Brief history

- Name:劉湯xx
- Gender: female
- Age: 70
- Birthday: 26/12/28

- Chief complaint: fell down in the bathroom 3 days ago
- Present illness: She suffered from falling down in the bathroom 3 days ago. She was brought to our ER today to rule out fracture. At our ER, there was no evidence of fracture by CT but a huge pelvic mass was noted. Transabdominal sonography showed an ill defined mass due to the calcification without bilateral hydronephrosis.
- Physical examination: Low abdominal mass(+)> 10cm in diameter.

Past history

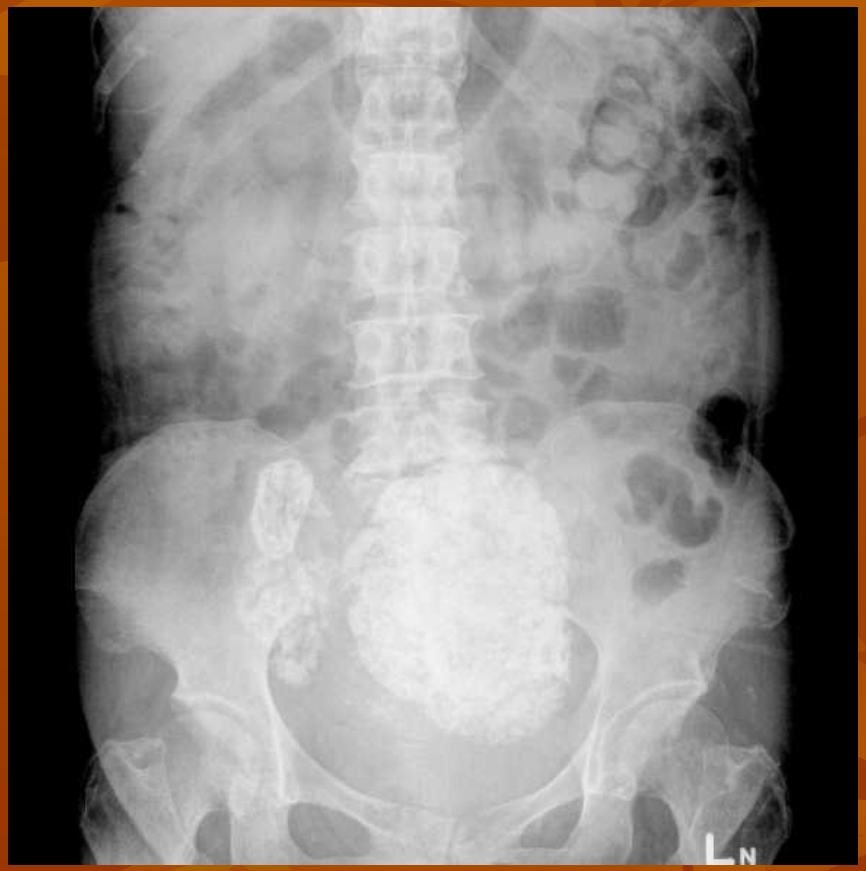
- Medicial history：
- 1. Hypertension under irregular medical control for 20+ years
- 2. DM under irregular medical control for 20+ years
- 3. Old CVA 2 years ago (weakness of right side)
- Surgical history：
- 1. C/S twice
- 2. Right great toe ulcer s/p debridement three years ago
- 3. Left great toe abscess s/p debridement three years ago

Lab data 96.01.02

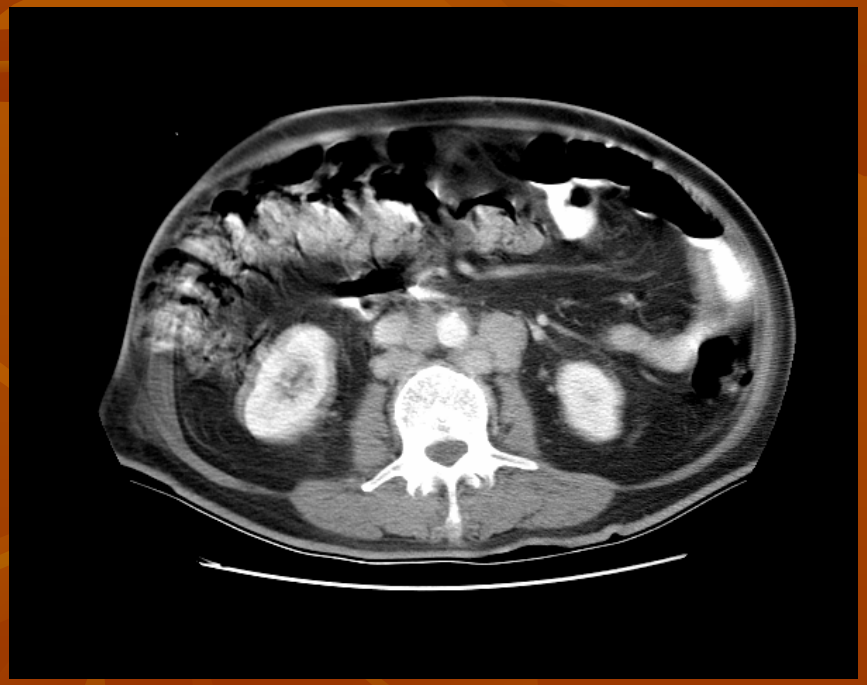
WBC[4.0-11.0 x10.e3/uL	14.18
RBC[4.2-6.1 x10.e6/uL]	4.13
HGB[12-18 g/dL]	11.7
HCT[37-52 %]	34.3
%LYM[19-48 %]	9.9
%Mono[2.0-10.0 %]	16.5
%Neut[40-74 %]	73.3
GLU[70-110 mg/dl]	170
BUN[7-18 mg/dl]	36

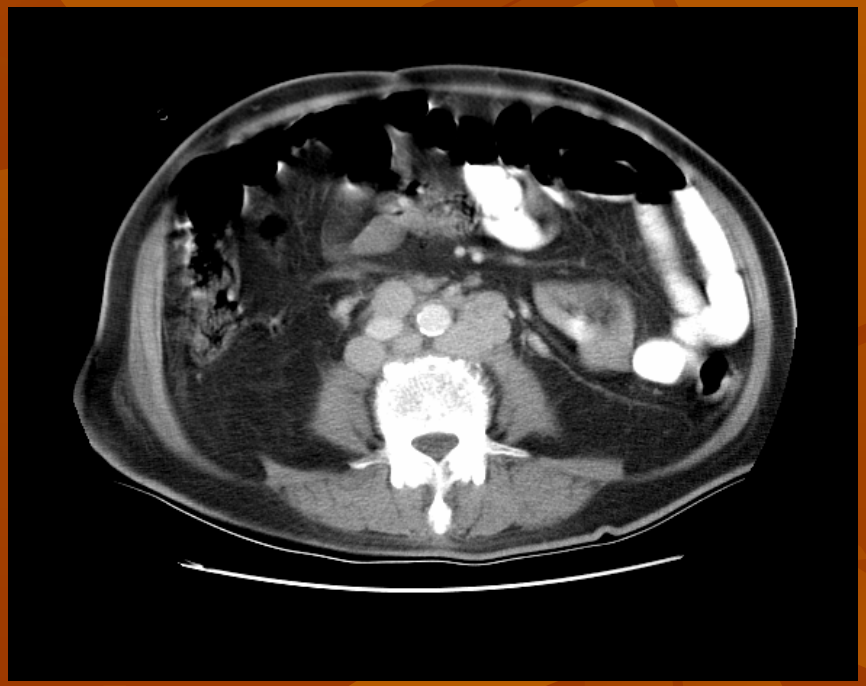
Image

- 96.01.02
- KUB



96.01.12 CT



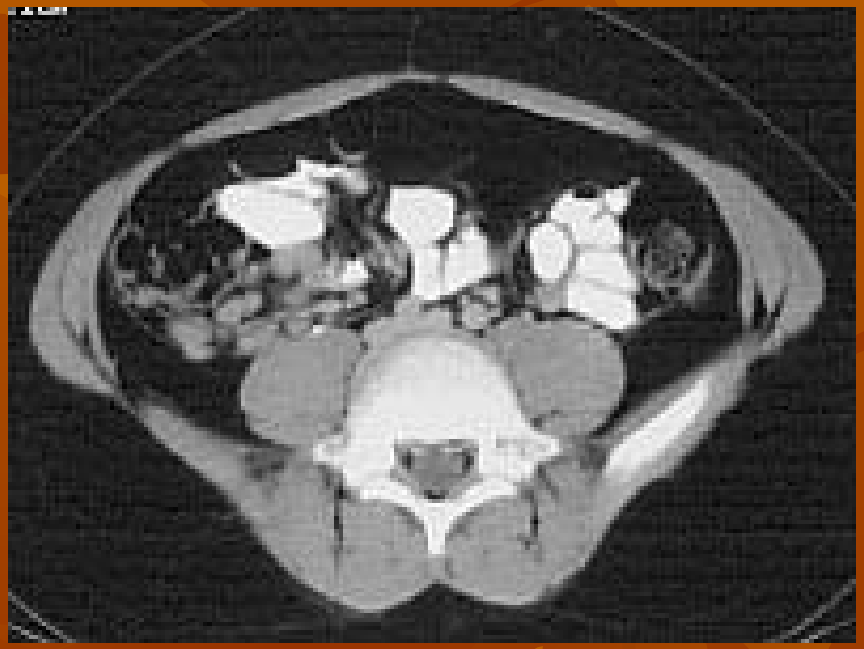


Different diagnosis

- Mucosa associated lymphoid tissue lymphoma
- Mesenteric adenitis
- Metastatic lesions

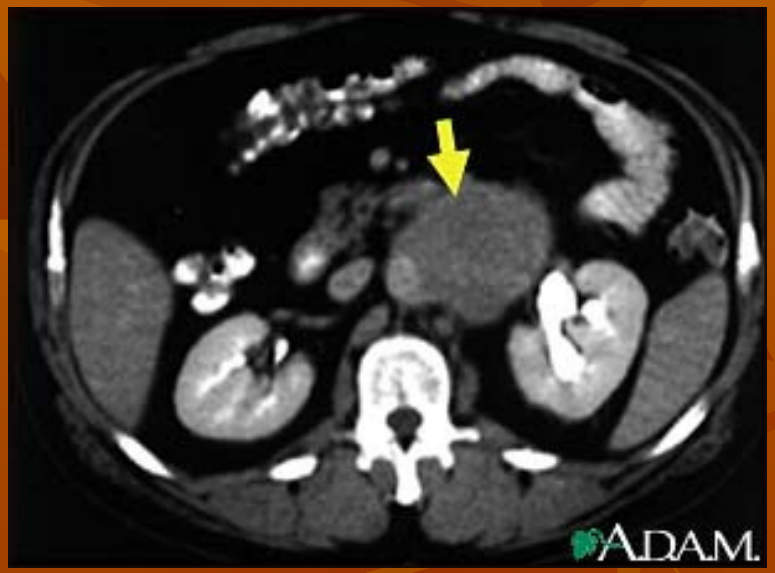
Mesenteric Adenitis

- Abdominal CT scan shows a cluster of enlarged nodes in the right lower quadrant



Metastatic lesion

- Lymph node metastasis
- From Benjamin Taragin, M.D., Department of Radiology, Columbia Presbyterian Medical Center, New York, NY. Review Provided by VeriMed Healthcare Network.



PATHOLOGY

- Lymph node, pelvic, right, open biopsy, malignant lymphoma, diffuse large B cell
- Uterus, body, hysterectomy, (1) malignant lymphoma, involved; (2) leiomyoma, calcified, multiple
- Uterus, cervix, hysterectomy, malignant lymphoma, involved
- Ovary, bilateral, oophorectomy, malignant lymphoma, involved
- CLA (CD45)+, L26(CD20)+ , CK- , CD3- , CD30-

Diagnosis

- Lymph node , malignant lymphoma, diffuse large B cell

DISCUSSION

- Etiology
- Male slight predominance
- Median age around 60 years (range is wide).

Clinical Presentation

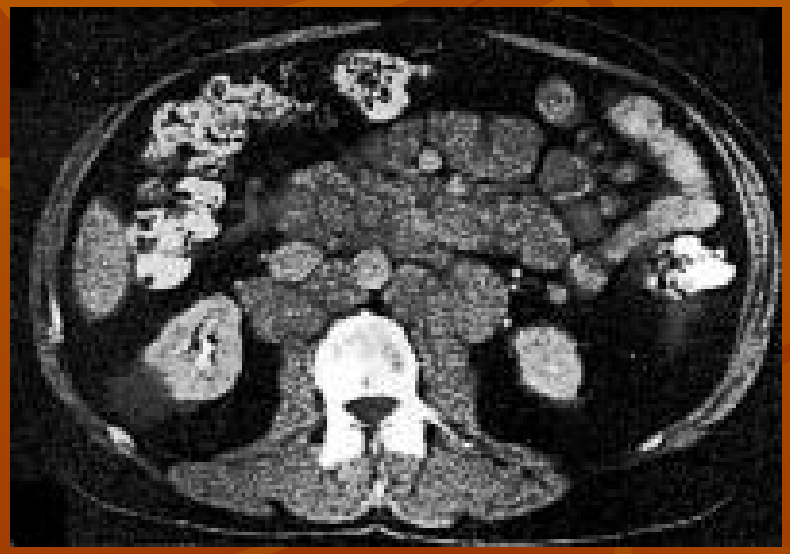
- Diverse and depend on the site of disease involvement.
- a rapid growth rate.
- Usually GI tract, skin, bone, brain
- Pain : usually noted at enlarged lymph node or organ

Lab diagnosis

- CD19, CD20 : mature B cell rumor maker
- BCL6 gene: encode a zinc-finger transcription factor
- BCL6 rearrangement: extranodal site uniformaly lacks BCL2 rearrangement
- A lactate dehydrogenase (LDH) level

Image daignosis

- CT scan of the abdomen showing mesenteric and retroperitoneal adenopathy in a patient with diffuse large cell lymphoma.



Pathologic diagnosis

- 20% of all NHL
- 60-70% of aggressive lymphoid neoplasm

Special subtypes

- Immunodeficiency associated large Bcell lymphoma --- may related with EBV
- Body cavity large Bcell lymphoma --- related HHV8 , malignant pleural or ascitic effusion

Treatment

- Treatment of early stage DLCL (stage IA and IIA, nonbulky)
- 6 cycles of CHOP or 3-4 cycles of CHOP followed by involved-field radiation therapy (IFRT)
- Treatment of advanced-stage DLCL (stages II bulky, III, and IV)
- CHOP regimen produced a CR rate of 45-62% in aggressive lymphomas.

- Treatment of primary refractory disease
- (1) salvage chemotherapy with DHAP (dexamethasone, high-dose cytarabine, and cisplatin)
- (2) ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin)
- (3) MIME (mesna, ifosfamide, methotrexate, and etoposide)
- (4) high-dose therapy with autologous bone marrow/stem cell support.

Prognosis

- One point is assigned for each of the following risk factors:
- Age greater than 60 years
- Stage III or IV disease
- Elevated serum LDH
- ECOG/Zubrod performance status of 2, 3, or 4
- More than 1 extranodal site

- The sum of the points allotted correlates with the following risk groups:
- Low risk (0-1 points) - 5-year survival of 73%
- Low-intermediate risk (2 points) - 5-year survival of 51%
- High-intermediate risk (3 points) - 5-year survival of 43%
- High risk (4-5 points) - 5-year survival of 26%
- **By International Prognostic Index (IPI)**
- BCL6 rearrangement: better prognostic factor

The role of surveillance CT scan in patients with diffuse large B cell non hodgkin lymphoma

- **The role of surveillance CT scans in patients with diffuse large B-cell non-Hodgkin's lymphoma.**
  Source Leukemia & Lymphoma. 44(1):123-5, 2003 Jan.
- **Conclusion: surveillance was not recommended for asymptomatic patients**

Abstract

- The median follow-up was 4.6 years and 35 patients subsequently relapsed.
- Relapse was associated with the development of new symptoms and/or signs in 86% of cases.
- Only 5.7% of relapses were detected in asymptomatic patients using surveillance CT scans.
- Routine surveillance CT scans are not recommended to detect asymptomatic early relapse

reference

- *American Journal of Neuroradiology* 23:364-367, March 2002
- H Mutlu, O Sildiroglu, O Cakir, C Basekim, E Kizilkaya (2005)
  Gastrointestinal: Diffuse large B-cell lymphoma of the small bowel
  Journal of Gastroenterology and Hepatology 20 (10), 1617–1617
- **The role of surveillance CT scans in patients with diffuse large B-cell non-Hodgkin's lymphoma.**
  SourceLeukemia & Lymphoma. 44(1):123-5, 2003 Jan.