CONCLUSION OF THIS CASE:

We present this case to create awareness amongst clinicians and pathologists that HSTCL is an important differential to be considered in young adults presenting with systemic symptoms, massive splenomegaly, with no substantial lymphadenopathy.

Flow cytometric analysis and biopsy specimens of bone marrow, liver and/or spleen is required for the diagnosis as the peripheral blood smears of these patients are unremarkable.

An early recognition of this rare T-cell neoplasm is important for patient management, in order to have early stem cell transplant after treating the patient aggressively in order to induce remission.

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