WHEN PRESENTATION MISLEADS: DIAGNOSTIC CHALLENGES IN EXTRANODAL DLBCL

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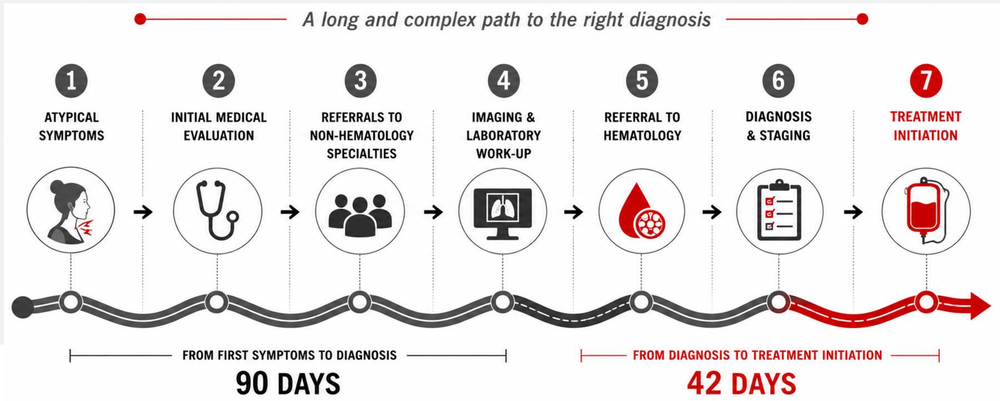
WHY DOES THIS MATTER?

- Atypical extranodal DLBCL frequently mimics benign or organ-specific diseases.
- Patients often undergo prolonged multidisciplinary investigations before lymphoma is suspected.
- Diagnostic delays may postpone appropriate treatment and adversely affect outcomes.

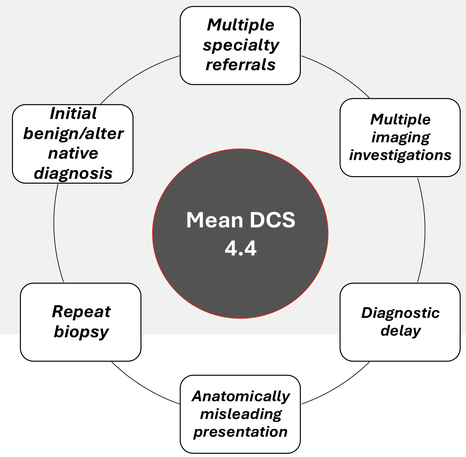
STUDY AT A GLANCE

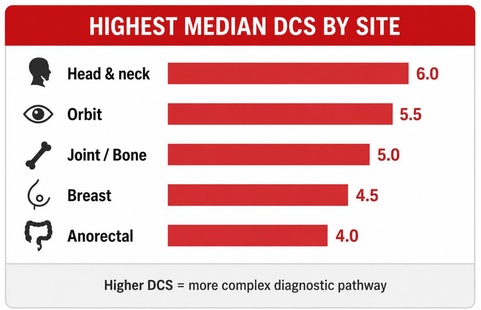
- 35 patients
- Single-Center
- 2015-2025
- Retrospective study

THE DIAGNOSTIC JOURNEY



DIAGNOSTIC COMPLEXITY SCORE (DCS)



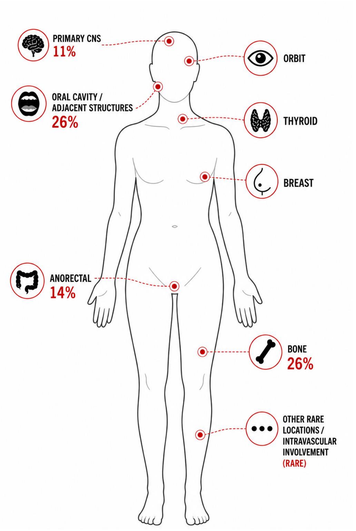


PRIMARY OBJECTIVE

To characterize atypical extranodal DLBCL presentations and their diagnostic pathways and explore diagnostic complexity using the Diagnostic Complexity Score (DCS).

SITES OF INVOLVEMENT

ANATOMY MAY SHAPE THE PATH TO DIAGNOSIS



RESULTS

- **PROLONGED DIAGNOSTIC JOURNEY**
  Complete diagnostic timelines available for **27/35 patients;**
  90 days median symptom-to-biopsy interval
  42 days median biopsy-to-treatment interval
- **ANATOMY MATTERED**
  Diagnostic complexity was greatest in anatomically misleading presentations, particularly **craniofacial, ocular and joint-level bone disease**
- **DISEASE FEATURES**
  Higher DCS was observed with **Ki67 ≥80% and IPI ≥3**
- **TREATMENT RESPONSE**
  78.9% ORR on interim PET-CT *(n=19)*
  CR 42.1% · PR 36.8%

CONCLUSIONS

RECOGNIZE	Atypical extranodal DLBCL often mimics benign or organ-specific disease, leading to complex, multidisciplinary diagnostic pathways.
SUSPECT EARLYER	Early consideration of lymphoma and timely tissue biopsy may shorten the diagnostic journey.
IDENTIFY COMPLEXITY	The DCS may help identify patients with particularly complex diagnostic pathways and support earlier recognition.

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