

# Chylous Ascites as Initial Presentation of Follicular Lymphoma in a Young Female

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## Background

- **Follicular lymphoma:**
  - 2<sup>nd</sup> most common type of non-Hodgkin lymphoma
  - Estimated incidence=6 new cases/100,000 persons/year.<sup>1</sup>
- Painless lymphadenopathy (axillary, cervical, femoral, and inguinal)<sup>1</sup>
- Few case reports detailing the presentation of *chylous ascites* in follicular lymphoma
  - Typically, history of malignancy or older than our patient.<sup>2,3</sup>
- The incidence of chylous ascites due to malignancy and cirrhosis is increasing.<sup>4</sup>
- No cases have been reported associating in-vitro fertilization with malignancy or chylous ascites. Association between in-vitro fertilization (IVF) and malignancy remains unstudied.<sup>5</sup>

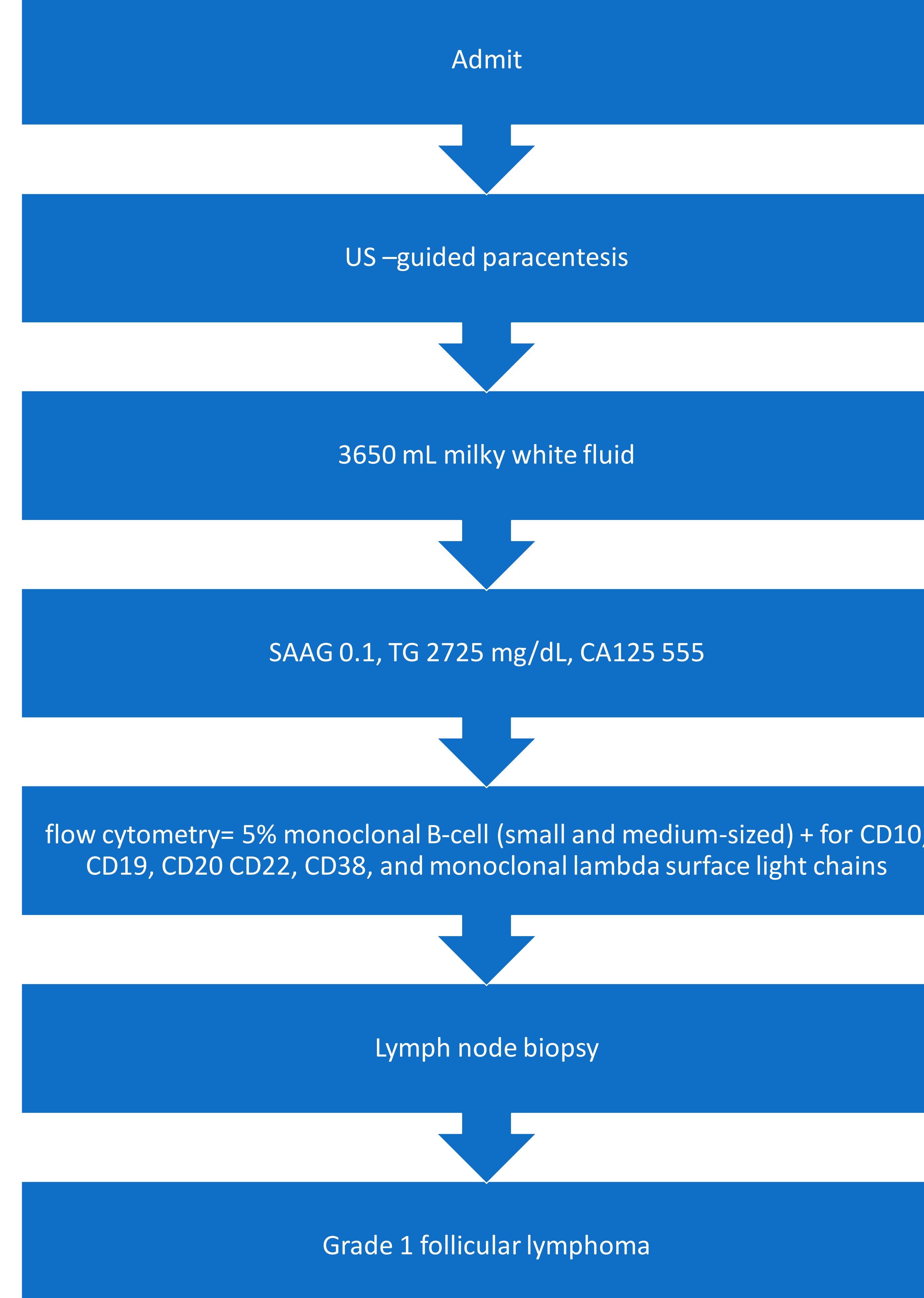
## Case Presentation

- 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



CT abd/pelvis: diffuse ascites with extensive adenopathy



CT chest: mediastinal and mesenteric adenopathy with clear lung fields

## References

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