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Lessons learnt in a 17 year old with fever of unknown origin – Haemophagocytic lymphohistiocytosis- the most fatal outcome of Ebstein-barr virus infection

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We report a young patient who had persistent fevers as a result of the most fatal outcome of an Ebstein-Barr Virus infection -haemophagocytic lymphohistiocytosis (EBV-HLH).

A 17 year old girl with a background of IgG subclass deficiency presented to the accident and emergency department with a history of fevers, sore throat and vomiting. Her blood tests showed an abnormal liver function and cytopenia. The clinical impression was of EBV related infectious mononucleosis and this was supported by a positive monospot test and high EBV DNA titres. Despite a decreasing level of EBV titres, she remained febrile and tachycardic with worsening liver function and no improvement on broad spectrum antibiotics and anti-virals.

Repeated septic screens were negative and other viral infections were excluded. By day 16, HLH was considered by the haematologists. A bone marrow biopsy then showed haemphagocytosis and repeat abdominal imaging showed new hepatosplenomegaly. She was started on steroids with a rapid clinical and biochemical response.

This case highlights the importance of having a low threshold of suspicion for EBV-HLH in patients with EBV that continue to deteriorate. The high mortality rate in this rare condition is partly due to delayed diagnosis as EBV-HLH can mimic other infectious or inflammatory disorders.

Biography

Hajir Ibraheim is an ambitious 4th year junior medical doctor working in London. She has two publications in press and has presented multiple posters and presentations on a national and international level. She is planning to undertake a masters in clinical research next year before pursuing a speciality post in gastroenterology.

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