

Hickam's Dictum Prevails: Navigating the Maze of Dual Pathology in HIV

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In the realm of HIV, considering various causes for clinical presentations is crucial. This case report reveals the exceptional coexistence of advanced neuroendocrine tumor and Burkitt's lymphoma, an infrequently reported combination in an individual with HIV. Emphasizing Hickam's Dictum, which promotes comprehensive exploration of multiple possibilities, rather than settling for a single diagnosis (Occam's razor), we present the intriguing journey of a 44-year-old man with HIV and hepatitis B co-infection. The patient, diagnosed with HIV and hepatitis B in 2017, discontinued antiretroviral therapy and presented to the emergency department with breathlessness. He experienced fever, night sweats, chronic diarrhoea, and a significant weight loss of 15 kg over six months. Physical examination revealed flushed cheeks, hepatomegaly, and other alarming signs. Initial treatment focused on disseminated tuberculosis, but further investigations unveiled heart failure and a pancreatic lesion. The clinical picture suggested neuroendocrine tumor and carcinoid syndrome, supported by elevated serum chromogranin levels. A colonoscopy ruled out gastrointestinal involvement but surprisingly revealed Burkitt's lymphoma. Tragically, the patient succumbed to a carcinoid crisis. This case highlights the importance of considering multiple differentials in HIV-infected individuals, as illustrated by the convergence of neuroendocrine tumor and Burkitt's lymphoma. Previous case reports suggest an unusual link between carcinoid tumours and lymphoreticular malignancies. Neuroendocrine hormones may influence the proliferation and mitogenesis of lymphoid cells that may develop into diseases. Vigilance in recognizing and understanding dual pathology can aid in reducing mortality. Further research is needed to explore potential connections between these rare malignancies.

Keywords: Carcinoid, HIV, Burkitt Lymphoma, dual pathology

DOI: <http://dx.doi.org/10.31344/ijhhs.v7i7000.601>

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