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A CHALLENGING DIAGNOSIS: LOW GRADE B CELL NON HODGKIN LYMPHOMA COEXISTING WITH A FOLLICULAR T CELL LYMPHOMA

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INTRODUCTION

The case is a 66-year-old woman with a three-month history of lumps in the neck and B symptoms. Her initial blood counts revealed a mild normocytic and normochromic anemia with lymphopenia. On examination there were firm non-tender lymph nodes in the cervical region. A PET/CT scan showed hypermetabolic lymphadenopathy in the cervical, axillary, mediastinal, retroperitoneal and pelvic regions. A CT scan showed no bulky masses.

INTERVENTIONS

An excisional biopsy of a cervical node described proliferation of cells with clear cytoplasm, positive for PD1, and associated with dendritic network with no expression of CD10 and BCL6. No EBER+ immunoblasts were observed. B markers were negative. The findings were compatible with a follicular T cell lymphoma. The bone marrow biopsy reported lymphoid aggregates with B lymphocytes negative for CD10, BCL-6, Cyclin D1, SOX11, CD23, CD21 and CD138. Both EBER and HHV8 detection were negative. The paratrabecular location and expansion to the medullary interstitium were considered diagnostic of a low-grade B lymphoma.

RESULTS

The patient was diagnosed with Stage IV-B Composite Non-Hodgkin Lymphoma and started RCHOEP protocol.

An interim CT scan after three complete cycles of therapy showed complete response based on Lugano Criteria and the plan is to complete six cycles.

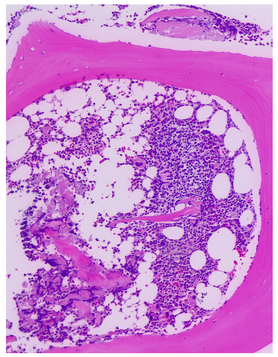


Figure 1. *Bone marrow biopsy (H&E) with lymphoid aggregates.*

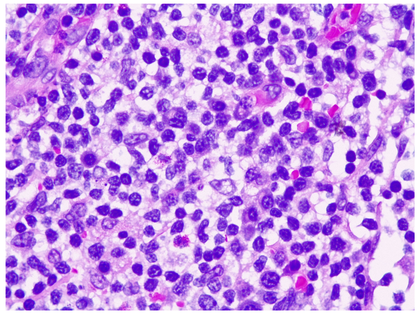


Figure 2. *Bone marrow biopsy (H&E) High power field. Lymphoid cells.*

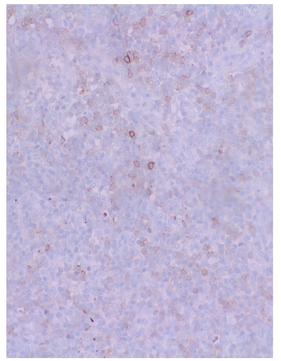


Figure 3. *Lymph node biopsy showing PD1 positive malignant cells.*

CONCLUSIONS

"Watch and wait" is the approach for most indolent composite lymphomas. Our patient presented with a B symptoms as a criteria for treatment. The majority of the cases of composite B-cell lymphomas have been treated successfully with RCHOP. When a T-cell lymphoma accompanies the B-cell lymphoma, the outcome is mainly determined by the T-cell component. We added etoposide as it has shown a trend to improve EFS and because there are no targeted therapies available in Costa Rica.

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