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Common Link Suggested Between Non-Hodgkin's Lymphoma, Lupus, and Epstein-Barr Virus

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The complex relationship between membranous glomerulonephritis (MGN), non-Hodgkin's lymphoma (NHL), and systemic lupus erythematosus (SLE) may involve a common underlying immune disorder linked to infection by the Epstein-Barr virus (EBV), according to a study from Taiwan.

About one-third of patients with MGN develop systemic diseases such as SLE or malignancies, and rarely NHL, and it is suggested that **EBV may contribute to the pathogenesis of these diseases**. To clarify the link between these diseases, Ming-Hsien Lin, MD and colleagues from National Cheng Kung University Hospital, Taiwan, present a case report of a 37-year old woman who presented with signs of MGN (i.e., heavy proteinuria and microscopic haematuria) as well as signs of SLE (i.e., malar rash, leukopenia, lymphopenia, and positive findings of ANA, direct Coomb's test, lupus anticoagulant, antiphospholipid antibody). A neck lymph node biopsy confirmed that the patient had progressive lymphadenopathy and diffuse large B-cell type NHL.

In addition, EBV infection was found on serologic tests. After the initiation of chemotherapy, the patient died and during autopsy was found to have lymphoma involvement with positive EBER-1 in all specimens. The final diagnosis was NHL with SLE and MGN. The authors conclude that the patient presented with lupus MGN and had progressive lymphadenopathy, as indicated by the presence of diffuse large cell lymphoma and EBV infection.

Further study is needed, they write, to understand the complex relationship between these diseases, and the underlying mechanism that indicates a common immune disorder.

Reviewed by Gary D. Vogin, MD

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