SAAG 0.1, TG 2725 mg/dL, CA125 555
- Lymph node biopsy
- Grade 1 follicular lymphoma

CT abd/pelvis: diffuse ascites with extensive adenopathy
CT chest: mediastinal and mesenteric adenopathy with clear lung fields

References