Triple Metachronous Malignancies in Primary Diagnosed Diffuse Large B-Cell Lymphoma Patient: A Case Report.

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Background

Diffuse large B-cell lymphoma (DLBCL), the most common type of non-Hodgkin lymphoma (NHL), is known to be associated with increased risk of second primary malignancies (SPM)[1]. The occurrence of more than one type of cancer in a single patient is considered a rare finding, either appearing at the same time (synchronous) or subsequently (metachronous).

Objective

This study is to present this interesting case of a male patient diagnosed with diffuse large B-cell lymphoma (DLBCL), basal cell carcinoma (BCC), and adenocarcinoma of colon metachronously.

Patient & Method

A case report which took place at Oncology Unit/Oncology Center Mansoura University, Egypt, from May 2012 to January 2022.

Interventions & Results

A 43-year-old male patient, HCV positive, diagnosed from splenectomy with DLBCL, Stage IV. **In 2012**, the patient received 8 cycles of CHOP protocol and achieved complete remission. **In 2016**, he presented with a face ulcer, which was excised with adequate safety margins, and histopathological examination revealed BCC (**Figure 1**). **In 2017**, he presented with acute abdomen. Computed tomography (CT) showed a well-defined soft tissue mass at the distal part of the ascending colon and hepatic flexure with signs of intestinal obstruction. The patient underwent right hemicolectomy and double barrel ileotransverse colostomy, and the histopathological examination revealed grade II adenocarcinoma (**Figure 2**), Stage IIa. Then, he received 6 cycles of adjuvant de Gramont regimen. After that, CT and colonoscopy were free. **In 2019**, he presented with B symptoms and right axillary lymphadenopathy; biopsy revealed NHL of large-cell type in favor of high-grade follicular lymphoma (**Figure 3**). After receiving 4 cycles of DHAP protocol, PET/CT was negative. Yet, he refused autologous stem cell transplantation. **In 2021**, he presented with cervical lymphadenopathy and tumor lysis syndrome. Biopsy showed DLBCL. patient received supportive treatment, and 3 sessions of hemodialysis were done. He has been lost to follow-up since January 16th, 2022.

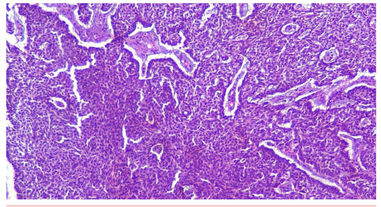


Figure 1: Basal cell carcinoma (H&E x200).

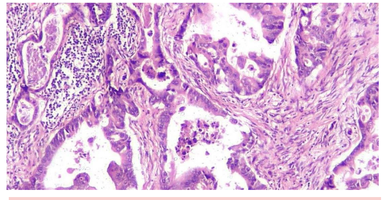


Figure 2: Grade II adenocarcioma (H&Ex100)

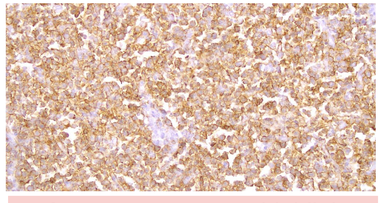


Figure 3: CD20 IHC highlight positive membranous reaction in atypical lymphocytes (H&Ex400).

Summary

The patient is 43 years old, male, HCV positive, underwent splenectomy, was diagnosed with DLBCL, and received chemotherapy. All of these are considered risk factors for SPM[1,2].

Conclusion

Diffuse large B-cell lymphoma (DLBCL) increases the risk of second primary malignancies (SPM) mostly due to immune dysfunction, immunosuppression, and the mutagenic effects of chemotherapy. Hence, regular screening of DLBCL patients and survivors is recommended.

References

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