

WHEN CLL HIDES BEHIND HEMORRHAGE: A CASE OF RETROPERITONEAL BLEEDING AND DIC

Gulati, Rishi DO¹ (rg270679@pcom.edu)

INTRODUCTION

A case of a 60-year-old male with significant cardiac history that presented with retroperitoneal hemorrhage leading to the discovery of Chronic Lymphocytic Leukemia (CLL) and concurrent Disseminated Intravascular Coagulation (DIC). Initially explored through imaging for hydronephrosis, the findings indicated a retroperitoneal hemorrhage that uncovered a deeper, underlying hematologic malignancy.

METHOD

The patient's presentation included non-specific systemic symptoms prompting a comprehensive evaluation. CT imaging initially aimed at evaluating hydronephrosis incidentally exposed a retroperitoneal hematoma. Concurrently, peripheral blood smear and flow cytometry revealed high counts of monoclonal B lymphocytes, confirming CLL. Further investigations highlighted lymphadenopathy and splenomegaly, steering the diagnostic process towards a hematologic origin. The diagnosis of DIC was established through a coagulopathy profile, characterized by prolonged PT/aPTT, reduced fibrinogen levels, and elevated fibrin degradation products, suggesting a consumptive coagulopathy directly linked to the underlying CLL.

RESULTS & DISCUSSION

The significance of retroperitoneal hemorrhage as an atypical manifestation of Chronic Lymphocytic Leukemia (CLL) cannot be overstated. Conventionally, CLL is characterized by its slow progression, predominantly affecting leukocytes within the blood and bone marrow, and is not commonly associated with acute hemorrhagic presentations. This case, however, delineates an exceptional scenario where CLL is unraveled by the complication of Disseminated Intravascular Coagulation (DIC). In essence, this case amplifies the need for vigilance and adaptability in the diagnostic process, especially in the face of atypical presentations of commonly indolent conditions like CLL. It exemplifies the criticality of integrating clinical acumen with diagnostic rigor, ensuring that rare complications such as retroperitoneal hemorrhage and DIC are promptly identified and managed, thereby mitigating the risk of adverse outcomes in patients with hematologic malignancies. This comprehensive discussion not only refines our understanding of CLL's potential to precipitate severe, life-threatening events but also reinforces the significance of a holistic, patient-centered approach in the face of medical complexity.

CONCLUSION

In conclusion, this case underscores the critical importance of considering hematologic malignancies such as Chronic Lymphocytic Leukemia (CLL) in the differential diagnosis when encountering unusual cases of retroperitoneal hemorrhage and Disseminated Intravascular Coagulation (DIC). It serves as a reminder of the complex interplay between coagulopathy and malignancy, emphasizing the necessity for thorough investigations and swift, targeted interventions to improve patient outcomes.

REFERENCES

- Cate, H., & Leader, A. (2021). Management of Disseminated Intravascular Coagulation in Acute Leukemias. *Hämostaseologie*, 41, 120 - 126. <https://doi.org/10.1055/a-1393-8302>.
- Solenthaler, M., & Lämmle, B. (1999). [Severe hemorrhage, lymphocytosis and leukoerythroblastic blood picture-- disseminated intravascular coagulation in metastatic prostate carcinoma and chronic lymphatic leukemia].. *Therapeutische Umschau. Revue thérapeutique*, 56 9, 533-6 . <https://doi.org/10.1024/0040-5930.56.9.533>.