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A Rare Case of TAFRO Syndrome

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INTRODUCTION

- Thrombocytopenia, anasarca, fever, renal dysfunction, and organomegaly (TAFRO) Syndrome is a rare variant of Multicentric Castleman's Disease (MCD).
- Delineated from MCD by hyperplastic megakaryocytes, elevated alkaline phosphatase, and absence of hypergammaglobulinemia
- First described in 2008 with 50 cases worldwide

METHODS

- 47-year-old male presented with six days of cough, shortness of breath, and fever
- Admitted for pneumonia and placed on antibiotics
- Despite treatment, his respiratory status worsened requiring intubation
- Work up included CBC, CMP, and CT scan of the chest, abdomen, and pelvis



RESULTS

- CT scan: ground glass opacification in lungs, bilateral pleural effusions, cardiomegaly, lymphadenopathy, and ascites
- Labs: thrombocytopenia, anemia, leukocytosis, elevated alkaline phosphatase, acute renal failure
- Bone marrow biopsy: megakaryocytic hyperplasia
- Elevated IL-6 level
- Excisional lymph node biopsy: negative for malignancy, but did reveal MCD in the setting of TAFRO syndrome

CONCLUSION

- Since TAFRO syndrome is rare, more research needs to be done
- Diagnostic criteria created in 2015 to help facilitate diagnosis
- Criteria split into major and minor criteria
- Major criteria: thrombocytopenia, anasarca, and systemic inflammation
- Minor criteria: lymph node histopathological features of MCD, hyperplasia of megakaryocytes, organomegaly, renal insufficiency
- Consider TAFRO syndrome if three major criteria and two minor criteria are present