

中文題目：原發性肺霍奇金淋巴瘤表現為雙側多發肺結節和杵狀指

英文題目：Primary pulmonary Hodgkin's lymphoma presenting with bilateral multiple lung nodules and clubbing fingers

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**Introduction:** Primary pulmonary Hodgkin's lymphoma (PPHL) is uncommon, consisting of <1% of all lymphomas. [1] Hereby, we present a case of PPHL with initial presentation of finger clubbing and multiple lung nodules.

**Case Presentation:** A 20-year-old female patient who is a non-smoker with no past medical history, presented with a persistent, productive cough, and bilateral finger clubbing for 3 months. On physical examination, she was found to have bilateral finger clubbing without any palpable lymphadenopathy or hepatosplenomegaly. A chest X-ray revealed multiple diffuse infiltrative opacities in both lungs, primarily in the middle and lower lung fields. A chest computed tomography (CT) showed multiple small irregular nodules with cavitation throughout bilateral lungs without any obvious enlargement of mediastinal or hilar lymph nodes. The patient was initially treated with antibiotics and then antifungal medication but minimal improvement was observed. Later on, she underwent a pulmonary biopsy using video-assisted thoracoscopic surgery. Histologic examination and immunohistochemical analysis made the diagnosis of classical Hodgkin's lymphoma. Then, the patient received four cycles of chemotherapy with Doxorubicin, Bleomycin, Vinblastine, and Dacarbazine (ABVD) with significant improvement seen on her chest x-ray after treatment.

**Discussion:** There are just a little over 100 cases of PPHL recorded in literature worldwide so far. In order for PPHL to be diagnosed, one must fulfill the criteria of (1) characteristic histological features of Hodgkin's lymphoma, (2) disease restriction to the lungs with or without minimal lymph node involvement, and (3) an absence of extrapulmonary disease. Our case met all the above criteria.

**Conclusion:** Digital clubbing is a common finding in patients with chronic hypoxia. It is associated with a wide spectrum of diseases from inflammation to malignancy. In our case, the cause was PPHL which is a rare disease that is difficult to diagnose due to its rarity as well as the nature of the disease, which is non-specific in both clinical manifestations and radiographic features. Physicians need to be aware that PPHL could be present in a patient with digital clubbing as presented in our case.