ejpmr, 2024, 11(12), 340

SJIF Impact Factor 6.222

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Case Study

ISSN 2394-3211

EJPMR

X LINKED HLH PRESENTING AS FEBRILE JAUNDICE SECONDARY TO VIRAL HEPATITIS A

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Article Received on 08/10/2024 **Article Revised on 28/10/2024** **Article Accepted on 18/11/2024**

ABSTRACT

29 year old male patient and his brother presented with febrile jaundice post viral hepatitis which is diagnosed as HLH.

INTRODUCTION

hemophagocytic lymphohistiocytosis (HLH) is considered a rare condition. HLH is a life-threatening disorder of the immune system, where the body produces an excessive inflammatory response, leading to organ damage. It can be inherited (familial HLH) or acquired (often secondary to infections, cancer, or autoimmune diseases). Familial HLH is very rare, estimated at about 1 in 50,000 births. The acquired form is slightly more common but still rare, occurring mostly in people with underlying health conditions. HLH requires immediate medical treatment, often involving immune-suppressing medications, chemotherapy, or even bone marrow transplants.

CASE REPORT

29 year old male presented with history of fever and jaundice from 1 week, on evaluation he has transamnitis, with alt of 206u/l and ast of 118u/l. fever workup was sent, he came positive for IgM hepatitis a virus. But he was running fever along with jaundice, which was odd for viral hepatitis, so other investigation revealed pancytopenia, with heamoglobin of 8.6g/dl, tlc of 2.5 thousand/ dl, platelets of 1.2 lakhs /dl. Possibility of HLH was kept. He was investigated for HLH. His ferretin was more than 2000 mg /dl, triglyceride was 565 mg/dl.

Then he was planned for bone marrow examination which revealed hemophagocytosis.

Based on all these investigation he was diagnosed with HLH.

2 week later his brother came with same complaints again he was diagnosed with HLH, thus confirming x likned type of HLH. Course of disease was selflimiting. They didn't required steroid after 5 days of presentation their fever subsided and improved clinically and symptomatically and pt was discharged.