



LYMPHOPLASMACYTIC LYMPHOMA IN RETROPERITONEAL LYMPH NODES: A CASE REPORT & REVIEW OF LITERATURE

Pathology

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ABSTRACT

Lymphoplasmacytic lymphoma is a chronic lymphoproliferative disorder characterized by a proliferation of plasma cells, small lymphocytes, plasmacytoid lymphocytes and the production of monoclonal IgM. Lymphoplasmacytic lymphomas frequently involve many structures in the abdomen and pelvis. Though it may be part of a systemic lymphoma, single onset of nodal lymphoma is not rare. Lymphoplasmacytic lymphoma has been described in virtually every organ and tissue. In decreasing order of frequency, the spleen, liver, gastrointestinal tract, pancreas, abdominal wall, genitourinary tract, adrenal, peritoneal cavity, and biliary tract are involved. The purpose of this review is to discuss and illustrate the spectrum of appearances of nodal and extranodal lymphomas, including AIDS-related lymphomas, in the abdomino-pelvic region using a multimodality approach, especially cross-sectional imaging techniques. The most common radiologic patterns of involvement are illustrated. Familiarity with the imaging manifestations that are diagnostically specific for lymphoma is important because imaging and pathology plays an important role in the non invasive management of disease.

KEYWORDS

Lymphoplasmacytic Lymphoma, Fnac

CASE REPORT

We present a case of a 50-year-old man presented to emergency department with a 4-5 month history of worsening pain on left side associated with occasional tenderness to touch on left side of her abdomen. His past medical history included high blood pressure and dyslipidemia. He was a former smoker; his family history was non-contributory, A FNAC of a retroperitoneal node was made, and material was collected for smears and culture. Because the smears raised suspicion.

Pathology showed that the mass was generally composed of small lymphoid cells with scattered plasmacytoid cells. Mature plasma cells were also noted. Intranuclear inclusions (Russell bodies) were also seen in some of the plasmacytoid cells. This pattern of lymphocytes and plasmacytoid cells with Russell bodies was consistent with lymphoplasmacytic lymphoma. Flow cytometry demonstrated monoclonal B cells that were negative for CD5 and CD10, also consistent with this diagnosis.

DISCUSSION

Lymphoplasmacytic lymphoma (LPL, previously termed lymphoplasmacytoid lymphoma) is an uncommon mature B-cell lymphoma usually involving the bone marrow and, less commonly, the spleen and/or lymph nodes.¹ Lymphoplasmacytoid lymphoma (also known as lymphoplasmacytic lymphoma in the proposed WHO classification) is an uncommon low grade B-cell malignancy comprising approximately 2-3% of all NHL. The clinical course generally is indolent but transformation to large cell lymphoma occurs in approximately 5-10% of cases. It is a disease of the elderly and patients may present with symptoms similar to SLL with generalized lymphadenopathy occasionally accompanied by splenomegaly. Others may present with symptoms of Waldenström macroglobulinemia with a monoclonal immunoglobulin M paraproteinemia and hyperviscosity syndrome.² Lymphoplasmacytoid lymphomas are comprised of a mixed population of small lymphocytes, plasmacytoid lymphocytes, plasma cells, and scattered plasmacytoid immunoblasts. Dutcher bodies (intranuclear inclusions) usually are numerous and Russell bodies (intracytoplasmic inclusions) may be observed. When numerous plasmacytoid immunoblasts are present, the neoplasm occasionally is labeled polymorphous immunocytoma, indicating the possibility of a more aggressive clinical course. Infiltration by mast cells and epithelioid histiocytes has been reported, with the latter causing confusion either by masking the lymphoma or simulating a T-cell lymphoma.³

Lymphoma characterization by FNAC is sometimes difficult, but keeping in mind all the technical possibilities with FNAC material, more precise diagnoses can be made

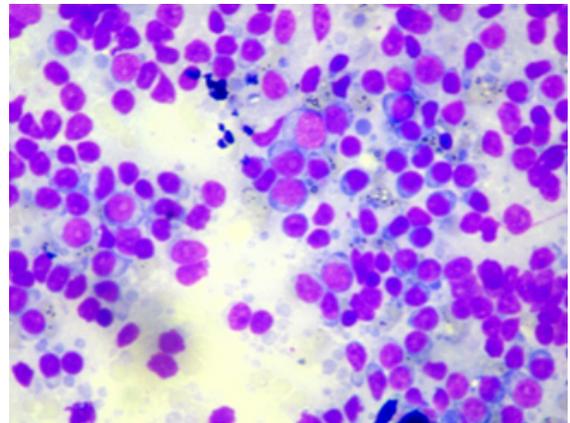


FIG.1 Lymphoplasmacytic lymphoma

CONFLICT OF INTEREST

None declared.

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