P15. DIFFUSE NON-HODGKIN'S LYMPHOMA WITH LARGE B CELLS AND LEUKEMIC PICTURE.

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It is the report of a case of 70 years old, without notable antecedents, wich presents from 10 days fever, icterus and profound asthenia. At admission was retained damage of the general status, icterus, bruises at the phlebopunctions, splenomegaly, Hb: 11 g/dL, Ht 32%, Retic: 0,8%, L: 15.430/L, Tr: 50.000/L. The formula revealed polymorphic mononuclear cells (25%) with blastic appearance (big diameter, round or lobulated nucleus, fine chromatine, prominent nucleoli, scanty basophilic cytoplasma) and in plus My: 1%, Mt: 1%, N:4%, S:54%, Ly:5%, Mo:10%.

Total bilirubin level 16 mg/dL; indirect bilirubin level 11 mg/dL; ALT: 76 n/L; AST: 212 n/L; TP: 4,6 g/dL, Alb: 2,10 g/dL, Glucose: 65 mg/dL; Urea: 65 mg/dL; Creatininemia: 0,8 mg/dL; LDH: 1359 nmol/L; 2m: 8,86 mg/L; Fbg: 421 mg/dL; INR: 1,18; APTT: 33 sec.; IgA: 421 mg/dL; IgG: 840 mg/dL; Coombs test: neg.

Bone marrow aspirate: rich cellularity, 30-40% mononuclear cells, high diameter irregular cutting nuclei, proeminent nucleoli, basophilic cytoplasm. Cellular mitoses are present.

Flow cytometry of the bone marrow aspirate revealed an infiltration with monoclonal B cells, Cd45+, with moderate internal complexity (cca 24% of total) which expresses CD38, CD19het., cCD79a+++, CD22het., CD5-/+ het., CD43+(low), CD79B+, CD11c+/-, FMC7+/-, CD20, +, CD34-, Tdt-, CD23-, CD10-. Conclusion: aspect compatible with the diagnosis of NHML with large B cells. Bone marrow biopsy: hypercellularity (75/25), malignant interstitial infiltration (35-40%) with large polymorphic cells; nuclei with lobi (frequent), fine chromatine, 2-4 nucleoli; G/E=3/1, normal maturation, scatterese maturing megakaryocytes.

At the immunohistochemistry, CD20 diffuse expressed in the tumor; Cyclin D1=neg.; CD3 neg. in the tumor, CD30 neg., CD34 neg.

Conclusion: diffuse NH Lymphoma with large B cells (Cd20+) in the bone marrow.

Abdominal computer tomography: splenomegaly (15/8cm); polyadenopathies perigastric, coeliac zone, retroperitoneal, inter aorto-cave.

Pulmonary rx.: normal.

Treatment: antibiotics, antimycotic, hepato-supportive, followed by Dexamethasone + Cyclophosphamide + Vincristine (as a prephase) and later Hyper-CVAD (2 cycles) with complete remission, but with a relapse in 3 months affecting the brain, meninges, the cervico-thoracal teritories. The treatment with HD-MTX plus i.t. MTX, VCR + Procarbazine (R-MVP) was not efficient.

This case underline the importance of taking together the date of clinic, morphology, immuno-phenotyping, histopathology, immunohistochemistry for the correct establishment of the diagnosis in situations with an unusual morphologic picture. The presence of young cells, with blastic physiognomy was interpreted initially as an acute leukemia (possible monoblastic) but the flow cytometric analysis demonstrated the diagnosis of a lymphoproliferative disorder with large B cells suggesting a NH malignant lymphoma. The immunochemistry of the bone marrow confirmed this diagnosis.

Aproximatelly 1/3 of Malignant non-Hodgkin's lymphomas with large B cells and bone marrow involvement presents malignant cells in the peripheral blood.