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CLINICAL IMAGE

Post-transplantation lymphoproliferative disorder in a child with multivisceral transplant

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A 7-year-old girl presented with multiple complaints, including fever, nausea and fatigue, 5 months after a multivisceral transplant for pseudo-obstruction. A chest radiograph showed pulmonary nodules (*curved arrows*) and a diffuse nodular appearance of the stomach (*straight arrows*) (Fig. 1). A CT revealed innumerable enhancing pulmonary nodules, mediastinal adenopathy, diffuse nodularity of the gastric wall (*curved arrows*) and bilateral renal masses (*straight arrows*) (Fig. 2). A biopsy of polypoid gastric lesions revealed Epstein-Barr virus (EBV)-associated post-transplantation lymphoproliferative disorder (PTLD).

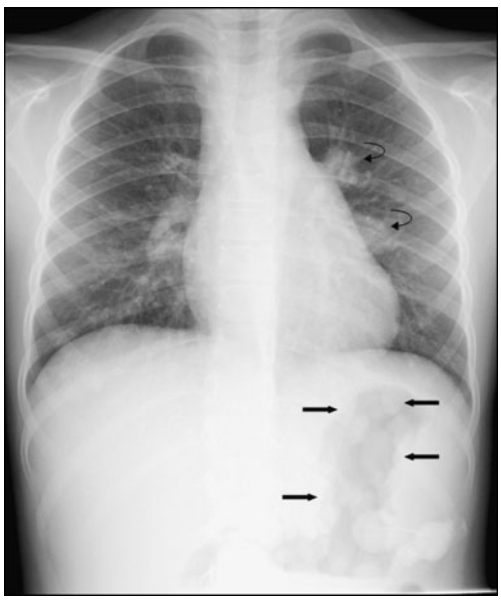

Fig. 1 Frontal chest radiograph

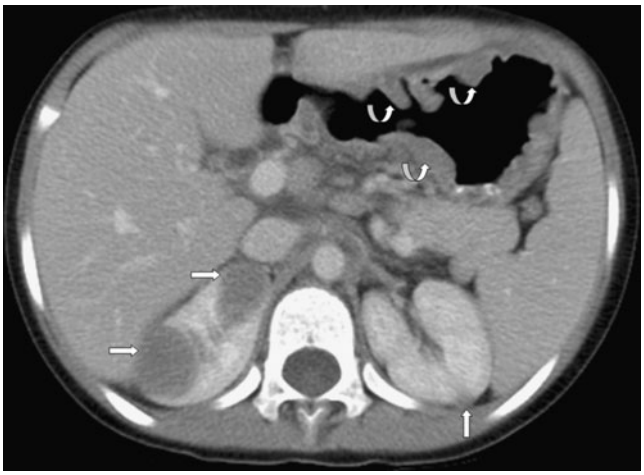

Fig. 2 Axial CT image

PTLD refers to a group of diseases ranging from lymphoid hyperplasia to neoplasia and can be intranodal or extranodal. Most cases are associated with B-lymphocyte proliferation and EBV infection [1]. PTLD usually occurs within 1 year of transplantation and is most prevalent in multivisceral transplant recipients [2]. Although intra-abdominal organs are most frequently affected, particularly the liver and GI tract, sites of involvement vary with the type of allograft [2]. Imaging features depend on the organs involved, and tissue sampling is required for diagnosis and classification.

References

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2. Cockfield SM (2001) Identifying the patient at risk for post-transplant lymphoproliferative disorder. Transpl Infect Dis 3:70–78

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