**Rare case of transformation from Non-Hodgkin’s lymphoma to Hodgkin’s lymphoma in a patient**

Jyothirmai Seepana MD, Sidra khalid MD, Subanandhini Subramaniam MD, Timothy Spiro MD (Fairview Hospital at Cleveland Clinic, Cleveland, OH)

**Objective:** To create awareness among physicians about the potential transformation of lymphomas, to facilitate treatment.

**Case Presentation**

We report the case of a 63 year old male who presented to the clinic for routine medical examination. As the patient had a 35 pack per year smoking history, he was offered a low dose CT scan for lung cancer screening.

CT showed mediastinal lymphadenopathy; a follow up PET scan confirmed multiple hypermetabolic masses with increased uptake in the mediastinal nodes, right apical nodule, left shoulder nodule. He underwent FNA of the left shoulder nodule which showed atypical lymphocytes suspicious for B-cell non-Hodgkin’s lymphoma positive for CD45, CD20, CD10 and negative for cyclin D1. Patient further underwent excision of the left shoulder nodule which showed atypical lymphoid infiltrate with a follicular architecture composed predominantly of small cleaved lymphocytes, staining positive for CD20, CD10, BCL 6, BCL-2 and negative for cyclin D1. Hence patient was diagnosed to have Non-Hodgkin’s follicular lymphoma. As there were no B symptoms, he was staged as IIA.

As the mediastinal lymphadenopathy could not be explained by the diagnosis of follicular lymphoma, he was advised biopsy of the mediastinal nodes to rule out a second primary. He underwent EBUS and FNA of subcarinal lymph node which showed large cells with bilobed nuclei. He subsequently underwent mediastinoscopy and excision of two nodes. Pathology of one node showed follicular lymphoma and, the other node showed classic Hodgkin’s lymphoma.

As the Hodgkin’s lymphoma is potentially curable and follicular lymphoma is indolent, he was started on treatment with ABVD ( Vinblastine, Doxorubicin, bleomycin and dacarbazine).