which needed surgical drainage. Yet the disease kept advancing. New imaging showed a more aggressive spread: multiple hypermetabolic lesions were found in the liver, and another was detected in the gastric fundus. Despite a clear endoscopy, which didn't show any visible abnormalities in the stomach, a liver biopsy confirmed what the team feared—Hodgkin lymphoma had infiltrated her liver. Her treatment continues with careful monitoring as the medical team adapts to these complications. **Discussion:** This case paints a picture of the diagnostic and treatment challenges that arise when Hodgkin lymphoma doesn't follow the expected path. Instead of typical lymphadenopathy, the disease made itself known through musculoskeletal pain and neurological issues, creating a complex clinical puzzle. The rare involvement of the liver and stomach emphasizes just how unpredictable the systemic spread of this disease can be. While hepatic involvement in HL is unusual, it's critical to confirm this through biopsy, as it can easily be mistaken for other liver-related conditions. Gastric involvement, though rare, must be kept in mind when dealing with extensive disease spread. Advanced imaging, particularly PET-CT, played a pivotal role in uncovering these unexpected sites of involvement, guiding the treatment plan. This case is a testament to the importance of recognizing atypical presentations of Hodgkin lymphoma and the need for flexible, evolving treatment strategies. The use of Brentuximab vedotin in combination with AVD has shown promise, especially in complicated cases like this one, where the disease has spread far beyond the usual lymphatic system. Understanding HL's ability to infiltrate uncommon sites like the liver and stomach is essential for improving patient outcomes. This case reminds us of the disease's unpredictable nature and the need for vigilance in detecting and managing its spread to rare locations.

Keywords: Nodular Sclerosing Hodgkin Lymphoma, Hepatic Infiltration, Gastric Involvement, Systemic Spread, Brentuximab Vedotin Treatment.

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SYSTEMIC AMYLOIDOSIS PRESENTING WITH LYMPHADENOPATHY: A DIAGNOSTIC OVERLAP WITH MULTIPLE MYELOMA AND POSSIBLE CARDIAC INVOLVEMENT

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Introduction: Systemic amyloidosis is a condition where amyloid proteins accumulate in organs and tissues, causing multisystem dysfunction. Its presentation often overlaps with other conditions like lymphoproliferative disorders and multiple myeloma (MM). Lymphadenopathy is rare in amyloidosis but can complicate the clinical picture, mimicking more common hematological diseases. We present a case of systemic amyloidosis in a patient initially suspected of having lymphoma, complicated by underlying multiple myeloma and probable cardiac amyloidosis. **Case Report:** A 63-year-old male with a history of heart failure and chronic kidney disease presented with frequent hospital admissions due to dyspnea. Axillary lymphadenopathy prompted referral to hematology. PET-CT revealed widespread FDG-avid lymphadenopathy, suggesting lymphoma. Biopsy showed plasma cell infiltration (10-11%) with kappa light chain monotypic plasma cells and amyloid deposits, indicating systemic amyloidosis. Concurrent imaging revealed pleural effusions, calcified lymphadenopathies, and findings consistent with granulomatous disease. Further hematological evaluation suggested underlying plasma cell dyscrasia, likely multiple myeloma. The patient's history of heart failure raised the suspicion of cardiac amyloidosis, a common complication in systemic amyloidosis, warranting cardiology evaluation and planned cardiac MRI. **Discussion:** This case underscores the diagnostic challenge posed by systemic amyloidosis, especially when lymphadenopathy is present, leading to initial misdiagnosis as lymphoma. Amyloidosis-related lymphadenopathy is uncommon but should be considered, especially when plasma cell dyscrasias like multiple myeloma are involved. The concurrent diagnosis of multiple myeloma further complicates the clinical course, necessitating a tailored therapeutic approach. Cardiac amyloidosis is a serious complication often seen in patients with systemic amyloidosis, especially AL-type, where amyloid deposits infiltrate the myocardium, leading to restrictive cardiomyopathy. In this case, the patient's long-standing heart failure and arrhythmia raised the likelihood of cardiac involvement. Early detection is crucial, as cardiac amyloidosis is associated with a poor prognosis. The integration of advanced cardiac imaging, such as MRI, is essential in confirming the diagnosis and guiding treatment. This case illustrates the importance of considering systemic amyloidosis in patients with unexplained lymphadenopathy and highlights the need for multidisciplinary management, particularly when cardiac involvement is suspected.

Keywords: Amyloidosis, Lymphadenopathy, Multiple Myeloma, Cardiac Amyloidosis, Plasma Cell Dyscrasia.

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