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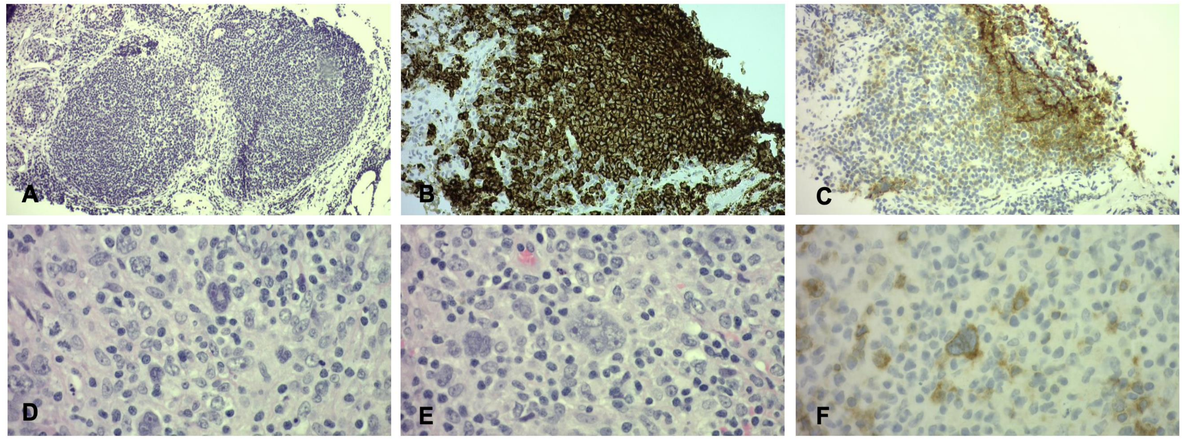
LYMPHOMA DIAGNOSIS DELAY: BIOPSY STRATEGY INSIGHTS

UCONN HEALTH

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INTRODUCTION

We present a case of a patient initially diagnosed with atypical lymphoid proliferation suggestive of possible follicular lymphoma based on core biopsy findings. Subsequent excisional biopsy revealed a definitive diagnosis of Classic Hodgkin lymphoma. We will discuss and emphasize the importance of close clinical follow-up and the limitations of core biopsy in establishing a definitive lymphoma diagnosis.



CASE PRESENTATION

55-year-old female with a history of asthma and nephrolithiasis evaluated for an incidental adrenal adenoma.

- **CT Abdomen:** upper abdominal retroperitoneal lymphadenopathy and mildly enlarged mesenteric lymph nodes.
- **Core needle biopsy (CNB):** flow cytometry detected a lambda restricted B-cell population with the immunophenotype CD10+, CD20+. Immunohistochemistry cyclin D1-. Ki-67 20-30%. CD21 highlights disrupted follicular dendritic meshwork. The findings suggest a B-cell lymphoma favor follicular lymphoma.
- **FISH Testing:** BCL-2, BCL6, and Myc rearrangements was negative.
- **PET Scan:** extensive hypermetabolic disease, all <2 cm.
- **Initial Management:** Surveillance monitoring, given her low disease burden.
- **Clinical Course Progression:** Persistent B symptoms, including fevers and night sweats despite stable disease on interval imaging prompting treatment with single-agent rituximab which did not result in symptomatic improvement.
- **Repeat CT Scan in 2 weeks of Rituximab completion:** new splenomegaly and multiple enlarged mesenteric lymph nodes with subtle thoracic sclerosis suspicious for metastatic disease.
- **Repeat PET Scan:** hypermetabolic left cervical, mediastinal, bilateral hilar, retroperitoneal, mesenteric, and pelvic lymphadenopathy, as well as extensive osseous disease.
- **Excisional Biopsy:** showed classical Hodgkin lymphoma with atypical feature (PAX5+, rare CD15, CD30, dim BCL6, small subset weak CD20, CD45-, CD138-, ALK1-). NGS with 648 gene panel showed no mutations.

DISCUSSION

Excisional biopsy is the gold standard for diagnosing lymphoma. While core needle biopsy can provide a definitive diagnosis in 92% of cases, it often yields limited tissue, potentially hindering accurate classification and grading. In contrast, excisional biopsy offers sufficient tissue sample, enabling precise diagnosis and subclassification in up to 98% of cases. Fine needle aspiration is generally insufficient for lymphoma diagnosis due to its inability to assess architectural features essential for accurate classification.

CONCLUSION

Excisional biopsy remains the gold standard for definitive lymphoma diagnosis and should be considered early in the diagnostic and management pathway to optimize patient care.

CONTACT INFORMATION

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