Düşük dereceli B-hücreli Hodgkin-dışı Lenfomalar

Olgu Sunumları Oturumu

Olgu VI

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GATA Haydarpaşa Eğt. Hst

Olgu

- 75 yaşında kadın hasta
- Diabet ve iskemik kalp hastalığı öyküsü var
- Boyunda multiple lenfadenopati
- US;
  - sağ supraklavikuler LAP, multiple, en büyüğü 3x2 cm
  - Tru-cut bx.

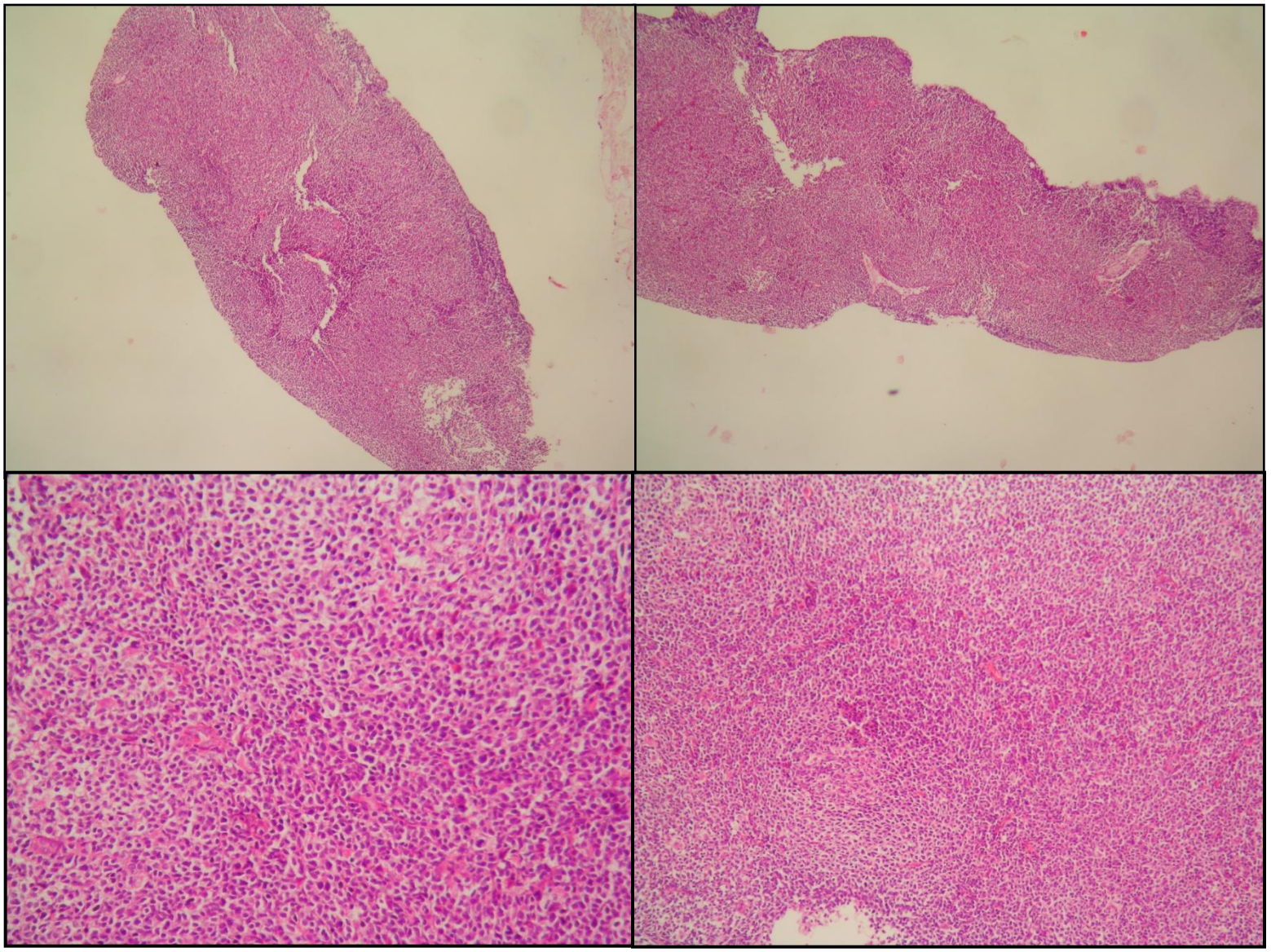
Bilgisayarlı Tomografi

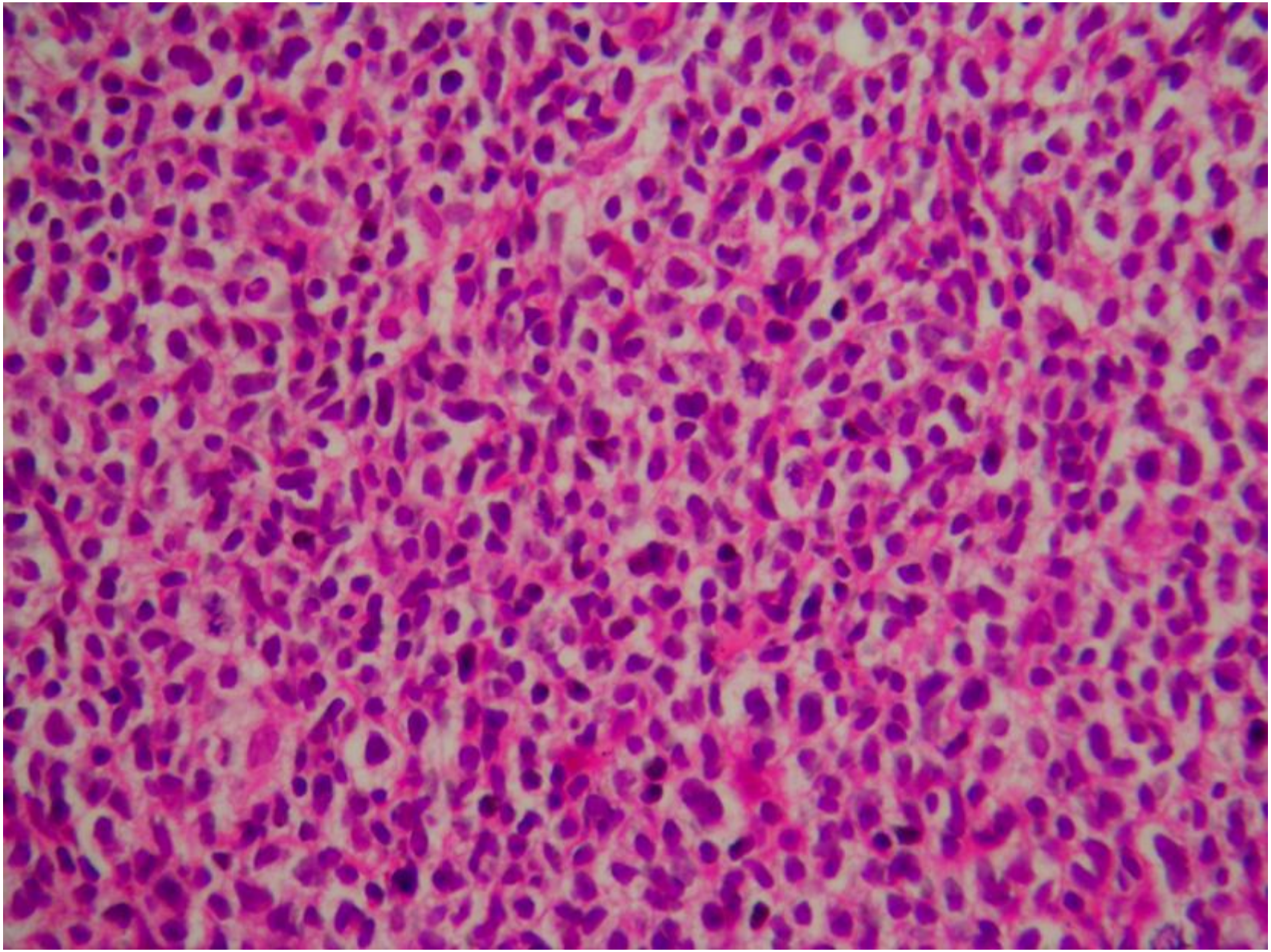
- Aksilla ve mediastende;
  - 1 cm den küçük multiple LAP
- Karaciğer normal
- Mide küçük kurvaturda 2.5x1,5 cm LAP
- Splenomegali (15 cm)
- Barsak segementlerinde duvar kalınlığı yok
- Boyun Spiral BT;
  - Sağda, posterior servikal zinzirde ve submandibuler bölgede LAP (<1cm)

Biyokimya Sonuçları

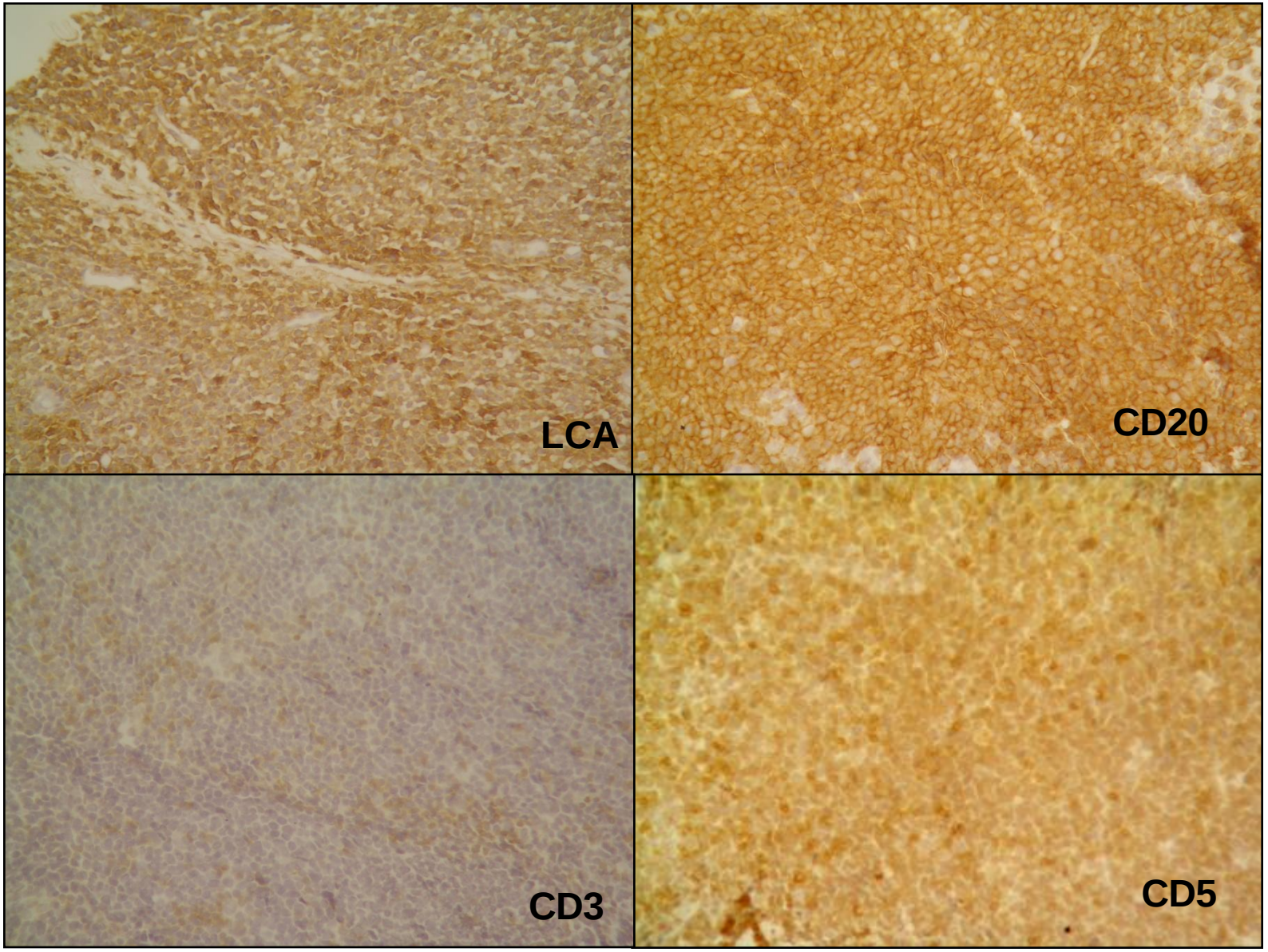
- AKŞ:220 mg/dl
- Albümin, globulin, AST, ALT, LDH, bilüribin, Ca, K, Na normal
- Hemogram
  - BK: 6,9 x 10^3 /µl,
  - KK: 3,75 x 10^6 ,
  - HBG: 11,3 g/dl,
  - HTC: %32,6
  - PLT: 156x10^3

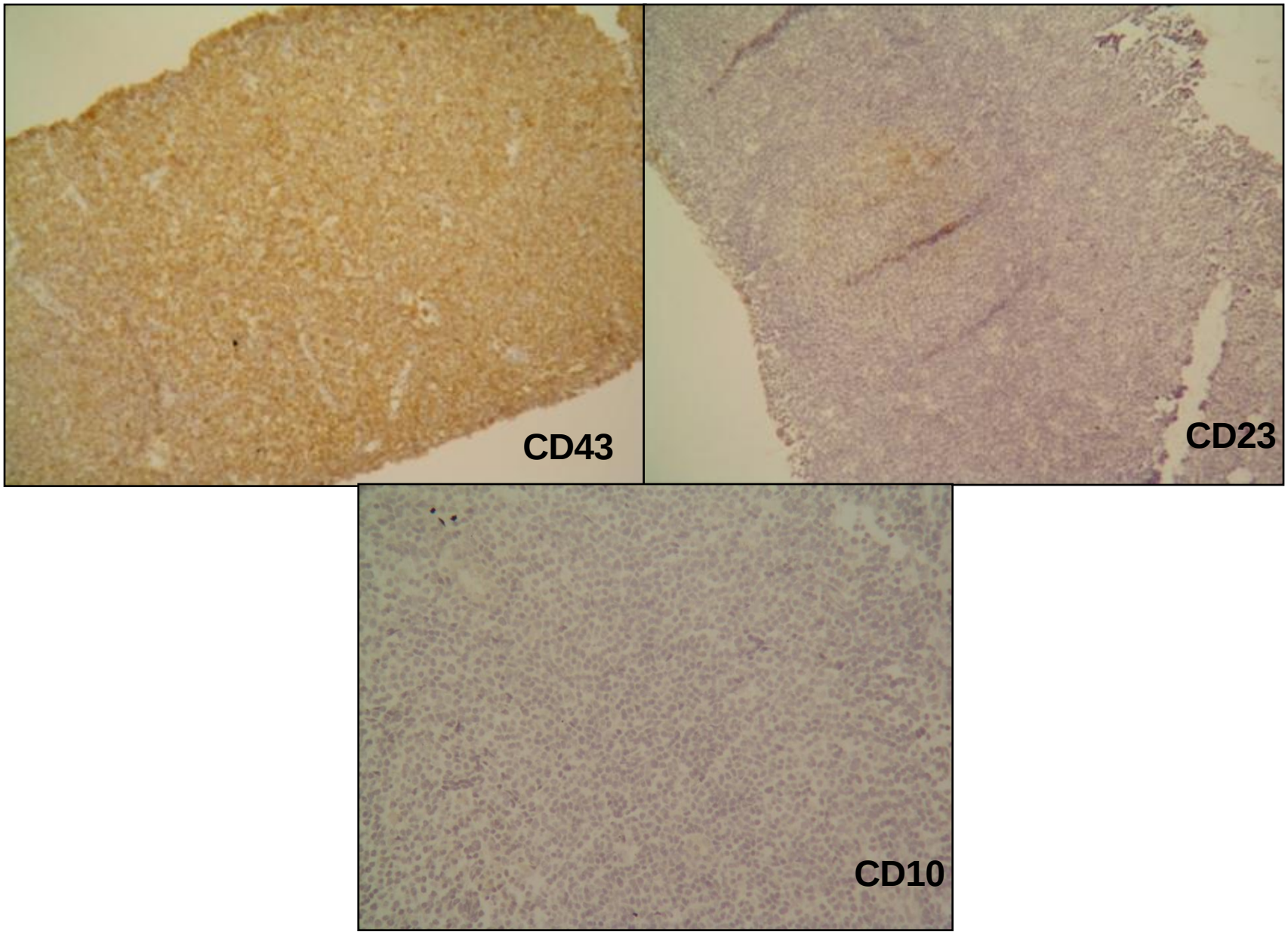
Lenf Nodu Tru-cut bx

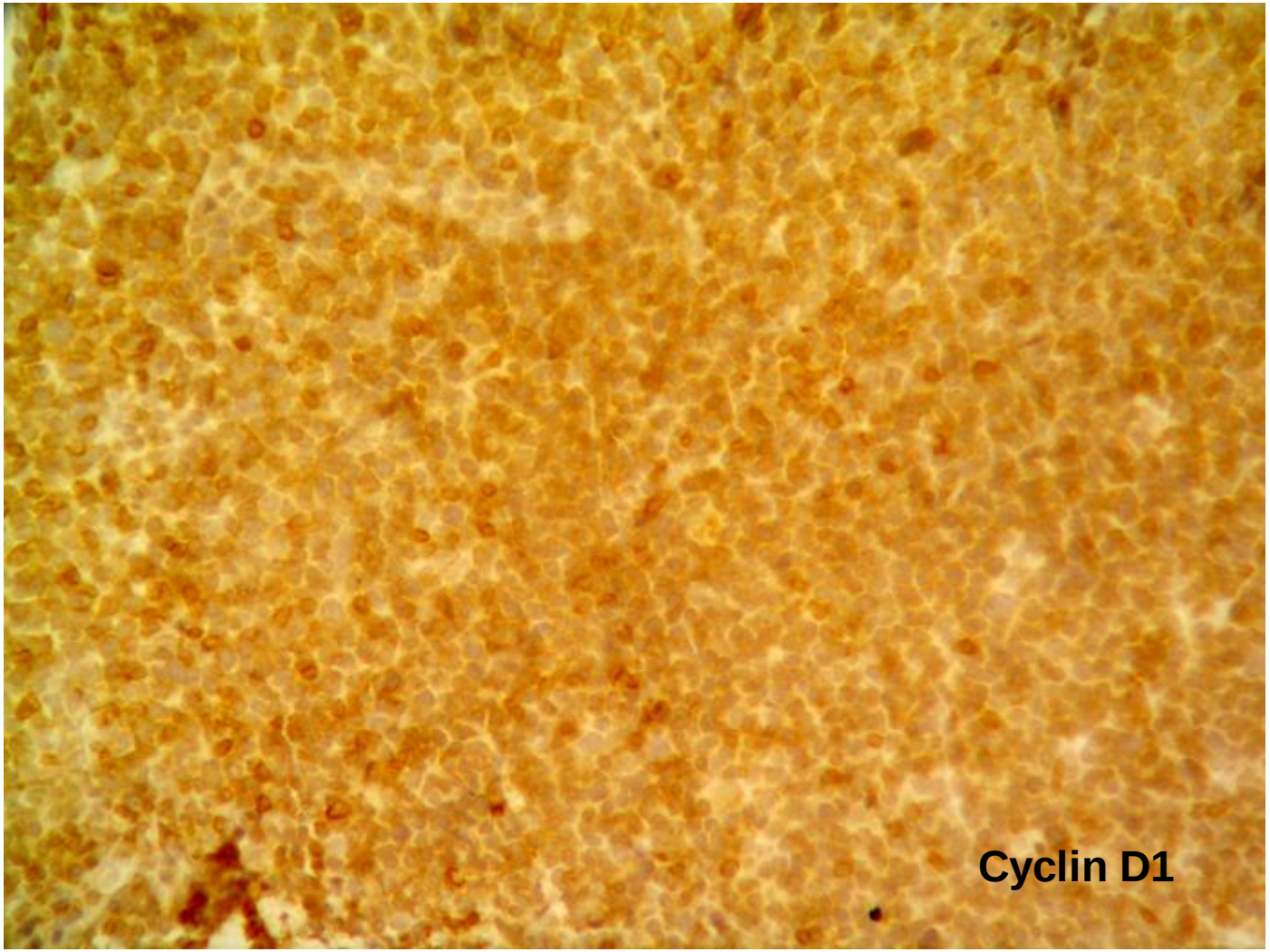




İHK




CD43
CD23
CD10



Tanı: “Mantle Cell” Lenfoma

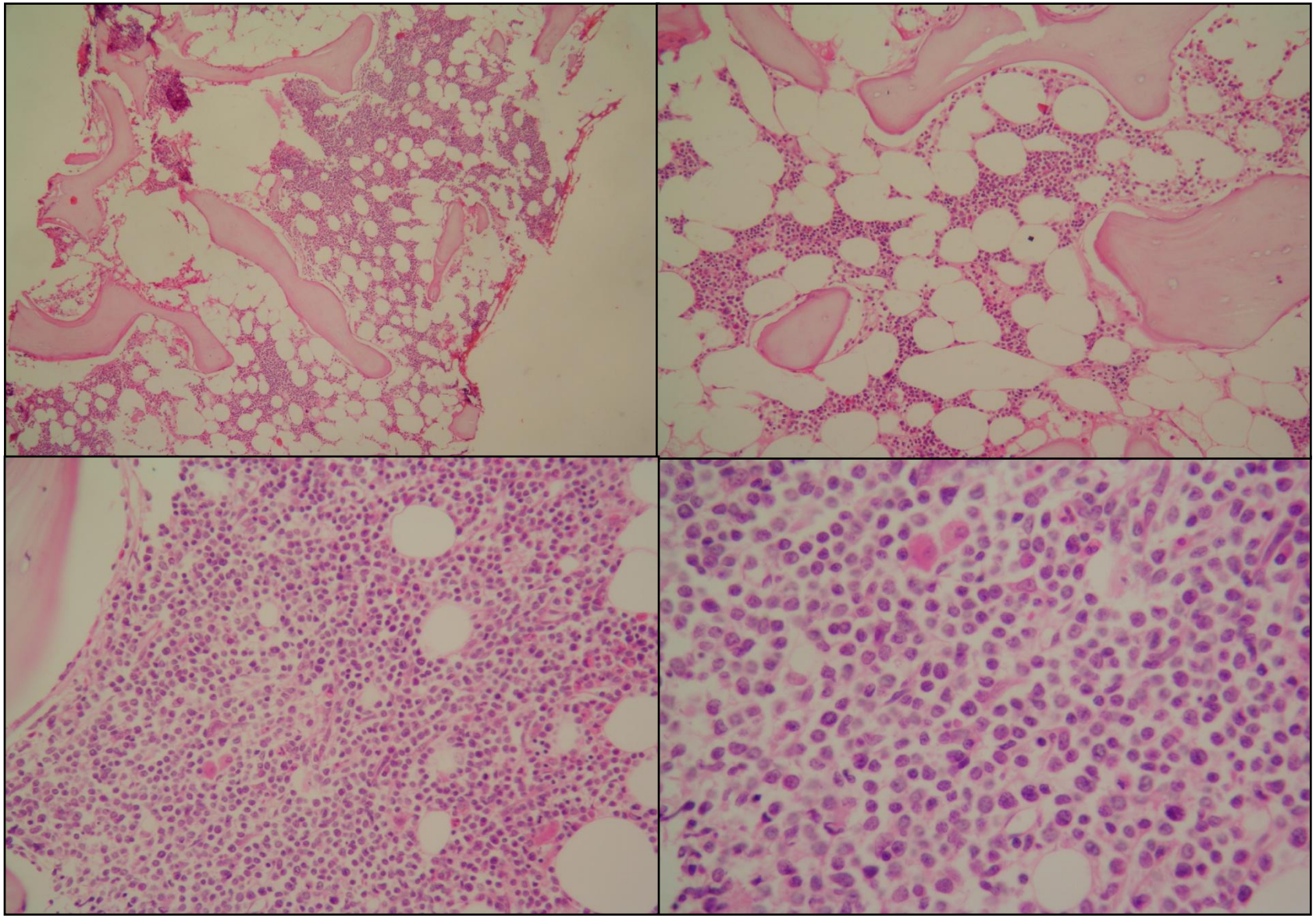
Tedavi

- Kemoterapi;
  - R-CHOP
- Kemoterapi 14. günde yüksek ateş
  - Febril nötropeni tedavisi ve klinik düzelme
- Toplam 6 kür KT
- Kontrol BT (ilk tanıdan 6 ay sonra)
  - Boyun, toraks ve batın (mide duvarı) LAP' da küçülme
- İlk tanıdan 12 ay sonra;
  - BT de Multiple lenf nodları (<1cm)
  - BK artışı (11,3 x 10^3), eritrosit ve Hbg düzeylerinde düşük seyretme
  - İskemik kalp hastalığı nedeni ile tedavi

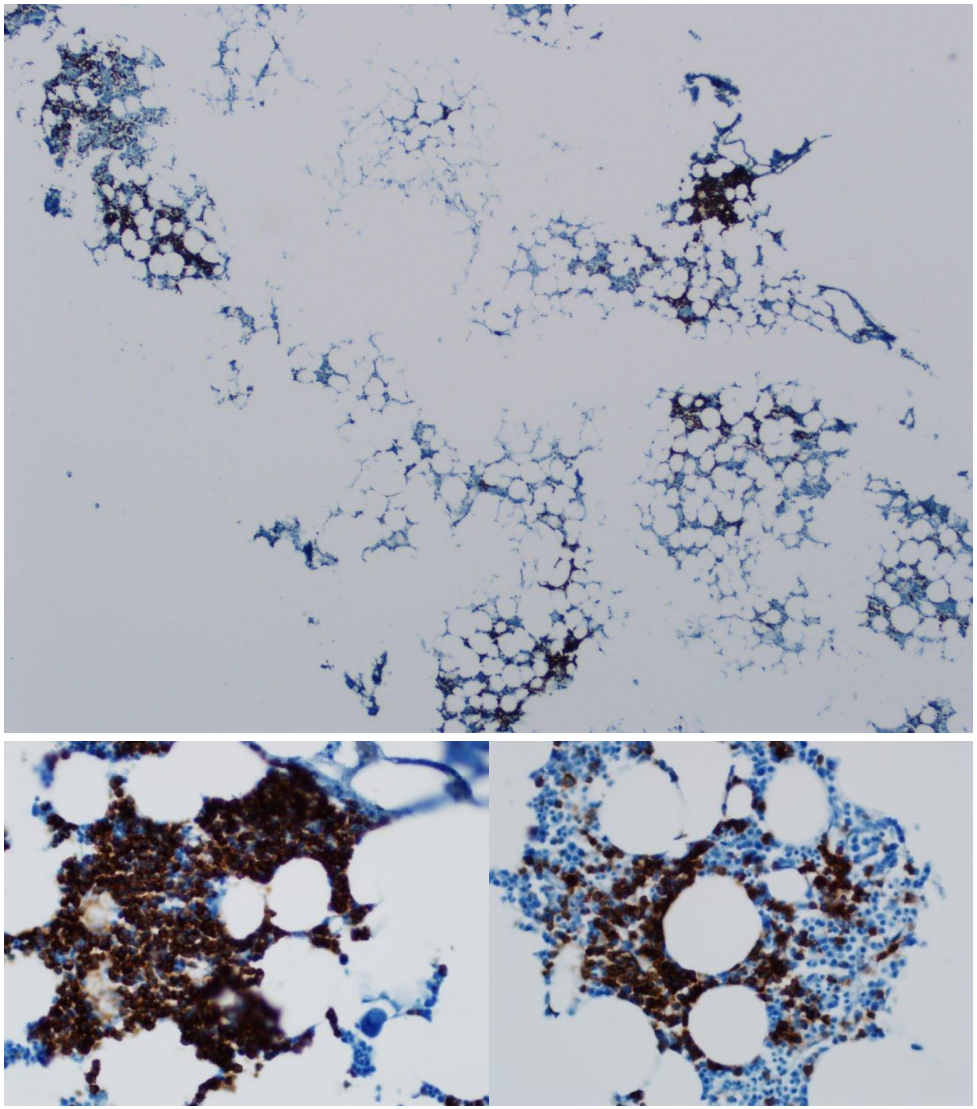
Kemik İliği İncelemesi

- Akım Sitometri
  - CD5 %87
  - CD20 %73
  - CD19 %63 (CD5+CD19 %58)
  - CD38 %98

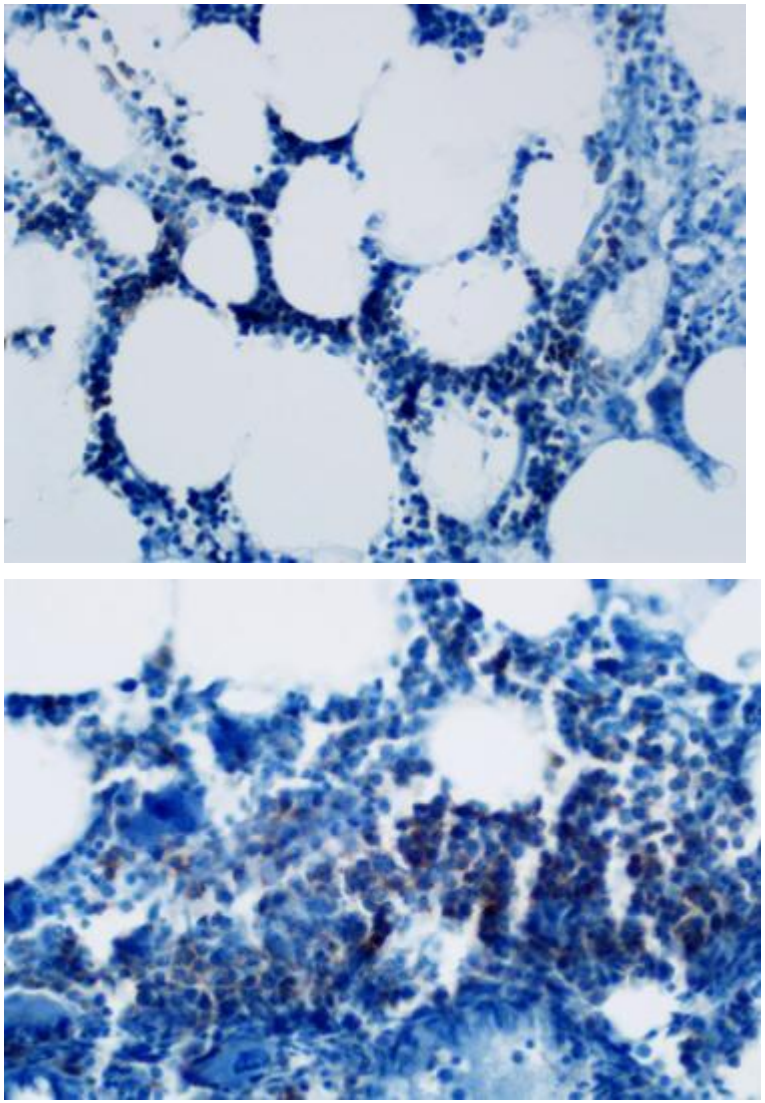
Kemik İliği Biyopsi



Kemik İliği Biyopsi-İHK



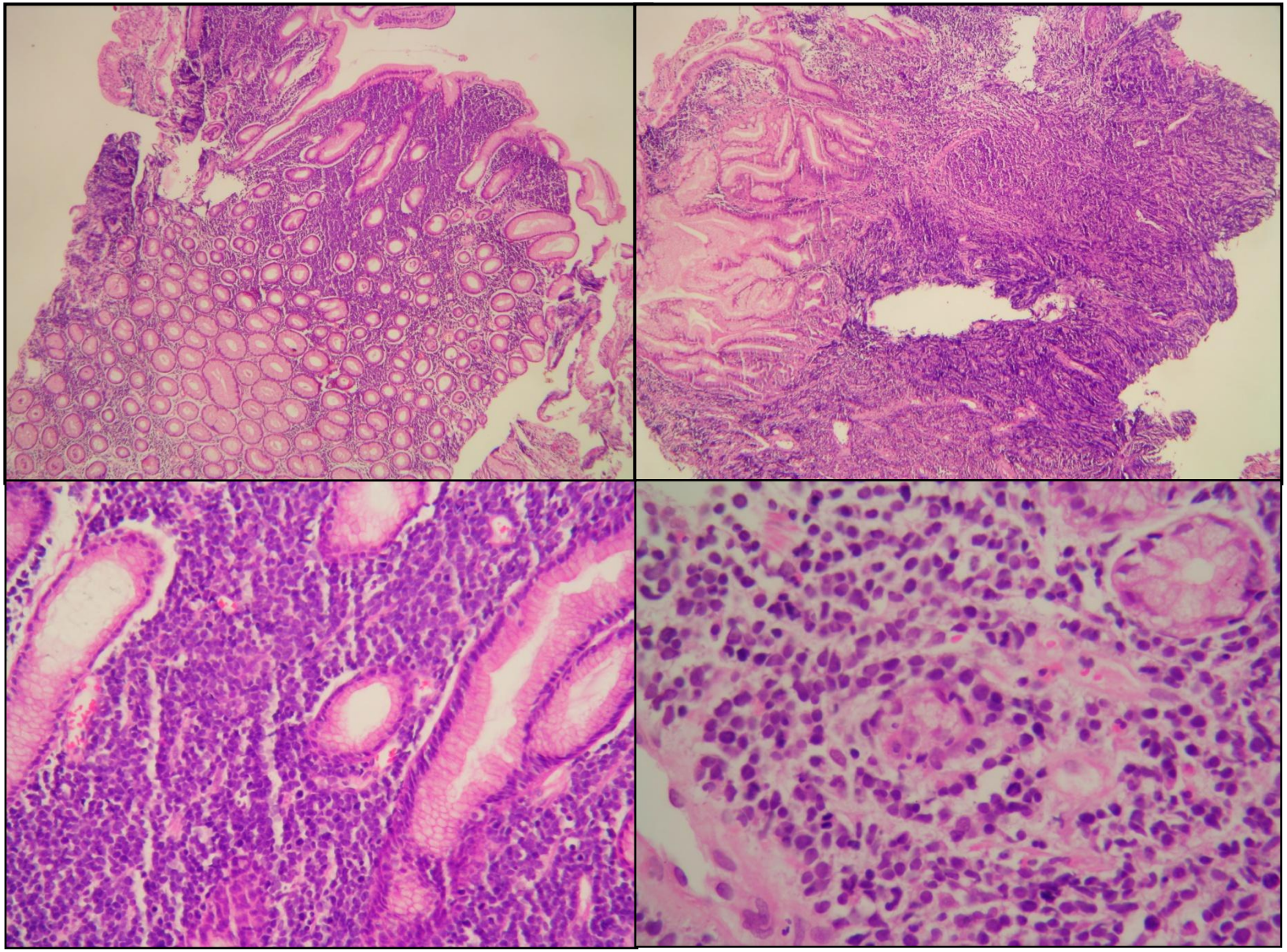
CD 20



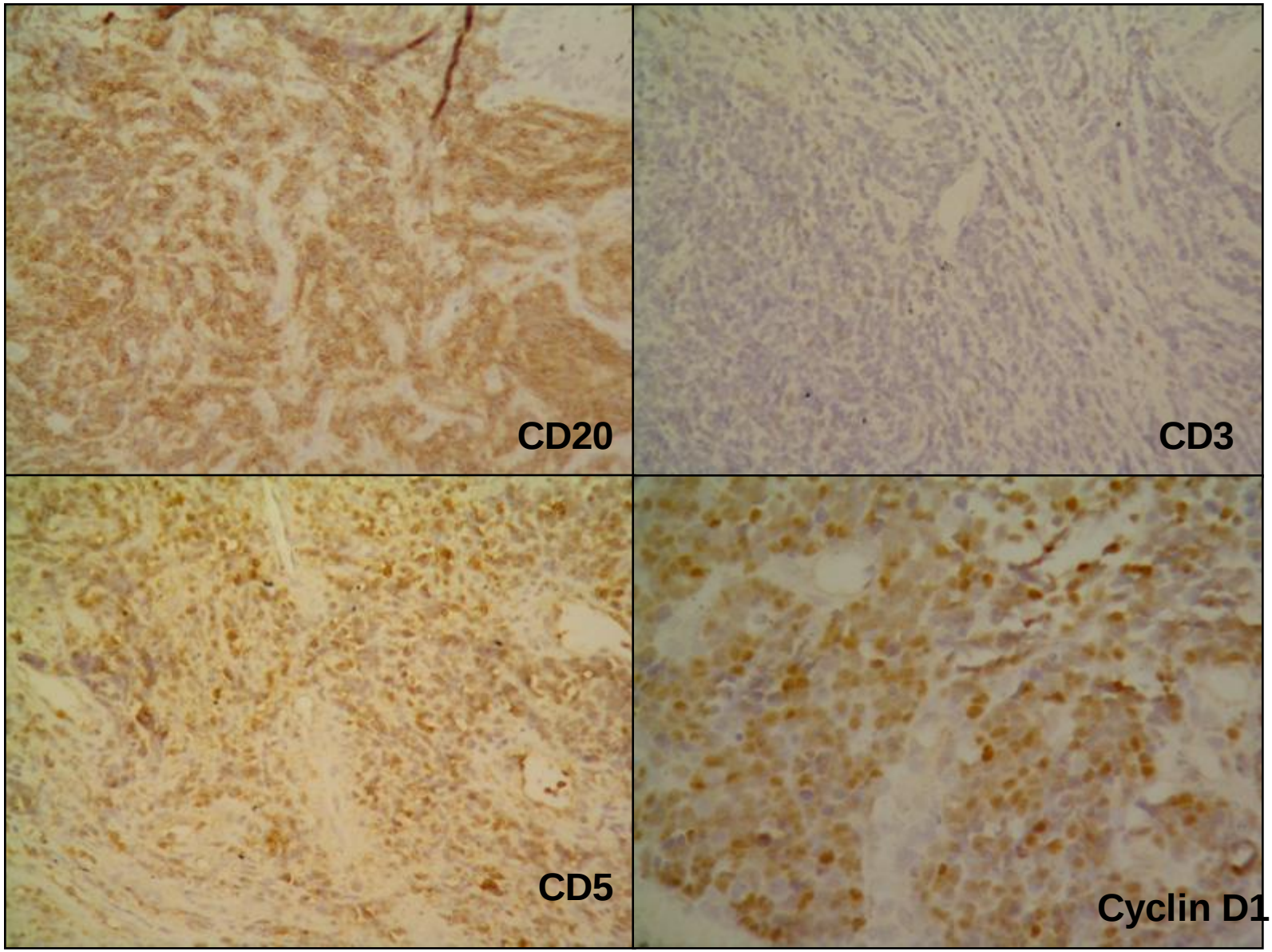
CD 5

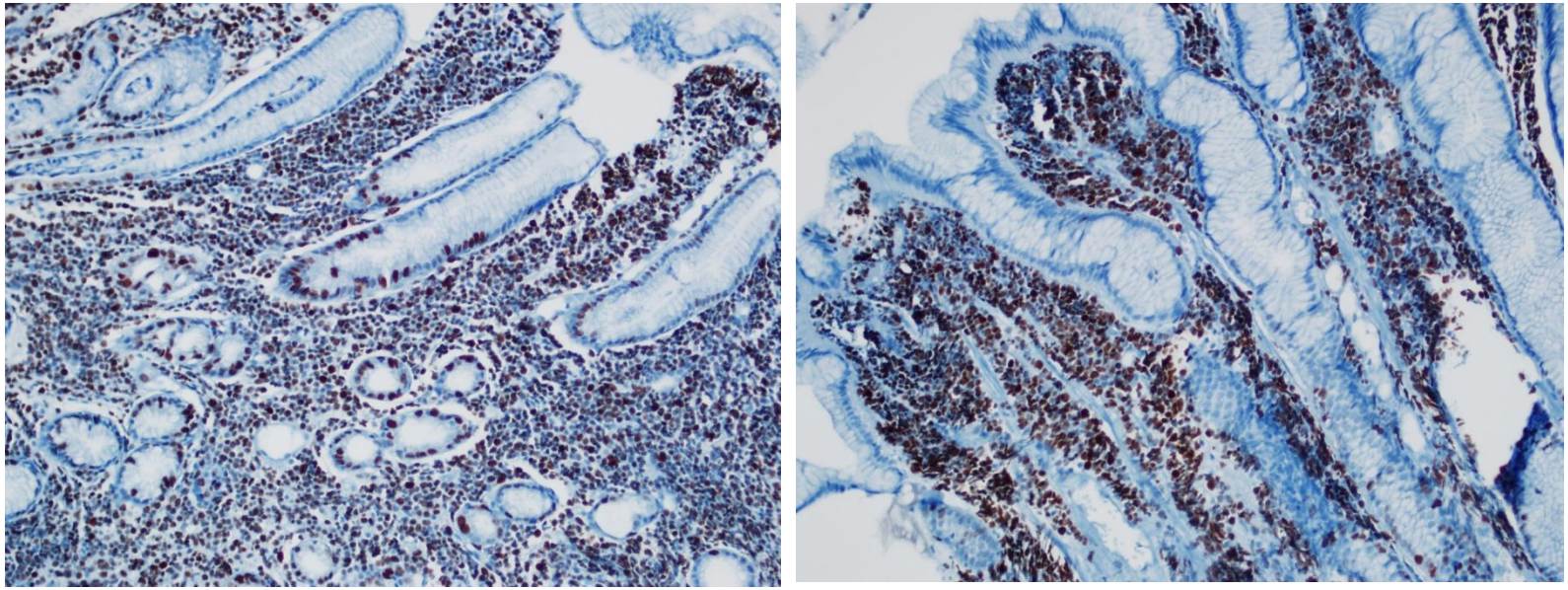
- İlk tanıdan yaklaşık 17 ay sonra
  - Persistan bulantı-kusma, dispepsi
  - Disfaji
- Endoskopi
  - Korpus distalinde lümeni çepeçevre saran ve yer yer vejetasyon gösteren lezyon
  - Mide duvarında esneklik kaybı
  - Biyopsi

Mide Biyopsisi



Mide biyopsisi-İHK





Ki 67

- Mide biyopsisi sonrası nüks Mantle Cell Lenfoma
  - Kemoterapi;
- İlk tanıdan 18 ay sonra
  - Yaygın LAP; servikal, aksiller, ingüinal, umblikal
- Genel durum bozuk
  - Yoğun bakımda müdahale
- İlk tanıdan 18 ay sonra EX.

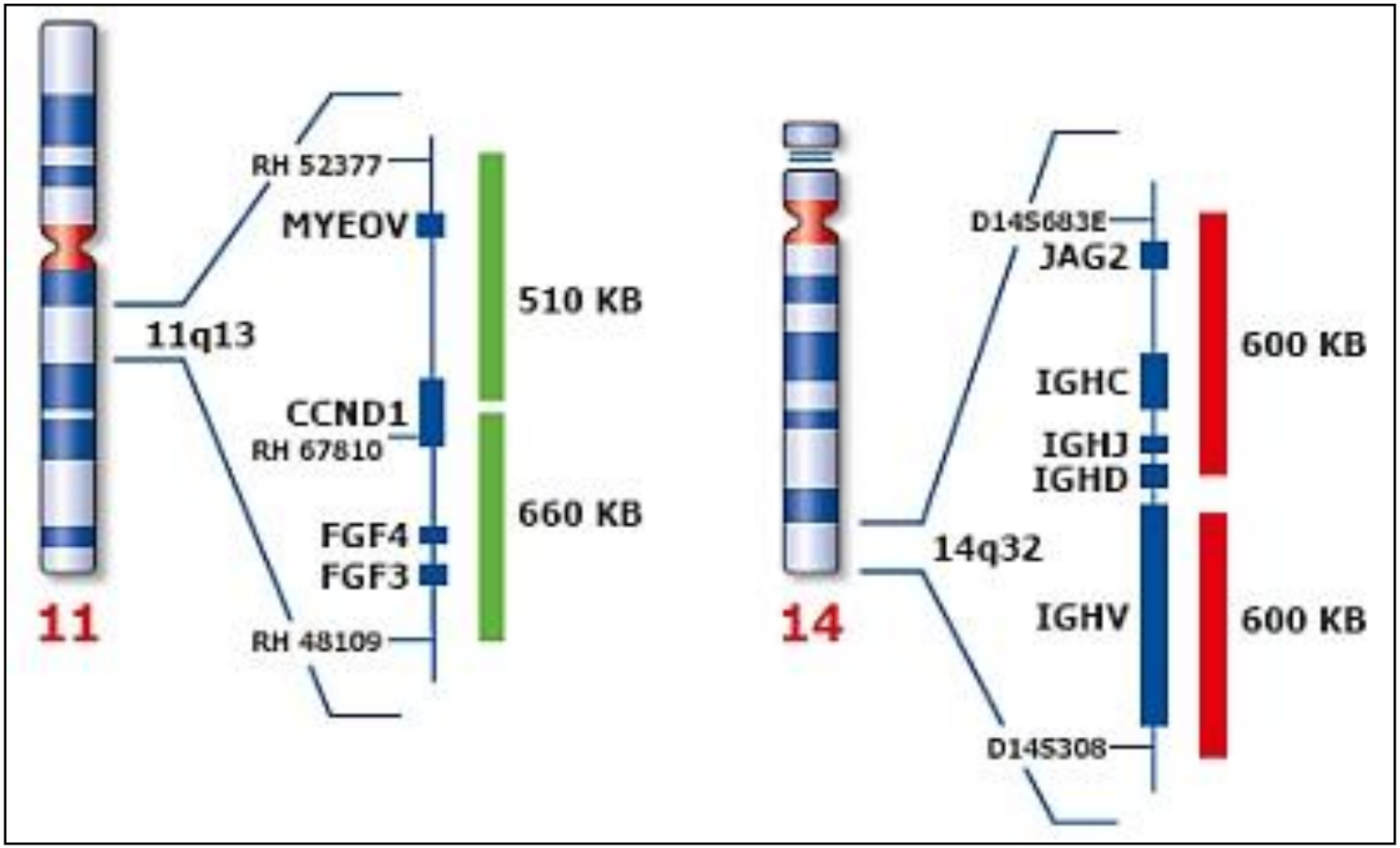
“Mantle Cell” Lenfoma

- Küçük-orta çaplı lenfoid hücrelerden oluşan B hücreli neoplazi
  - İrregüler nükleer kontur
  - CCND1 translokasyonu (t(11;14)) ve Cyclin D1 ekspresyonu

Tutulum Yerleri

- Lenf nodları en sık etkilenir
- Diğer önemli alanlar
  - Dalak, kemik iliği, periferik kan
- Ektranodal tutulum gösterir
  - GIS ve waldeyer halkası
- Multiple lenfomatozis polipozis olgularının çoğu MCL

t (11;14) ve Cyclin D1 ekspresyonu



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Cyclin D1 Negatif Mantle Hücreli Lenfoma

Cyclin D1–negative mantle cell lymphoma: a clinicopathologic study based on gene expression profiling

Kai Fu, Dennis D. Weisenburger, Timothy C. Greiner, Sandeep Dave, George Wright, Andreas Rosenwald, Michael Chiorazzi, Javeed Iqbal, Stefan Gesk, Reiner Siebert, Daphne De Jong, Elaine S. Jaffe, Wyndham H. Wilson, Jan Delabie, German Ott, Bhavana J. Dave, Warren G. Sanger, Lynette M. Smith, Lisa Rimsza, Rita M. Braziel, H. Konrad Müller-Hermelink, Elias Campo, Randy D. Gascoyne, Louis M. Staudt, and Wing C. Chan, for the Lymphoma/Leukemia Molecular Profiling Project

Cyclin D1 overexpression is believed to be essential in the pathogenesis of mantle cell lymphoma (MCL). Hence, the existence of cyclin D1–negative MCL has been controversial and difficult to substantiate. Our previous gene expression profiling study identified several cases that lacked cyclin D1 expression, but had a gene expression signature typical of MCL. Herein, we report the clinical, pathologic, and genetic features of 6 cases of cyclin D1–negative MCL. All 6 cases exhibited the characteristic morphologic features and the unique gene expression signature of MCL but lacked the t(11;14)(q13; q32) by fluorescence in situ hybridization (FISH) analysis. The tumor cells also failed to express cyclin D1 protein, but instead expressed either cyclin D2 (2 cases) or cyclin D3 (4 cases). There was good correlation between cyclin D protein expression and the corresponding mRNA expression levels by gene expression analysis. Using interphase FISH, we did not detect chromosomal translocations or amplifications involving *CCND2* and *CCND3* loci in these cases. Patients with cyclin D1–negative MCL were similar clinically to those with cyclin D1–positive MCL. In conclusion, cases of cyclin D1–negative MCL do exist and are part of the spectrum of MCL. Up-regulation of cyclin D2 or D3 may substitute for cyclin D1 in the pathogenesis of MCL. (Blood. 2005;106:4315-4321)

Blood, 2005, 106; 4315-4321

Prognoz

- MCL de ortalama sürvi 3-5 yıl
- Çoğu hastada kür sağlanamaz
- En önemli prognostik parametre yüksek mitotik orandır
  - 10-37,5 /15 hpf ya da mm^2 de 50' den fazla mitoz
  - %40-60 dan fazla Ki-67 indeksi
- Blastoid/pleomorfik morfoloji, trizomi 12, karyotip kompleksitesi, TP53 mutasyonu/overekspresyonu/kaybı kötü prognoz
- 3q, 9q delesyonu kötü prognoz
- "Small cell" varyantta indolent gidiş
- In situ MCL; indolent, ancak hızlı seyreden forma dönüşebilir.

(WHO Classification ot Tumours of Haematopoietic and Lymphoid Tissues, 2008)


Teşekkür Ederim