

Case of Non Hodgkins Lymphoma Involving the Uterus

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ABSTRACT

Introduction: Among the extranodal sites, uterus is a rare site of involvement by Non-Hodgkin's Lymphoma. We report a case of a woman with Non-Hodgkin's Lymphoma involving the uterus.

Case report: A 40 year old female patient complained of abnormally heavy menstrual bleeding (Menorrhagia). Patient underwent exploratory laparotomy with total abdominal hysterectomy, bilateral salpingo-oophorectomy, resection of small intestinal growth followed by end to end anastomosis and regional lymph node sampling. Histopathology and Immunohistochemistry revealed Non-Hodgkin's lymphoma involving the uterus.

Conclusion: Non Hodgkins' lymphoma involving the uterus should be included in differential diagnosis of uterine neoplasms.

Keywords: Extra-Nodal Non-Hodgkin's lymphoma, Uterus, Menorrhagia.

INTRODUCTION

The incidence of extra nodal NHL is rising.¹ Among the extranodal sites, uterus is a rare site of involvement.² The rarity of uterine lymphoma made a study of a large series of cases difficult, and single or a few sporadic cases of uterine lymphoma have been reported.³ Among the uterine lymphomas the cervix and vagina have been more prevalent sites than the corpus (85% of Japanese and 78% of North American cases).² Moreover, the presentation of uterine lymphoma lacks any specific symptoms⁴ which poses challenge for a clinician to differentiate it from more commonly encountered uterine neoplasms like uterine leiomyoma or sarcoma. This consequently results in delayed diagnosis and thereby, poor prognosis. Moreover, being an uncommon uterine neoplasm, not many randomized trials have been carried out, thus the treatment has not been standardized.

CASE REPORT

The patient was a 40 year old multiparous female who complained of abnormally heavy menstrual bleeding from last 4 months. There was no history of fever, night sweats or weight loss. On general physical examination, there was mild pallor. CT scan of the abdomen and pelvis show a diffuse enhancing mass in the duodeno-jejunal junction and the leiomyoma uterus. Patient underwent exploratory laparotomy with total abdominal hysterectomy, bilateral salpingo-oophorectomy, resection of small intestinal growth followed by end to end anastomosis and regional lymph node sampling.

Pathological findings were

The specimen consisted of uterus, cervix, bilateral adnexa, portion of small gut and lymph nodes. The myometrium showed a grey white area measuring 5cm x 5cm. Representative blocks were taken from the hysterectomy and lymph node dissection specimens, fixed in 10% buffered formalin, and processed in the

usual manner. H and E-stained sections and slides were prepared from paraffin-embedded tissue. Immunohistochemistry was performed.

Microscopically, multiple sections examined from uterus revealed large lymphoid cells infiltrating into myometrium. Immunohistochemistry was negative for CD3 and CD5, and positive for CD20

DISCUSSION

Lymphoma is the commonest hematological cancer and is divided into Hodgkin (20-30%) and non-Hodgkin (70-80%). Non-Hodgkin Lymphoma (NHL) is diverse and often subdivided into aggressive and less aggressive forms. The most common aggressive NHL is Diffuse large B-cell lymphoma (DLBCL). Other aggressive forms of NHL include Peripheral T-cell lymphoma (PTCL), Burkitt's lymphoma, Mantle cell lymphoma (MCL) and AIDS-related lymphoma. The most common among less aggressive forms of NHL is Follicular lymphoma. Other less aggressive forms includes Marginal Zone lymphoma, Small lymphocytic lymphoma and skin lymphomas. There is a wide variation in the clinical picture of NHL.⁵ The Non Hodgkins' Lymphoma presenting with initial manifestations of female genital tract disease are extremely uncommon.⁶⁻⁸ After analyzing data from The Cancer Registries of the End Results Group, Freeman et al. reported only six cases (0.5%) out of 1467 cases of extranodal NHL had uterine involvement (A data from over 100 hospitals in the United States is included in The Cancer Registries of the End Results Group).⁹

CONCLUSION

Although Non-Hodgkin's lymphoma involving the uterus is rare, clinicians, radiologists and pathologists should be aware of this diagnosis and should include it in differential diagnosis of gynaecological neoplasms.

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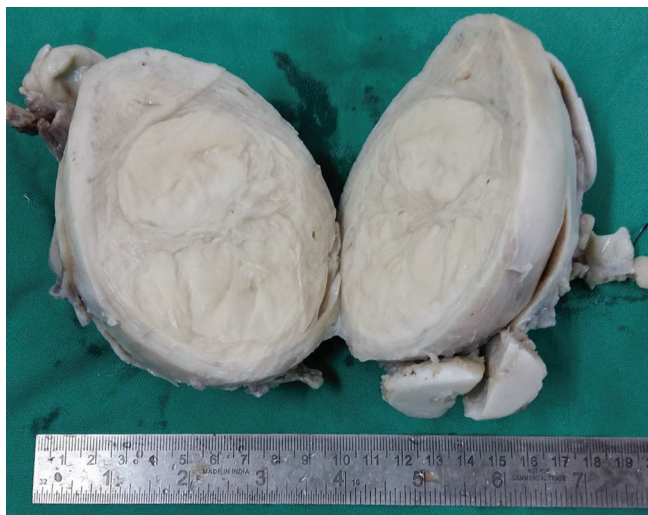


Figure-1: Gross Specimen of Uterus showing a well circumscribed mass in myometrium.

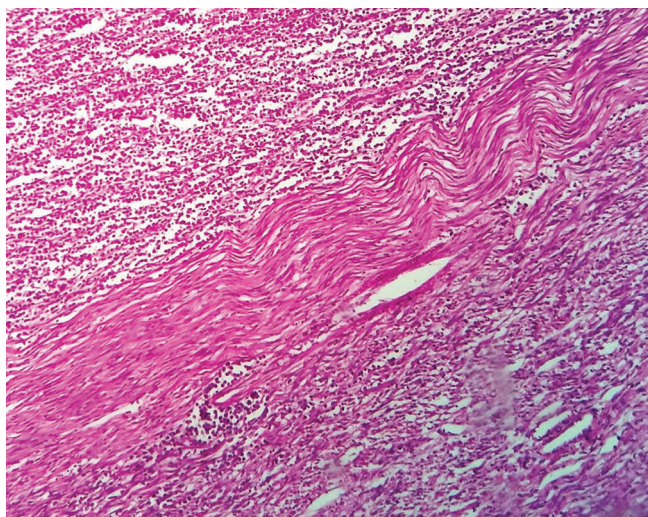


Figure-2: H and E X 100 showing sheets of lymphoid cells infiltrating myometrium.

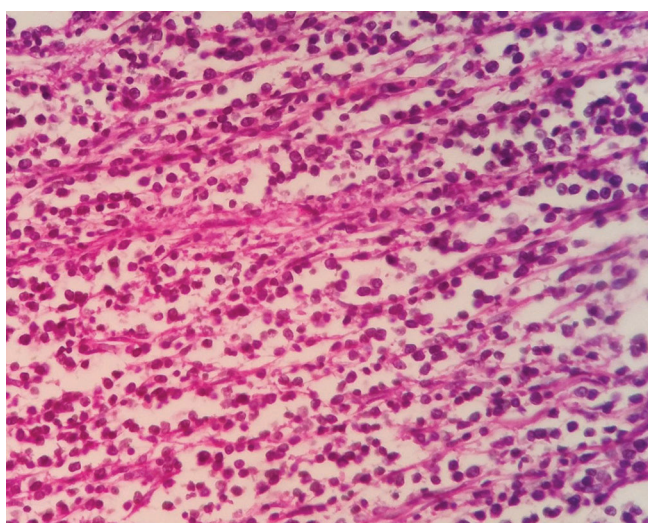


Figure-3: H and E x 400 showing dark hyperchromatic nuclei with scant cytoplasm.

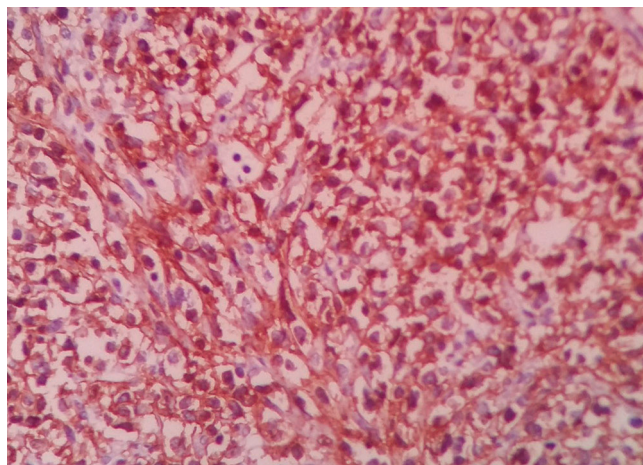


Figure-4: Tumor cells show cytoplasmic and membranous positivity for CD 20

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