SOHO ANNUAL MEETING 2024

A Relapsed Case of Mantle Cell Lymphoma Positive for SOX11 and p53 Treated With Immunochemotherapy

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INTRODUCTION

Mantle cell lymphoma (MCL) is often responsive to initial therapy. However, some patients do not achieve a complete response with initial treatment; others experience one or more relapses after achieving complete remission.

OBJECTIVE

Here we discuss a patient with SOX11+ and p53+ relapsed mantle cell lymphoma treated with immunochemotherapy.

METHOD

This poster presentation is a case report type, the data were extracted from the patient history registers of our clinic and were analysed accordingly.

CASE PRESENTATION

In February 2021, a 64-year-old man was admitted to the hematology department with symptoms of sweating, body temperature, and enlarged lymph nodes in the neck and behind his left ear. The biopsy of the submandibular and left occipital lymph nodes revealed mantle cell lymphoma positive for CD20, cyclin D1, SOX11, and p53. We started therapy with RCHOP, and after 6 cycles, he was in remission. We continued with further rituximab maintenance, but after 10 months, he came to our clinic in severe condition with bulging in both eyes.

MRI revealed periorbital expansive processes in both eyes (left with dimensions of 37x17x50 mm and right with dimensions of 32x16x49 mm) with compressive effect in lateral muscle and lachrymal glands. There were also enlarged lymph nodes in the submandibular, temporal, axillar, and mediastinal areas with a maximum diameter of 22 cm. Lumbar puncture revealed infiltration with lymphoid neoplastic cells. We started treatment with the hyper-CVAD protocol. After 6 cycles, the patient was in remission and refused to be referred for bone marrow transplantation.

After 13 months of being in remission, the patients relapsed again with bilateral periorbital infiltration (left with dimensions of 15x41.5x35 mm and right with dimensions of 23x43x45 mm). Because the patient refused autologous bone marrow transplantation, we continued with rituximab, bendamustine, bortezomib, and intrathecal therapy. After 4 cycles, MRI revealed a total regression of tumor mass and he is continuing to take 2 more cycles.

DISCUSSION

Recent studies have shown conflicting results regarding the presence or absence of SOX11 in survival. On the other hand, the presence of p53 has always been associated with poor PFS and OS.

The best treatments for p53-positive mantle cell lymphoma are BTK inhibitors, venetoclax, autologous bone marrow transplantation, or CAR T-cell therapy.

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