Distinguishing critical conditions with similar presentations: primary hemophagocytic lymphohistiocytosis (pHLH) and sepsis

SOO rare strength

4 signs that may suggest pHLH

Despite distinct etiologies, pHLH and sepsis both involve a dysregulated immune response that results in hyperinflammation and multiorgan dysfunction. Because they can share similar signs and symptoms, it can be difficult to identify a patient with pHLH before it's too late.¹

Including pHLH in your differential diagnosis when you suspect sepsis can help ensure timely and accurate identification.

Use these 4 signs to help you know when to suspect pHLH. *The signs are listed from most to least prevalent in patients with sepsis.*¹

pHLH: A rare, rapidly progressive, life-threatening genetic condition⁴

sepsis: A common, but extreme, life-threatening complication of infection^{2,5}

1. Prolonged fever

Fever is common in both pHLH and sepsis and tends to persist until inflammation is subdued. If a patient has sepsis, fever should subside with antibiotic treatment of the source of infection. Fever that persists despite antibiotic treatment may indicate pHLH.^{1,2}

2. Hyperferritinemia

Ferritin may be elevated in patients with sepsis, but dramatically increased ferritin levels are characteristic of patients with pHLH. While HLH-2004 diagnostic criteria include ferritin ≥500 µg/L, ferritin >10,000 µg/L is likely a better indicator of pHLH.^{1,2}

3. High sCD25

Though uncommon in sepsis, elevated sCD25 (soluble interleukin-2 receptor) is a diagnostic indicator for patients with pHLH. sCD25 activity ≥2400 U/mL may indicate pHLH.^{1,2}

4. Hypofibrinogenemia

Also uncommon in sepsis, hypofibrinogenemia is often observed in patients with pHLH. Fibrinogen levels ≤1.5 g/L may indicate pHLH.^{1.3}

Please note that this guidance may not apply to all cases since the signs and symptoms of pHLH and sepsis present across a spectrum and may vary between patients.



If you suspect your patient may have pHLH, consult a hematologist/oncologist who may be able to help.

HLH-2004 diagnostic criteria

If you suspect pHLH, there's no time to wait to consult a hematologist/oncologist for further guidance. Fulfillment of 5 of the 8 HLH-2004 criteria listed below can be used to suspect a diagnosis in the absence of an underlying cause, such as malignancies.^{3,4}

Fever ≥38.5°C⁴
Hemophagocytosis* in bone marrow, spleen, or lymph nodes
Low or absent natural killer-cell activity
Hypofibrinogenemia (≤1.5 g/L) and/or hypertriglyceridemia (≥265 mg/dL) [†]
Splenomegaly
 Cytopenias (affecting at least 2 of 3 lineages in the peripheral blood): ⋅ Hemoglobin <90 g/L[‡] ⋅ Platelets <100 x 10⁹/L ⋅ Neutrophils <1 x 10⁹/L
○ Ferritin (≥500 μg/L)
O sCD25 ≥2400 U/mL

^{*}In infants <4 weeks old: hemoglobin <100 g/L.3



If you suspect pHLH, consult a hematologist/oncologist for further guidance.

Ask your local Sobi Health Systems Director how they can help connect you with a pHLH expert.

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^{*}Note that hemophagocytosis is not specific nor always present in early stages of the disease.⁴ Fasting triglycerides.³