NON-HODGKIN'A LYMPHOMA OF THE FEMALE GENITAL TRACT: 2 CASE REPORTS

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INTRODUCTION

EXTRA NODAL LYMPHOMAS ARE A RARE OCCURRENCE, ESPECIALLY INVOLVING THE FEMALE GENITAL TRACT (FGT). IT IS SAID THAT THE INCIDENCE OF PRIMARY LYMPHOMAS OF THE FGT ONLY MAKE UP 1.5% OF EXTRA NODAL NON-HODGKIN'S LYMPHOMA (NHL) AND THAT IN ITSELF MAINLY EFFECTS THE OVARIES. [1] EARLY DETECTION, DIAGNOSIS AND MANAGEMENT TEND TO DELAY ESPECIALLY BECAUSE THEY USUALLY PRESENT AT LATE STAGES OR INCIDENTALLY DURING WORK UP FOR ABDOMINAL PATHOLOGY. [2]

1.

OBJECTIVE

Our study aims to illustrate two clinical presentations of NHL of the FGT.

CASE 1 : CERVICAL NHL

HISTORY
48 year old woman presenting with sudden onset of abdominal pain and profuse vaginal bleeding, 8-10 pads in the last 24 hours

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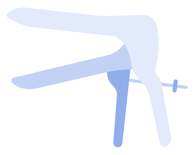
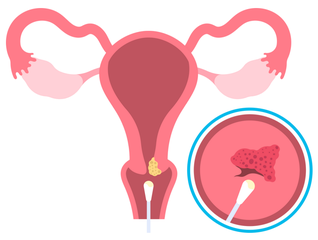
Background
- G2P1T1
- Mother died of cervical CA
- Cervical Screening Test 2 years prior negative
- Periods irregular, 25-35 days in length, 2-4 days
- Prev LSCS

EXAMINATION
- Vital signs stable
- Tenderness to palpation suprapubic and left lower quadrant
- Guarding present
- No external palpable lymphnodes
- Speculum: Bulky friable mass on the cervix
- S1 S2 no murmurs





INVESTIGATIONS CASE 1

EXAMINATION UNDER ANAESTHETIC

Friable cervical mass extending into right parametrium involving upper 1/3 of vagina, especially on the left fornix
clinically cervical cancer, cystoscopy normal.

CT ABDO/PELVIS

Enlarged uterus of the uterus, fibroma visualised, Multiple enlarged pelvic, iliac, para-aortic and mesenteric lymph nodes likely metastatic. No evident of disease above the diaphragm, and no destructive osseous lesion identified

HISTOPATHOLOGY

High-grade Burkitt's B cell non-hodgkin's lymphoma, "starry sky" appearance, FISH showed BCL2+ and Myc Positive

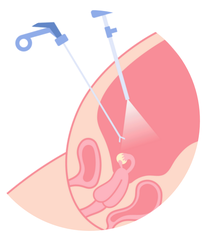
STAGING PET SCAN

Large soft tissue lesion centrally within pelvis of uterine cervix, 89 x 89 mm (axial) x 7 mm (longitudinal), possible direct infiltration of the bladder, Multiple infiltrated loco-regional lymph nodes as well as metastatic lymph nodes throughout the retroperitoneum and above the diaphragm.

CASE 2 : OVARIAN NHL

HISTORY
27 year old previously healthy female, presenting with sudden onset intermittent right iliac fossa pain and absence of vaginal bleeding. Also experienced abdominal bloating for a few weeks.

Background
- G0
- Long history irregular, heavy, painful periods prior to and during COCP
- Newly diagnosed PCOS
- Endometriosis
- Obesity
- Pre-diabetes
- Vapes daily



EXAMINATION
- Vital signs stable
- Abdomen soft
- No palpable external lymph nodes
- Tenderness to palpation suprapubic and left lower quadrant
- Rebound tenderness present
- S1 S2 no murmurs

INVESTIGATIONS CASE 2

PELVIC US

Right Ovary : Polycystic, 211cc, good blood flow
Left Ovary : Heterogeneous, solid, 441cc, no ovarian follicles seen, doubled in size previous US, peripheral vascularity
Overall "kissing ovaries" in appearance

HISTOPATHOLOGY

High-grade Burkitt's B cell non-hodgkin's lymphoma

DIAGNOSTIC LAPROSCOPY + SALPHINGO-OOPHERECTOMY

Bilaterally grossly abnormal kissing ovaries, 10-15cm size each enlarged and irregular, left ovary appears of torsion, oedematous and very friable. Stuck into POD. Both fallopian tubes normal. Mild endometriosis in the pouch of Douglas.

STAGING PET SCAN

Multifocal intensely hypermetabolic malignant process affecting the rectum/anus, abdominal cavity, marrow, affecting the medial margin of the left trapezius muscle and right pectoralis major muscle.

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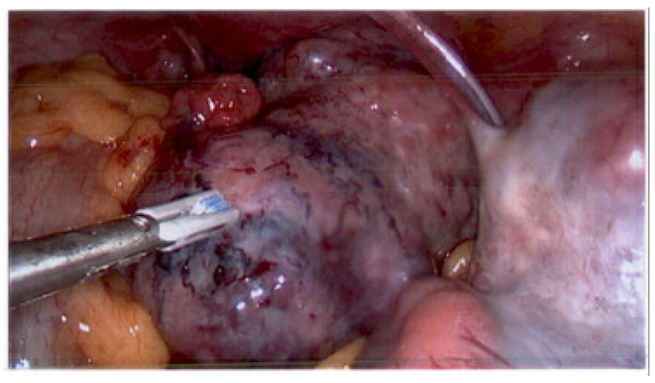

IMAGE 1: Laproscopic appearance of enlarged torted and avascular left ovary

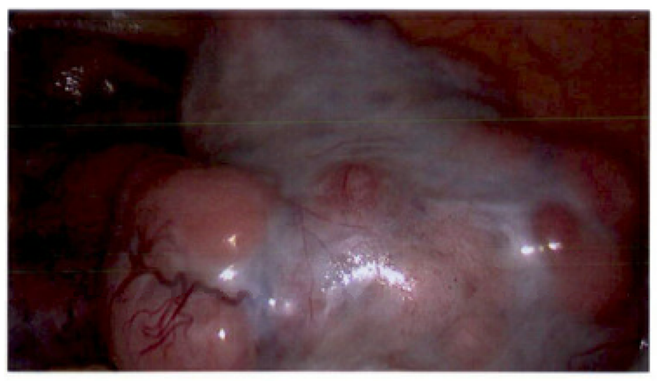

IMAGE 2: Laproscopic appearance of polycystic right ovary

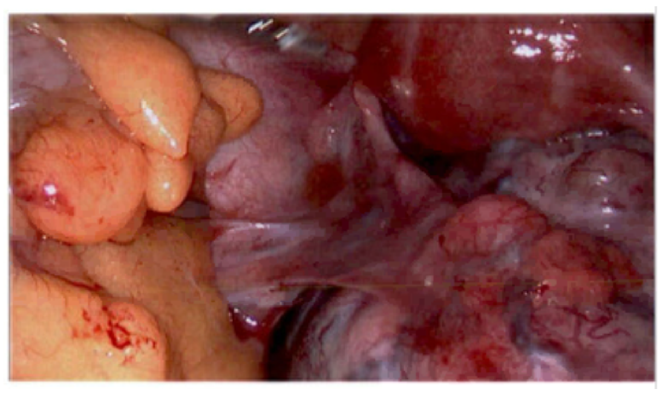

IMAGE 3: Laproscopic appearance of "kissing ovaries" caused by adhesions

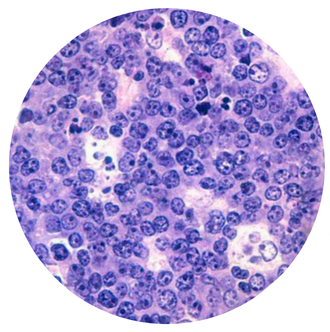

IMAGE 4: Histopathology: Starry Sky appearance of Burkitt's lymphoma of the ovary.

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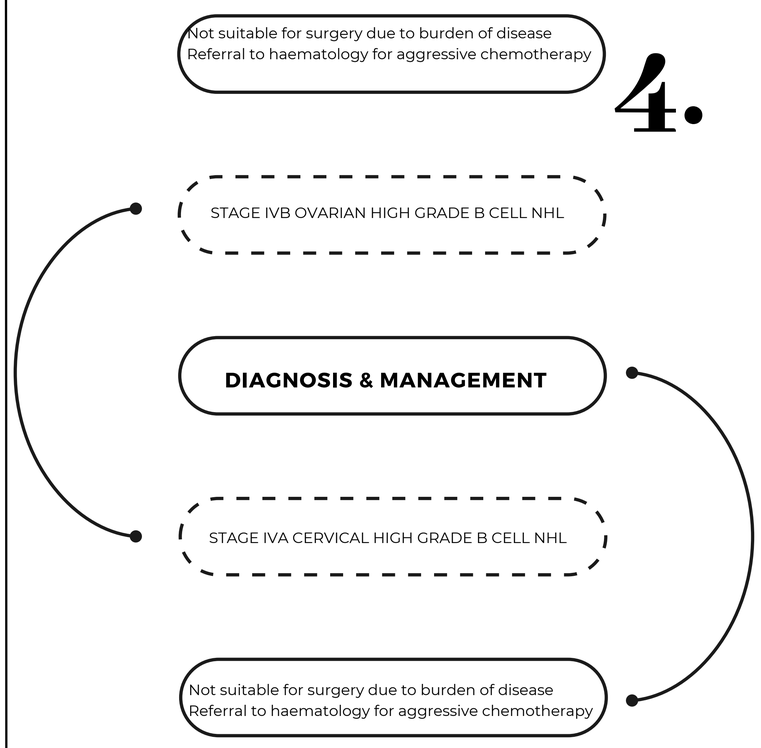

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DISCUSSION

Clinical manifestations of non-Hodgkin's lymphoma is variable and can masquerade as primary gynaecological malignancies when presenting late in an advanced stage of disease. A prompt histopathological diagnosis is paramount in the assessment of gynaecological masses to ensure an effective targeted therapy based on primary pathologies.

CONCLUSION

Non-hodgkin's lymphoma of the female genital tract is a rare but aggressive disease which should be taken into account with presenting gynaecological issues.

REFERENCES [1] F. Peng, J. Li, S. Mu, Y. Qin, J. Ma, L. Ai, Y. Hu, Epidemiological features for primary lymphoma of the female genital tract patients and development of a nomogram to predict survival. Annals of Medicine 2022, 54, 962-976.
[2] F. Binesh, H. Vahedian, Y. Rajabzadeh, Primary malignant lymphoma of the uterine cervix. Case Reports 2012, 2012, bcr2012006675.