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Other meeting abstracts

Extranodal lymphomas

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Intravascular large B-cell lymphoma: clinicopathological study of seven cases

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Introduction: Intravascular large B-cell lymphoma (IVLBL) is an extremely rare, aggressive and usually disseminated extranodal lymphoma characterized by the growth of neoplastic B lymphocytes almost exclusively within the blood vessel lumen. The diagnosis of IVLBL is usually delayed, frequently made post mortem, sometimes from surgically removed organs because of enlargement or for unrelated clinical problems. Usually the prognosis is poor, some case reports and few larger studies suggest benefit from the use of Rituximab+ CHOP (R-CHOP) improving the overall survival.
Results: We report seven cases of IVLBL diagnosed in our department in the last ten years: 4 males, 3 females, median age 71 year. The diagnosis were made from biopsy specimens in all cases; two patient had cutaneous involvement, three patient were diagnosed from bone marrow biopsies taken becase of cytopenia and two diagnosis were made incidentally from surgically removed specimens: one patient was operated with prostate hyperplasia and the other with hypophysis adenoma. All patients were treated with R-CHOP. The overall median survival is 30 months, two patients are alive in complete remission after 46 and 48 months, one of them had systemic disease. The relapse in one case was diffuse large B-cell lymphoma clonally related to the primary IVLBL. Detailed immunohistochemical examination revealed non-germinal center origin in five cases.
Conclusion: The histology and immunophenotype of our series of IVLBL were similar, R-CHOP therapy resulted prolonged survival in cutaneous forms and systemic IVLBL as well.

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Primary dural lymphoma: One center's experience

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Primary dural marginal zone B-cell lymphoma (PDMZBL) is rare. Optimal therapy of this lymphoma is discussed. We present the clinicopathologic features and the result of the therapy of 4 patients with PDMZBL treated at our institution from May 2006 to Dec 2009. There were 2 women and 2 men. The mean age at presentation was 47 years (38–52 years). All patients presented with headaches, focal motor deficits, or cranial nerve palsy. Radiologic studies demonstrated well-defined dural cranial mass in 3 and dural spinal mass in 1 patient. Before hospitalization all patients underwent surgical treatment by different reasons (proposal diagnosis – meningioma in 3 and hematoma in 1 case). Pathology revealed small to medium size cells, expressing pan B-cell markers (CD19, CD20 and CD79) but lacking CD10, CD23 and cyclin D1, confirming low-grade MALT lymphoma. Fluorescent in situ hybridization study showed trisomy 3 chromosome in 2 cases. Magnetic resonance imaging revealed residual postoperative tumor mass in all cases. All patients were treated by chemotherapy (4 courses FMCR – fludara 25 mg/m2 i/v 1–3 d, mitoxantrone 10 mg/m2 i/v 1 d, cyclophosphane 200 mg/m2 i/v 1–3 d, rituximab 375 mg/m2 i/v 0 d). All patients achieved complete remissions. Severe complications were not registrated. None of the patients received consolidative radiotherapy. The mean follow-up is 23 months (range 2–39). No relapses have been registered so far.
Conclusion: FMCR chemotherapy is highly effective in PDMZBL. Additional study and longer follow-up are needed to determinate advantage of surgery and radiotherapy.

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Detection of hypermethylation of tumor suppressor genes in ocular adnexal lymphoma using multiplex ligation-dependent probe amplification

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Ocular adnexal lymphomas (OAL) occur in the orbit, lacrimal gland, conjunctiva and eyelid. OAL comprise 8% of all extranodal non-Hodgkin lymphomas (NHL). Extranodal marginal zone B-cell lymphomas (EMZL) are the commonest subtype. Silencing of tumour suppressor genes (TSGs) by promoter hypermethylation has been observed in various tumours, including NHL. To determine if hypermethylation plays a role in OAL development, we examined the promoter methylation status of 36 candidate TSGs in OAL by methylation-specific multiplex ligation-dependent probe amplification (MS-MLPA) using the ME001 and ME002 assays (MRC-Holland). DNA was extracted from 70 formalin-fixed, paraffin-embedded OAL samples using the Qiagen DNeasy Blood and Tissue kit. Thirty-three EMZL and 37 non-EMZL OAL samples (15 follicular, 13 diffuse large B-cell (DLBL), 6 mantle cell lymphoma (MCL), 2 plasmacytoma and 1 primary T-cell lymphoma) were examined. MLPA peak heights were assessed by capillary electrophoresis using the 3130 Genetic Analyser (Applied Biosystems). Results were