

# FROM PALLIATIVE CARE TO A DEFINITE CURE: A SEVERE PRESENTATION OF WHIPPLE'S DISEASE

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Poster

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**A 51-year-old woman with chronic diarrhoea and weight loss initially diagnosed with metastatic ovarian cancer was ultimately diagnosed with Whipple's disease after re-assessment of imaging and enteroscopy with PAS-D positive foamy macrophages on biopsy.**

## KEY POINTS

- Initial abdomen-pelvic CT and MRI suggested cystadenocarcinoma of the right ovary with widespread adenopathy, leading to palliative care referral.
- Re-assessment of imaging showed adenopathy morphology, mesenteric lymph node conglomerate, and jejunal thickening suggestive of Whipple's disease rather than malignancy.
- Enteroscopy revealed hyperaemic, oedematous, and friable mucosa in duodenum and proximal jejunum; biopsies demonstrated foamy macrophages with positive PAS-D cytoplasmic granules, confirming Whipple's disease.
- The ovarian lesion was re-classified as a benign cystadenofibroma after further evaluation with ultrasound.
- Treatment with intravenous ceftriaxone resulted in clinical improvement with resolution of symptoms and nutritional recovery, maintained at eight months with ongoing antibiotic therapy and no recurrence.

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