PRIMARY OVARY LYMPHABLASTIC LYMPHOMA: REPORT OF A RARE CLINICAL PRESENTATION IN AN IMMUNOCOMPETENT PATIENT

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Introdução

Plasmablastic lymphoma (PBL) is a rare and refractory aggressive hematologic neoplasm. Primary ovarian non-Hodgkinís lymphoma accounts for 0.5% of all non-Hodgkinís lymphomas and 1.5% of all ovarian neoplasms. Little is known about its genetic aberrations. Pathologically, PBL is a high-grade B-cell lymphoma that displays the immunophenotype of a terminally differentiated B-lymphocyte with loss of B-cell markers (CD20) and expression of plasma-cell antigens. Strong association with HIV and EBV infection but cases in HIV negative patients are described.

There is no standard treatment regimen, and systemic chemotherapy with DA-EPOCH infusion regimen + intrathecal prophylaxis is a recommended option. The prognosis generally tends to be better than for other primary tumors of the ovary.

Casuística e Métodos

This is a descriptive study of the Case Study type, which will be made possible through research in the medical records of a specific patient and literature review, without causing pain or discomfort to the participant, without involving the collection of biological material, and without for profit (GIL, 2012).

The information contained in this work will be obtained through analysis of medical records, registration of diagnostic methods to which the patient was submitted, and literature review. . Data were evaluated and recorded using the Microsoft Word 2010 program.

Resultados

A.M.L., female, 31 years old, with a history of abdominal trauma during physical activity in soccer, on 02/07/2019. Magnetic resonance imaging of the total abdomen 02/13/2019 showed large volume ascites, bilateral pleural effusion, hydronephrosis E, conglomerate of lymph node enlargement in the topography of the retroaortic, retrocaval and para-aortic chains, predominantly on the left, compressing the left ureter, solid mass of 6.7 x 6.6 x 8.4cm in attachment E. She underwent an Oncological Exploratory Laparotomy on 02/15/2019, with E oophorectomy, omentectomy, E salpingectomy, para-aortic retroperitoneal lymphadenectomy, appendectomy and oncotic cytology. Lymphoid tissue infiltrated by undifferentiated neoplasia.

Resultados

IHC revealed high-grade lymphoma with plasmablast morphology and expression of CD79a, MUM1, CD4 and KAPPA, favoring the diagnosis of plasmoblastic lymphoma. HIV and EBV negative serologies. Systemic QT performed with DA-EPOCH-R from 03/28/2019 to 07/28/2019. PETCT on 09/2019, without evidence of hypermetabolic areas that inferred viable neoplastic tissue. The patient remains under specialized care, asymptomatic, with no disease recurrence until the conclusion of this report, in May 2021.

Imagem 01: Histopatológico de massa ovariana direita.

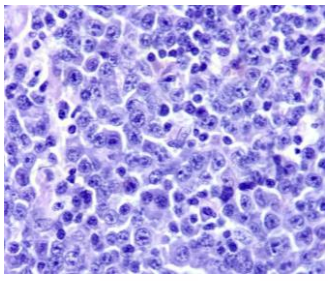
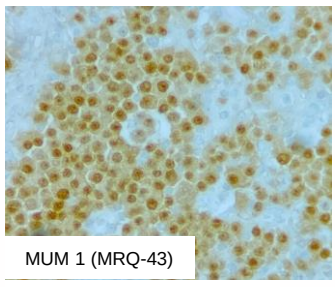
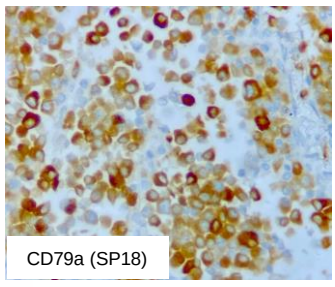


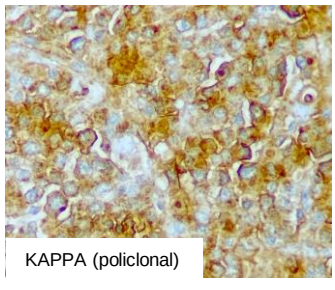
Imagem 02: Perfil Imuno-histoquímico com expressão anticorpo (clone).



MUM 1 (MRQ-43)



CD79a (SP18)



KAPPA (policlonal)

Conclusões

Plasmablastic ovarian lymphoma is an aggressive variant of lymphomas recently distinct from diffuse large B cell lymphoma. Due to the rarity of this malignancy and the few cases in the literature, its management is difficult and uncertain, moreover, the need for an interdisciplinary approach for early diagnosis in order to improve the prognosis is essential. This report is important to broaden the differential diagnoses in patients with unusual clinical manifestations.

Contato

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