P30. **RARE EXTRANODAL DETERMINATIONS IN NON HODGKIN LYMPHOMAS**

Mihaela Tevet [1]***, Dana Georgescu*** [1]***, Marius Balea*** [1]***, Camelia Dobrea*** [2]***, Oana Patranoiu*** [1]

[1] Colentina Clinical Hospital, Department of Haematology, Bucharest

[2] Monza Hospital, Pathology, Bucharest

Background:

Primary extranodal, extralymphatic Hodgkin lymphomas (PEEHLs) are a rare occurrence. When they are encountered, they become diagnostic challenges. The most common extralymphatic sites were the gastrointestinal tract and the lung, rare determinations are cited in virtually any tissue or organ. Prognosis could not be correlated with the specific sites of involvement. Patients with bulky disease (greater than 10 cm) or more than three sites of involvement had a significantly lower survival.

Methods:

We report ten cases of lymphoma with rarely encountered extralimfatic onset diagnosed in our clinic in the 2012-2013 period. We have not included in this report, cases of chronic lymphoproliferation with gastric or lung involvement. We use current imaging methods (MRI, CT scan) and all determinations were biopsied and we performed histopathological and immunohistochemical examinations required for precise framing the lymphoproliferative disorder.

Results:

The ten patients diagnosed in our clinic with primitive extranodal lymphoma had the following locations: bone (three cases), breast (one case), pancreatitis (two cases), kidney (one case), frontal sinus (one case), maxillary sinus (one case) and eyeballs (one case). Of these, seven cases were classified as diffuse large cell NHL, one of them was marginal NHL phenotype and two cases were diffuse small cell NHL. We could not revealed the presence of hepatitis virus or of EBV or CMV antibody positivity in any of these patients. Eight patients achieved complete response with conventional chemotherapy, two of them associated with radiotherapy and one partial response was obtained and the patient is currently being carried autotransplantation.

Conclusions:

Based on the patients admitted in our clinique, the most common subtype of primitive extranodal NHL was diffuse large cell B subtype. We noticed that it was no correlation reported with the presence of viruses known to have lymphotropism. Response to chemotherapy was good but no statistical conclusions can be drawn given the small number of cases.