

P8. PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY IN A PATIENT WITH NON-HODGKIN'S LYMPHOMA FOLLOWING TREATMENT WITH RITUXIMAB.

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Progressive multifocal leukoencephalopathy is a demyelinating disease of the central nervous system caused by the polyomavirus JC. It is considered a fatal infectious complication that occurs in patients with HIV/AIDS and in patients on immunosuppressive or new biological therapy.

We present the case of a patient with splenic marginal zone non-Hodgkin's lymphoma that developed progressive multifocal leukoencephalopathy after the treatment with rituximab plus chemotherapy.

The 64 years old patient was diagnosed with stage IV splenic marginal zone non-Hodgkin lymphoma by histopathologic examination and immunohistochemistry of the bone marrow. The patient was also known with chronic hepatitis B. CHOP chemotherapy was initiated followed by splenectomy and after that the patient underwent 4 cycles of R-CHOP. Due to the worsening of the hepatic disease the treatment with rituximab was halted. 3 months after stopping the treatment the patient developed progressive multifocal leukoencephalopathy, demonstrated by brain MRI and PCR for polyomavirus JC from the cerebrospinal fluid.

Severe immunosuppression allows viral reactivation leading to multifocal leukoencephalopathy, which can occur in patients with hematologic malignancies following chemotherapy and new biological therapies such as monoclonic antibodies. Imaging investigations, demonstration of virus by PCR in CSF or brain biopsy are necessary for the diagnostic. This case and those described in the literature aim to sensitize the clinicians to the possible diagnosis of progressive leukoencephalopathy in hematological patients who undergo immunochemotherapy and present neurological phenomena.