

Kasni relaps Hodgkinovog limfoma i sekundarni primarni maligniteti nakon transplantacije autoložnih krvotvornih matičnih stanica

Maro Brbora¹; Domagoj Sajfert¹; Ante Stojanović¹; Josip Batinić^{1,2}

1 Medicinski fakultet Sveučilišta u Zagrebu

2 Zavod za hematologiju, Klinika za unutarnje bolesti, Klinički bolnički centar Zagreb

ID Maro Brbora 0009-0004-3482-1293; Domagoj Sajfert 0009-0000-6367-1264; Ante Stojanović 0009-0009-9310-4426; Josip Batinić 0000-0001-5595-9911 <https://doi.org/10.26800/LV-146-supl7-PS43>

KLJUČNE RIJEČI: Hodgkinova bolest; sekundarni primarni maligniteti; transplantacija krvotvornih matičnih stanica

UVOD: Hodgkinov limfom (HL) zloćudna je limfoproliferativna bolest karakterizirana lokaliziranom ili generaliziranom limfadenopatijom. HL izlječiva je bolest u 80% slučajeva i samo manji broj bolesnika zahtjeva drugu liniju liječenja koja uključuje i transplantaciju autoložnih krvotvornih matičnih stanica.

PRIKAZ SLUČAJA: Pedesetšestogodišnjem pacijentu dijagnosticiran je HL (nodularna skleroza II) lokaliziran u medijastinumu 1998. godine. Liječen je sa šest ciklusa kemoterapije po COPP/ABV shemi i radioterapijom. U travnju 2000. registriran je relaps u medijastinumu i lijevoj aksili. S obzirom da su trajno bili prisutni biokemijski znakovi bolesti, shvaćeno je da se radi o primarno refrakternom HL. Liječenje je nastavljeno s dva ciklusa kemoterapije po BEACOP protokolu te mini-BEAM protokolom kao mobilizacijskom terapijom nakon koje je uspješno prikupljen transplantat autoložnih krvotvornih matičnih stanica. Reinfuzija autoložnih matičnih stanica učinjena je u veljači 2001. nakon koje je bolest bila u kompletnoj remisiji. 2002. godine utvrđena je kronična HBV infekcija, a 2015. karcinom mokraćnog mjehura zbog čega je više puta učinjena resekcija mokraćnog mjehura. U lipnju 2023. pacijent se prezentirao novonastalom limfadenopatijom vrata. CT-om je potvrđena generalizirana limfadenopatija, ali i žarišne lezije jetre i slezene. Patohistološkom analizom bioptata limfnog čvora utvrđen je relaps HL, a patohistološkom analizom bioptata jetre dokazan je hepatocelularni karcinom (HCC). Bolesnik je preminuo ubrzo nakon postavljanja dijagnoze zbog jetrenog zatajenja i sepse.

ZAKLJUČAK: Transplantacijom autoložnih krvotvornih matičnih stanica moguće je postići duogtrajnu remisiju i dobru kvalitetu života u pacijenata s refrakternim HL. Nažalost postupak je povezan i s većim rizikom sekundarnih maligniteta.

Late relapse of Hodgkin's lymphoma and secondary primary malignancies after autologous hematopoietic stem cell transplantation

INTRODUCTION: Hodgkin's lymphoma (HL) is a malignant lymphoproliferative disease characterized by localized or generalized lymphadenopathy. Cure rates for HL are 80% and only a small number of patients require a second line of treatment, which includes autologous hematopoietic stem cell transplantation.

CASE REPORT: A fifty-six-year-old patient was diagnosed with HL (nodular sclerosis II) localized in the mediastinum in 1998. He was treated with six cycles of COPP/ABV chemotherapy and radiotherapy. In April 2000, a relapse was detected in the mediastinum and left axilla. Biochemical signs of the disease were permanently present so the disease was considered as primary refractory HL. Treatment was continued with two cycles of BEACOP protocol followed by mini-BEAM protocol as a mobilization therapy. Autologous stem cells were successfully collected. Reinfusion of autologous hematopoietic stem cells was in February 2001 and the second complete remission was achieved. In 2002 chronic HBV infection was diagnosed, and in 2015 bladder cancer. In June 2023, the patient presented with cervical lymphadenopathy. CT confirmed generalized lymphadenopathy, but also focal lesions of the liver and spleen. The pathohistological analysis of the lymph node biopsy revealed HL relapse and the pathohistological analysis of the liver biopsy showed hepatocellular carcinoma (HCC). The patient died shortly after diagnosis due to liver failure and sepsis.

CONCLUSION: With autologous hematopoietic stem cell transplantation it is possible to achieve long-term remission and a good quality of life in patients with refractory HL. Unfortunately, the procedure is associated with a higher risk of secondary malignancies.

KEYWORDS: Hodgkin disease; neoplasms; stem cell transplantation

