Agressive Lymphomas in Pregnancy

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INTRODUCTION

A diagnosis of cancer as a complication of pregnancy, is an uncommon occurrence, with an incidence of approximately 1 in 1.000. Lymphoma is the fourth most common cancer diagnosis in pregnancy, with Hodgkin lymphoma occurring with the highest frequency, followed by non-Hodgkin lymphoma (NHL) 1 case per 100.000 pregnancies [1-2].

AIM

Analysis of the treatment results of patients with aggressive NHL diagnosed at different stages of pregnancy.

METHOD

From 2009 to 2023, 24 pregnant women with aggressive NHL were treated at the National Research Center for Hematology and included primary mediastinal large B-cell lymphoma (PMBCL) (n = 16), ALK + anaplastic large-cell lymphoma (n = 1), high-grade B-cell lymphoma (n = 1), diffuse large B-cell lymphoma (DBCL) (n = 6). The median age was 30 (21–37) years.

RESULTS

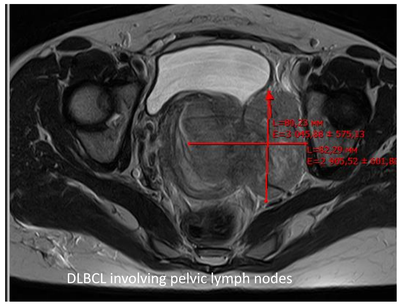
When diagnosing aggressive NHL, chemotherapy (CT) followed by delivery (n = 20), abortion for medical reasons (n = 1), and delivery followed by CT (n = 3).
During pregnancy, aggressive NHL was treated according to the protocol DA-EPOCH±R - 11, VACOP-B - 5, CHOEP - 1, CHOP - 3.
The gestational age at the time of delivery after chemotherapy was 34 (25–38) weeks. Currently, 23 patients are alive and in complete remission of the disease. One woman died from the progression of the disease. The median follow-up was 44 (3–263) months. Twenty-six children were born (2 pregnancies were multiple) alive, healthy, and without developmental disabilities. The age of children at the time of data analysis ranges from 1 month to 14 years.

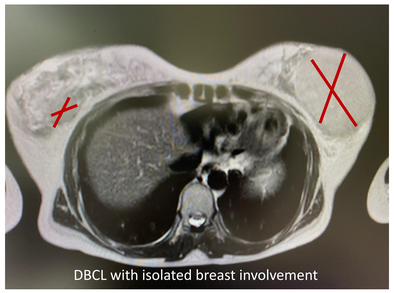
CONCLUSIONS

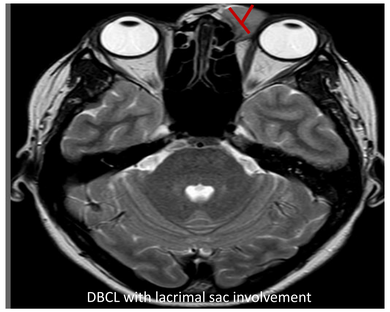
Lymphoma occurring in the setting of pregnancy represents a unique disease setting where optimal management requires close collaboration between a multidisciplinary team, including maternal-fetal medicine specialists, anesthesiologists, and a hematologist with expertise in the management of lymphoid diseases.

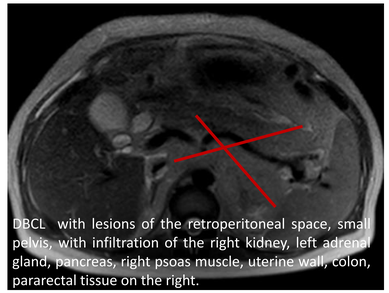
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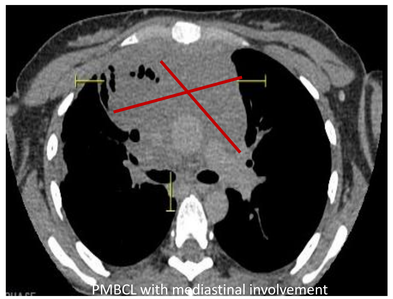
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2. Amit O, Barzilai M, Avivi I. Management of hematologic malignancies: special considerations in pregnant women. Drugs. 2015;75 (15):1725–1738.


DLBCL involving pelvic lymph nodes


DBCL with isolated breast involvement


DBCL with lacrimal sac involvement


DBCL with lesions of the retroperitoneal space, small pelvis, with infiltration of the right kidney, left adrenal gland, pancreas, right psoas muscle, uterine wall, colon, pararectal tissue on the right.


PMBCL with mediastinal involvement

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