

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

se nakon remisije ponovo javljaju bolovi i otok. Tada se uzme detaljnija anamneza iz koje se sazna da je pacijent nekoliko mjeseci prije pri operaciji ingvinalne hernije imao problem s koagulacijom i da su mu povišeni jetreni enzimi sa sumnjom na hepatitis. Kod nas se tada uzme biopsija te pošalje na PHD. U području glave i vrata ne nađe se palpabilnih limfnih čvorova. Prigodom raščlambe prve biopsije nalaz je suspektan na maligni limfom te se pacijent šalje na daljnju obradbu na hematopatologiju gdje se uzima ponovna biopsija. Radi se o difuznom velikostaničnom Non-Hodgkin limfomu B-imunofenotipa. Pacijent je na obradbi Kliničkoga zavoda za hematologiju te je nakon potrebne terapije bolest u remisiji.

A Finding of Diffuse Cellular Non-Hodgkin Lymphoma in the Oral Cavity - Case Presentation

Dg: Diffuse giant cell Non-Hodgkin lymphoma B-immunophenotype

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Summary

Definition: Non-Hodgkin lymphomas (NHL) are a heterogenetic group of lymphoproliferative neoplasms characterised by the occurrence of malignantly changed lymphocytes in a lymph node, and rarely primary in other organs.

The heterogenicity of the disease is interpreted in the diverse clinical manifestations of the disease, diverse laboratory parameters, histological finding, immunological origin of the malignant cells, reaction to therapy and disease prognosis. The disease is most frequently interpreted by painless enlarged lymph nodes, and more rarely with disturbances in other organic systems due to lymphomic infiltration of organs. Diffuse giant cell NHL B-immunophenotype belongs to the group of lymphomas of moderate degree of malignancy. It occurs in middle-aged and older age groups, usually with disseminated lymph nodes, and up to 70% of patients have infiltration of the bone marrow by lymphoid cells. Diffuse lymphomas of giant cells are very often loca-

lised and infiltration of the gastrointestinal tract and central nervous system is a frequent occurrence.

In this study we describe the method of diagnosing diffuse giant cell NHL B-immunophenotype, which was detected after inadequate healing of post-extraction alveola.

The patient was admitted because of a swelling and growth from the post-extraction alveola in the area of the lower left wisdom tooth and anaesthesia of the chin. The tooth was extracted because of pain in the tooth and gingiva. The patient informed us that approximately 6 months ago he had felt “tingling” on the left side of the chin. At that time he was treated with laser therapy by a specialist in oral medicine, after which partial improvement occurred. However anaesthesia of the area, pain and swelling recurred, and it was decided to perform extraction of the lower wisdom tooth. The patient was treated in this Department initially with coheation and antibiotics. Improvement occurred one week after treatment. However, after the remission pain and swelling recurred. A detailed history was taken and it was learnt that a few months beforehand, during an operation for an inguinal hernia, a problem had occurred with coagulation, and renal enzymes were raised and hepatitis suspected. A biopsy was then taken in our Department and sent for PHD. Palpable lymph nodes were not found in the area of the head and neck. During analysis of the first biopsy the result was suspect for malignant lymphoma and the patient was sent for further treatment by a haematopathologist, where a further biopsy was taken. The finding showed diffuse giant-cell Non-Hodgkin lymphoma B-immunophenotype. The patient is presently undergoing treatment in the Clinical Department of Haematology, and after appropriate therapy the disease is in remission.