Primary Extra nodal Marginal Zone B-Cell Lymphoma Located in The Lower Eyelid - Case Treated with Rituximab

Arberore Nallbani 1, Afërdita Ukimeraj1, Iliriana Alloqi Tahirbegolli 1,2, Miranda Hoti1, Edlira Gashi Batiu1
[1]Clinic of Hematology, University Clinical Center of Kosovo, Prishtine, Kosovo, [2]Heimerer College, Prishtine, Kosovo

Introduction

The majority of lymphoma cases are accompanied by painless enlargement of several cervical lymph nodes. A marginal zone B-cell lymphoma is a type of B-cell lymphoma which is normally located at the margins of the secondary lymph node follicles. According to 2008 World Health Organization (WHO) classification, there are three main types classified according to the location of invasion: nodal lymphoma in the lymph nodes, splenic lymphoma in the spleen, and extranodal lymphoma in other locations. Recently, we have experienced a rare case of primary nodal marginal zone lymphoma that arose in the lower eyelid.

Objective

Sharing an unusual case report of primary lower eyelid extranodal marginal zone B-cell Lymphoma treated with rituximab.

Materials & Methods

Retrospective case study presentation, the data was collected from the protocols of the clinic of hematology in University Clinical Center of Kosovo.

Case Report

In January 2021, a 53-year-old woman was admitted to our clinic with a subcutaneous change in her lower eyelid. The patient had a history of hypertension and had undergone IVF several years ago. There was a positive family history of cancer. There were no palpable lymph nodes in the periphery in physical examination. The hemogram and laboratory examinations were normal, so was the abdominal echo examination. An MRI scan of the cranium/orbits revealed the presence of a mass with a size of 15x8x13mm in the canthal angle / lower right cover OD, with no signs of intra bulbar infiltration. A mass biopsy was performed, and the HP diagnose revealed an Extra nodal marginal zone B-cell lymphoma (CD20+) (Bcl2+) (CD138+). Once the nature of the disease and the location of the mass has been determined, treatment with Rituximab 375mg/m2 every 28 days was planned. After 10 cycles of treatment, a PET-CT scan was performed, and a small region with low metabolic activity SUV max 3.0 was detected retrobulbar laterally on the right side. A cranial MRI scan revealed no evidence of recurrence or other pathological signs. The laboratory, abdominal, and neck echo exams were all normal.

Conclusion

The patient's condition remains stable despite receiving Rituximab 375mg/m2 every two months, with no signs of disease and a normal MRI scan. The prognosis of this type of tumor is difficult to predict because the long-term response to the primary treatment must be closely monitored.

References

1. Thieblemont C. Clinical presentation and management of marginal zone lymphomas. Hematology Am Soc Hematol Educ Program. 2005;2005:307–13. [PubMed] [Google Scholar]
2. Koh LP, Lim LC, Thng CH. Retreatment with chimeric CD 20 monoclonal antibody in a patient with nodal marginal zone Bcell lymphoma. Med Oncol. 2000;17:225–8. [PubMed] [Google Scholar]
3. RosadoMF, ByrneGE, Jr, DingF, et al. Ocular adnexal lymphoma: a clinicopathologic study of a large cohort of patients with no evidence for an association with Chlamydia psittaci. Blood. 2006;107:467–472. [CrossRef] [PubMed]
4. DaibataM, NemotoY, TogitaniK, et al. Absence of Chlamydia psittaci in ocular adnexal lymphoma from Japanese patients. Br J Haematol. 2006;132:651–652. [CrossRef] [PubMed]