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Transformed Non-Hodgkin Lymphoma: A Case Originating from Rosai - Dorfman Disease - Case Presentation

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INTRODUCTION

Rosai-Dorfman Disease (RDD) is a rare condition initially described in 1969, characterized by its mimicry of neoplastic processes[1, 2]. Despite its rarity, there have been documented cases where RDD coexists with lymphomas, with only 19 such cases reported in the literature[3]. Often, these diagnoses of malignant lymphoma and RDD are temporally separated.

OBJECTIVE

Here, we present a case report aiming to shed light on this rare phenomenon.

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 October 2021, a 39-year-old female patient presented to our clinic with cervical lymphadenopathy. A biopsy of the cervical lymph node revealed Rossai Dorfman Disease (RDD) with specific immunohistochemical markers (CD 68(+), CD 45(+), S-100(-), CD1a (-), Ki67-30%.

Despite initial management with antibiotics and corticosteroids, lymphadenopathy persisted, prompting a repeat biopsy which unexpectedly revealed Non-Hodgkin Lymphoma. Subsequently, the patient underwent 8 cycles of therapy following the R CHOP protocol, leading to disease regression as evidenced by PET CT scans.

However, in March 2023, the patient returned with diffuse lymphadenopathy. Biopsy this time revealed EBV Diffuse Large B Cell Lymphoma CD 20(+), CD 35(+), S-100(+), CD 68(+), Ki-67-40% with the recommendation to test EBV LCM C1-4 which resulted negative.

Treatment was initiated with the R-ESHAP protocol, resulting in complete disease regression after 3 cycles of therapy. Given the patient's age and the aggressive nature of the disease, consideration was given to autologous bone marrow transplant, though financial constraints prevented its realization. Continuing with another cycle of therapy, the patient encountered complications, including signs of heart failure with a reduced ejection fraction (EF) of 38%.

Nevertheless, the patient remains in a state of complete remission despite the complications associated with intensive therapy.

DISCUSSION

This case highlights the complex nature of RDD, suggesting its potential role as a transitional phase between benign and malignant processes. Although there are indications of its involvement in carcinogenesis, further clinical and molecular evidence is imperative to establish a definitive link between RDD and cancer. Continued research in this area is essential for better understanding and management of such rare yet clinically significant conditions.

REFERENCES

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