OVARIC CANCER PRESENTING WITH COLD-AGGLUTININ MEDIATED HEMOLYTIC ANEMIA, PULMONARY THROMBOEMBOLISM AND DEEP VEIN THROMBOSIS

R. Cannas

Haemostasis and thrombosis Center, Ospedale Santissima Trinità, ASL Cagliari, Italy

Background. CAS (cold-agglutinin syndrome) is rarely idiopathic, while most frequently is secondary to other processes like infections and lymphoproliferative disorders, although association with solid tumours has also been described. CAS is also associated with an increased risk of venous thrombosis and pulmonary embolism, linked both to the active hemolysis and the glucocorticoid administration.
Methods. We describe the case of a 54-year-old woman with a history of uterine fibromyomatosis, ovaric cystic lesions, renal litiasis and an autoimmune setting (Hashimoto's thyroiditis and Raynaud's phenomenon) presented with severe autoimmune hemolytic anemia (AIHA). Serum studies revealed presence of policlonal cold-antibodies in a CAS. Prednisone 50 mg/die per os was started, prompting to a moderate improvement of haemoglobin and -due to the insorgence of increased fatigue and shortness of breath- a contrast enhanced computer tomography (CT) of the chest was performed, revealing bilateral pulmonary embolism. Ultrasonography study (US) confirmed suspected deep vein thrombosis. Apixaban 5 mg twice a day was administered while the patient underwent an extensive workup to identify provoking etiology, including serum Ca 19.9 and Ca 15.3 evaluation. A pelvic RMN to revaluate the known uterine fibromyomatosis showed several heterogeneous mass lesions arising from right ovarian with regional lymph node involvement and bladder compression. Histological findings from hysteroannessiectomy and omentectomy confirmed a primary ovarian neoplasm. Chemotherapy with carboplatin and paclitaxel was started and immediately complicated from severe anemia and the patient was transfused.
Results. A new chest CT showed complete resolution of the pulmonary embolism and US only a partial resolution of deep vein thrombosis, suggesting the therapy prosecution with Apixaban.
Conclusions. While AIHA is a known paraneoplastic syndrome of hematologic malignancies, this case report suggests that it may also be a paraneoplastic syndrome for solid tumours, particularly in association with pulmonary tromboembolism. Even in case of complete imaging resolution, venous thromboembolism prophylaxis for patients with marked hemolysis should be considered.