

Occurrence of Non-Hodgkin Lymphoma in the Oral Cavity - Case Presentation

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Summary

Non-Hodgkin lymphomas (NHL) are a heterogeneous group of lymphoproliferative neoplasms, characterised by the occurrence of malignantly changed lymphocytes in a lymph node, and rarely primary in other organs. The disease most frequently manifests with painlessly enlarged lymph nodes, which in the gastrointestinal and urinary tract may cause compression. Infiltration of the bone marrow causes insufficiency of myelopoiesis, resulting in anaemia, thrombocytopenia and neutropenia. Classification of the disease is based on PHD and peripheral blood findings.

Extranodular disease occurs most frequently in the gastrointestinal tract, and also often occurs in the sinuses, thyroid gland, salivary glands, breasts, kidneys and lungs. Approximately 25% of extranodular lymphomas first occur on the head and neck in the so-called Waldeyer's ring, although primary lymphomas of the oral cavity are rare.

We present the case of a 63-year-old man with primary occurrence of NHL on the gingiva. The suspect lesion in the oral cavity was noticed during extraction of an inflamed root in the upper jaw. The lesion was located in the immediate vicinity of odontogenic inflammation, although it was not connected with it, and thus a specimen was taken for biopsy. The radiographic finding did not show anything specific. PHD finding of the lesion showed necrosis, bleeding and polymorphonuclear inflamed infiltrate and a tumorous mass with atypical lymphocyte cells. After a further examination by a haematopathologist NHL was confirmed with a high degree of B-cell malignancy. Immunohistochemistry confirmed giant cell NHL, B-immunophenotype, and the patient's condition was defined as NHL II E.

Nalaz difuznoga staničnog NHL-a u ustima - prikaz slučaja Dg: Difuzni velikostanični non-Hodgkin limfom B-imunofenotipa

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Sažetak

Definicija: Non-Hodgkinovi limfomi (NHL) heterogena su skupina limfoproliferativnih neoplazmi što ih obilježava pojava maligno promijenjenih limfocita u limfnome čvoru, a rjeđe primarno u drugim organima.

Heterogenost bolesti očituje se u raznovrsnom kliničkom očitovanju bolesti, raznovrsnim laboratorijskim parametrima, histološkome nalazu, imunološkom podrijetlu malignih stanica, reagiranju na terapiju i u prognozi bolesti. Bolest se najčešće očituje bezbolnim povećanjem limfnih žlijezda, a rjeđe poremećajima u drugim organskim sustavima zbog limfomske infiltracije organa.

Difuzni velikostanični NHL B-imunofenotipa spada u limfome srednjega stupnja malignosti.

Javlja se u srednjoj i starijoj životnoj dobi, obično s diseminiranom pojavom limfnih čvorova, a do 70% bolesnika ima infiltraciju koštane srži limfomskim stanicama.

Difuzni limfomi velikih stanica vrlo često su lokalizirani, a česta je infiltracija gastrointestinalnog trakta i središnjega živčanog sustava.

U radu opisujemo dijagnosticiranje difuznoga velikostaničnog NHL B-imunofenotipa koji je otkriven nakon neadekvatnoga cijeljenja postekstrakcijske alveole.

Pacijent se javlja zbog otekline i izrasline iz postekstrakcijske alveole u području donjega umnjaka lijevo i anestezije brade. Zub je vađen zbog bolova zuba i zubnoga mesa. Navodi da od otprilike prije 6 mjeseci osjeća "utrnutost" brade lijevo. Tada je liječen kod specijalista oralne medicine laserskom terapijom, te navodi djelomično poboljšanje, ali se anestezija područja, bolovi i oticanje javljaju ponovno, te se tada odluči za ekstrakciju donjega umnjaka. Kod nas je prvotno liječen kohleacijom i antibioticima. Tjedan dana nakon tretmana poboljšanje, ali