PS31

T-stanični limfom: je li vrijeme za transplantaciju?; Prikaz slučaja

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KLJUČNE RIJEČI: biopsija; kemoterapija; ne-Hodgkinov limfom

UVOD: Periferni T-stanični limfom pripada skupini agresivnih ne-Hodgkinovih limfoma koji nastaju malignom alteracijom T-staničnih limfocita i NK-stanica. Javlja se rijetko, tek u 5-10% pacijenata dijagnosticiranih s ne-Hodgkinovim limfomom. Cilj je ovoga rada prikazati uspješno postignutu remisiju bolesti nakon pet linija kemoterapije te alogene transplantacije koštane srži.
PRIKAZ SLUČAJA:Pacijentica u dobi od 45 godina hospitalizirana je na Zavodu za hematologiju, u rujnu 2019.godine, zbog početka liječenja novootkrivenog perifernog T-staničnog limfoma u IIIA stadiju. Par mjeseci ranije je napipala uvećan limfni čvor na vratu, lokaliziran desno submandibularno. Biopsijom je potvrđena dijagnoza perifernog T-staničnog limfoma, PET/CT-om proširenost na ostale regije, a punkcijom koštane srži nisu pronađeni infiltrati. Po završetku šest ciklusa kemoterapije prve linije po CHOEP protokolu, dolazi do progresije bolesti. Nalaz biopsije kosti imunohistokemijski se uklapao u infiltrat osnovne bolesti. Pacijentica se ponovno hospitalizira te se započinje druga linija kemoterapije po DHAP protokolu. Nakon tri ciklusa i parcijalne remisije bolesti provedeno je prikupljanje matičnih stanica za planiranu autolognu transplantaciju, međutim predtransplantacijskom evaluacijom utvrđen je relaps bolesti i započinje se treća linija liječenja sukladno GemOx protokolu. Nakon četiri ciklusa liječenja, ponovno dolazi do progresije te se u terapiju uvodi četvrta linija liječenja po Bv-ICE protokolu. Re-evaluacijom bolest progredira te je indicirana primjena pete linije terapije po Bv-benda protokolu. Kemoterapija se pokazala uspješnom te je postignuta remisija bolesti, nakon koje je provedena transplantacija alogeničnih matičnih stanica periferne krvi od haploidentičnog davatelja, njene kćeri.
ZAKLJUČAK:Unatoč uznapredovalom stadiju bolesti te brojnim neuspjelim pokušajima postizanja remisije, pacijentica je uspješno transplantirana dobivši novu priliku za život.

T–Cell Lymphoma: Is It the Time for Transplant?; Case Report

INTRODUCTION: Peripheral T-cell lymphoma is a rare subtype of non-Hodgkin's lymphoma due to malignant T-cell and NK-cell alterations, accounting for only 5-10% of cases. This case report highlights the successful attainment of disease remission following five rounds of chemotherapy and allogeneic bone marrow transplantation.
CASE REPORT: In September 2019, a 45-year-old woman was admitted to the Hematology Department for the management of newly diagnosed stage IIIA peripheral T-cell lymphoma. A few months earlier, she noticed an enlarged lymph node on her neck, which was confirmed as peripheral T-cell lymphoma through a biopsy. PET/CT scans revealed its extent, but bone marrow aspiration found no infiltrations. Following the completion of the first-line CHOEP chemotherapy protocol, there was disease progression. A bone biopsy confirmed the primary disease. The patient was re-hospitalized and commenced with the second-line DHAP chemotherapy protocol. After three cycles and partial disease remission, stem cell collection was initiated for a planned autologous transplant. However, a disease relapse was identified during pre-transplant evaluation. Consequently, the third-line treatment with the GemOx protocol was initiated. After four treatment cycles, the disease progressed, leading to the introduction of the fourth-line Bv-ICE protocol. Re-evaluation showed further disease progression, necessitating the adoption of the fifth-line Bv-benda protocol. Chemotherapy was ultimately successful in achieving remission. Subsequently, the patient received an allogeneic peripheral blood stem cell transplant from her haploidentical daughter.
CONCLUSION: Despite the advanced disease stage and multiple unsuccessful attempts to achieve remission, the patient was successfully transplanted, offering her a new chance at life.
KEYWORDS: biopsy; chemotherapy; non–Hodgkin lymphoma