

# 24<sup>th</sup> Annual Resident Poster Day

October 12, 2021



## Abdominal Distention, Fatigue, and Lower Extremity Edema in an Otherwise Healthy Young Male: A Case of HHV8-negative Multicentric Castleman's Disease

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A previously healthy 32yo male presented to the hospital with bilateral lower extremity swelling and abdominal distention. Three months prior he had sought care for abdominal pain and fatigue. There was interval improvement for approximately one month without intervention, however, he subsequently developed night sweats, fatigue, and malaise for which he was treated for pericarditis with colchicine and steroids. After 3 days of receiving treatment for pericarditis, his edema and ascites worsened and he returned to the hospital. Exam was notable for ill appearing male, temporal wasting, tense abdominal distention with positive fluid wave and shifting dullness, pitting edema bilaterally, and axillary lymphadenopathy (LAN). Laboratory work up was remarkable for anemia, thrombocytopenia, acute kidney injury and high inflammatory markers. A broad infectious and rheumatologic workup was unrevealing. A CT chest, abdomen and pelvis demonstrated bilateral pleural effusions, axillary and retroperitoneal LAN with hepatosplenomegaly. An abdominal ultrasound showed large volume ascites with subsequent diagnostic paracentesis revealing exudative ascites, negative for infection.