of chronic itching. Skin biopsy diagnosis was lichen planus. Further skin biopsies done in the year 2023 established mycosis fungoides with patch-stage disease. Thereafter, the disease evolved to involve lymph nodes within a year. Excisional biopsies of these lymph nodes showed dermatopathic lymphadenopathy, which later was transformed into T-cell lymphoid neoplasia indicating transformation into PTCL-NOS. Immunohistochemical analysis showed positivity for CD3+, CD4+, CD7+, GATA3+, and Ki-67 expression. CD30 was negative. In spite of first-line therapies administered, such as photopheresis, methotrexate, and PUVA, the disease further progressed, as indicated in the PET-CT scan with increased metabolic activity in multiple lymph nodes and cutaneous thickening. The patient was initiated with romidepsin—a histone deacetylase inhibitor—on salvage therapy for PTCL. The current follow-up represents clinical stability, with no development of new lesions or disease progression. **Discussion:** The case serves to underline the complex evolution as seen from mycosis fungoides to systemic PTCL and challenges in the management of refractory disease. Use of romidepsin underlines the potential of epigenetic therapies in the treatment of advanced T-cell lymphomas, especially in relapsed or refractory states. The patient's journey underlines the importance of early diagnosis, a multidisciplinary approach, and adaptive treatment strategy in the management of these aggressive lymphomas.

**Keywords:** Peripheral T-Cell Lymphoma, Mycosis Fungoides, Romidepsin, Epigenetic Therapy, PET-CT.

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## INNOVATIVE MANAGEMENT OF REFRACTORY CLASSICAL HODGKIN LYMPHOMA WITH ATYPICAL HEPATIC PRESENTATION: A CASE STUDY

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**Introduction:** Classical Hodgkin Lymphoma (cHL) typically manifests through swollen lymph nodes, yet unusual cases do arise with atypical presentations. This report focuses on the management of a challenging case of refractory cHL, where the disease initially presented in the liver. The case underscores the effectiveness of a customized, multimodal treatment strategy. **Case Report:** A 59-year-old man was diagnosed with stage 4A cHL after a liver biopsy confirmed the disease. His initial PET-CT scans showed extensive involvement, with spread to cervical lymph nodes, nasopharyngeal and oropharyngeal regions, as well as diffuse splenic activity. The patient underwent six cycles of ABVD chemotherapy, but follow-up PET-CT scans revealed disease progression, confirming primary refractory status. Subsequently, he was given salvage therapy with BV-DHAP, followed by high-dose chemotherapy and an autologous stem cell transplant (ASCT). Post-ASCT PET-CT scans demonstrated a significant metabolic response, with near-complete resolution of previous lesions, though splenomegaly persisted. Currently, the patient is undergoing maintenance therapy with brentuximab vedotin and has completed seven cycles successfully. **Discussion:** This case illustrates key challenges in the treatment of refractory cHL, particularly with atypical liver involvement, stressing the importance of considering lymphoma in cases of unexplained liver lesions. When the standard ABVD regimen failed, prompt initiation of aggressive salvage therapy was crucial in halting disease progression. The role of serial PET-CT imaging was pivotal in monitoring treatment effectiveness and guiding further clinical decisions. The tailored combination of salvage chemotherapy, ASCT, and maintenance with brentuximab vedotin showcases the evolving strategies in handling refractory cHL. Despite a significant overall response, the persistence of splenomegaly post-ASCT highlights the need for vigilant follow-up. This case emphasizes the potential for successful remission in refractory cHL through personalized, comprehensive treatment approaches, while also recognizing the need for continued exploration of emerging therapies.

**Keywords:** Classical Hodgkin Lymphoma,Refractory cHL, Hepatic Involvement, Autologous Stem Cell Transplant, Personalized Treatment.

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## MULTIPLE MYELOMA IN A PATIENT WITH SJOGREN'S SYNDROME: A CASE REPORT OF DIAGNOSTIC AND THERAPEUTIC CHALLENGES

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**Introduction:** MM is a hematologic malignancy characterized by the proliferation of a clone of plasma cells that ultimately causes organ damage and the production of abnormal proteins. Sjögren's syndrome rarely coexisted with MM, a chronic autoimmune disease affecting exocrine glands and presenting very unique diagnostic and management challenges to the physician. This case illustrates the therapeutic journey of a patient with coexisting MM and Sjögren's syndrome and points out the importance of care provided in a multidisciplinary fashion. **Case Report:** A 64-year-old female patient with a history of hypertension for 14 years and prostheses of both hips was referred to the rheumatology department with