

# CLINICOPATHOLOGICAL CONFERENCE

DR.KRISHNASAMY PRASAD  
ASST.PROF-7<sup>th</sup> medical unit

# Case history :

- 64 Male silk merchant from hilly area
- Diabetic and hypertensive x 25 years
- Fever x 45 days
- Scrotal pain x 15 days
- Abdominal pain and loose stools
- LMN facial palsy
- Bilateral inguinal and right axillary lymphadenopathy
- Mild hepatosplenomegaly
- Tender nodular lesions over shin of tibia
- Glove and stocking type of neuropathy

# Investigations

- Neutrophilic leukocytosis
- Elevated ESR 60 mm/hr
- normal RFT ,LFT and viral markers
- Negative sputum AFB, widal, urine and blood culture
- Procalcitonin -3.13 ng/ml
- ECHO and CT brain - normal
- CXR- no mediastinal adenopathy
- FNAC from lymph node-- inconclusive
- USG - b/l inguinal adenopathy , hepatosplenomegaly  
cystitis,cholelithiasis

# Erythema nodosum

- lupus panniculitis- *in fatty areas like buttocks, posterior arms and it leaves scars*
- tuberculous erythema induratum- *usually ulcerate*
- *erythema nodosum leprosum (ENL)*
- *acute urticaria - itching is intense*
- *nodular vasculitis PAN - look for fixed livedo reticularis*
- *sarcoidosis*
- *superficial thrombophlebitis - linear tender streaks*
- *erysipelas*
- *filarial lymphadenitis*
- *insect bites*



# procalcitonin

mildly elevated conditions(0.15-2ng/ml)

- localized mild to moderate bacterial infection
- non infectious systemic inflammatory response
- untreated end stage renal failure

Levels (>2ng/ml)

- bacterial sepsis
- severe localized bacterial infections(pneumonia,meningitis..)
- major burns,severe trauma,acute multi organ failure,major abdominal and cardiothoracic surgery)
- medullary ca thyroid (>10000ng/ml)
- treatment with cytokine stimulating agents (anti-lymphocyte globulin,alemtuzumab)

**Behcets disease**

**Diabetes**

**Disseminat  
ed TB**

**IBD**

- Low grade fever
- axillary and inguinal lymphadenopathy
- Mild hepatosplenomegaly
  - Erythema nodosum
- Isolated LMN facial palsy
  - Orchitis
- Neutrophilic leukocytosis
  - Elevated ESR and procalcitonin

**sarcoido  
sis**

**Leprosy  
(ENL)**

**syphilis**

**Lymphom  
a and  
leukemia**

**Lyme  
disease**

# Disseminated TB

## FOR

- low grade fever
- Lymphadenopathy
- Hepatosplenomegaly
- erythema nodosum
- lower cranial nerve palsy
- diabetes
  - immunocompromised

## AGAINST

- no lung lesions with negative sputum AFB
- Neutrophilic leukocytosis
- procalcitonin usually less than 2

# Sarcoidosis

## FAVOURING

- Erythema nodosum
- Lymphadenopathy  
lymphadenopathy
- Hepatosplenomegaly  
involvement
- LMN facial palsy  
ACE levels

## AGAINST

No RS symptoms

No hilar

No ocular

Serum calcium and



# SYPHILIS

## FOR

- fever ,adenopathy with organomegaly
- peripheral neuropathy

## AGAINST

- generalized non tender lymphadenopathy
- no typical skin involvement
- no chancre/mucosal involvement
- no meningeal or cardiac involvement
- procalcitonin
-

# Lyme disease

## **Favouring**

- fever
- lymphadenopathy
- Hepato splenomegaly
- LMN facial palsy

## **AGAINST**

No typical skin lesions (erythema migrans)

No musculoskeletal involvement

No early meningeal involvement

No cord or root involvement

# Leukemia and lymphoma

## FOR

- fever ,adenopathy and hepatosplenomegaly
- Erythema nodosum
- Facial palsy
- Orchitis
- thrombocytosis

## AGAINST

- insignificant weight loss
- lymphadenopathy pattern
- procalcitonin

# Leprosy (ENL)

## FOR

- fever .nodes .organomegaly
- erythema nodosum
- orchitis
- facial palsy(neuritis) and peripheral neuropathy
- Erythema nodosum
- leukocytosis and thrombocytosis
- no growth in culture

## AGAINST

- no increased aminotransferases
- no previous h/o hypopigmented patch or nerve thickening

# Diabetes

## FOR

- peripheral neuropathy
- cystitis – orchitis-inguinal nodes
- LMN facial palsy
- cystitis –increased procalcitonin
- GI symptoms

## AGAINST

- erythema nodosum
- Normal urine culture
- axillary lymphadenopathy
- hepatosplenomegaly
-

# BEHCETS DISEASE

## FOR

- skin –erythema nodosum
- GIT – similar to IBD
- genito urinary – epididymitis and sterile urethritis

## AGAINST

- no aphthous/genital ulcer
- no characteristic eye signs –uveitis
- no arthritis
- no e/f thrombosis or thrombophlebitis
- presence of hepatosplenomegaly and lymphadenopathy

# IBD

## FOR

- Fever  
  , nodes, organomegaly
- Erythema nodosum
- GI symptoms
- facial palsy
- 

## AGAINST

- no musculoskeletal involvement
- no ocular involvement
- no pyoderma gangrenosum

# Dicussion

- ENL- skin biopsy
- Disseminated TB -lympnode excision biopsy
- sarcoidosis- serum ACE and calcium
- leukemia and lymphoma-peripheral smear,node excision biopsy and BMA
- Diabetes