



A Case of HaemophagocyticLymphohistocytosisand presumed COVID-19

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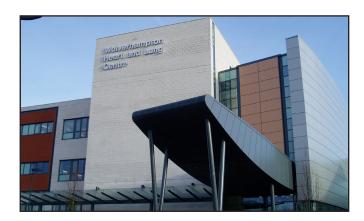
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Abstract:

A 20-year-old male with no previous medical history presented with a week's history of abdominal pain, fever, diarrhoea and vomiting. Lactate was raised at 4 so a CT abdomen-pelvis was arranged which revealed hepatosplenomegaly, ascites and bilateral axillary lymphadenopathy. Ferritin was raised at 8645 on presentation but rose to >40,000 at the peak, LDH was 491, ESR 2 and CRP 90. A diagnosis of HLH was suspected and confirmed after a bone marrow aspirate which revealed haemophagocytosis of neutrophils and erythroid cells. The rest of the autoimmune, vasculitic and viral screen was negative however underlying infection was suspected due to raised CRP and low ESR. COVID-19 antigen swabs were done twice, but both came back as negative however clinically the virus was highly suspected. He received etoposide for treatment of HLH but the patient developed an acute oxygen requirement and bilateral pulmonary infiltration that was highly suspicious of COVID-19. The patient then acutely deteriorated and unfortunately died.

Biography:

Dr Byravan completed her undergraduate studies at University Birmingham in 2016. Since graduating she has worked towards completing her medical training and has achieved her MRCP. She is a budding rheumatologist



and hopes to start her rheumatology training in the following year.

Recent Publications:

- 1. McMillan, K. Morris CB, Byravan S., Stevens A. and Tadros G. Why do psychiatric patients breach in Accident and Emergency (A&E)? An evaluation of the role of the Rapid Assessment Interface and Discharge (RAID) Psychiatric Liaison Service at Birmingham Heartlands Hospital
- 2. A Case of HaemophagocyticLymphohistocytosisand presumed COVID-19

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Citation: Fouad Seghrouchni; Interactions between Immune Activation and Regulatory T Cells in Mycobacterium tuberculosis Infected Lymph Node; Immunology 2020; October 13, 2020; London, UK

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