



La **DIAGNOSTICA** **EMATOPATOLOGICA** nell'ERA della **MEDICINA** di **PRECISIONE**

LOOKING BEYOND FIRST IMPRESSION

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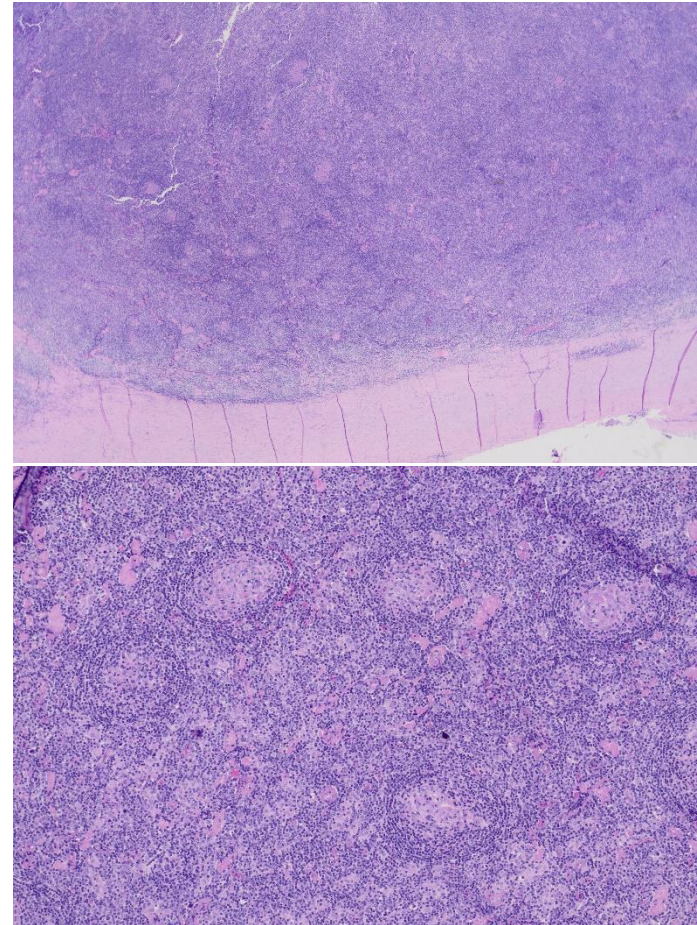
Nothing to disclose

CLINICAL INFORMATION

- 51 y/o woman
- 4 cm crural lymphadenopathy
- Nothing reported in her past medical history

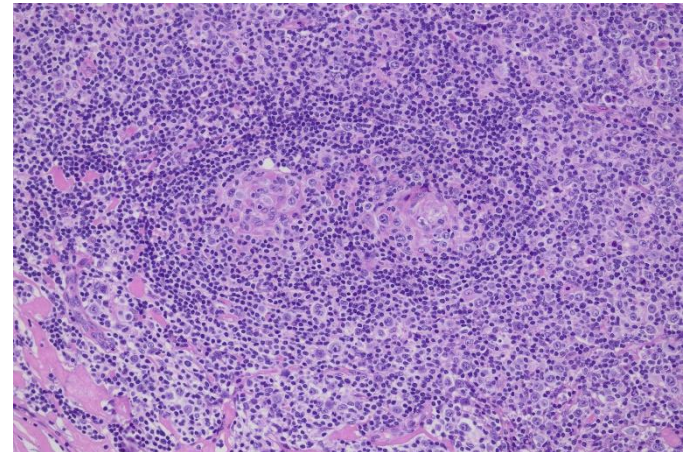
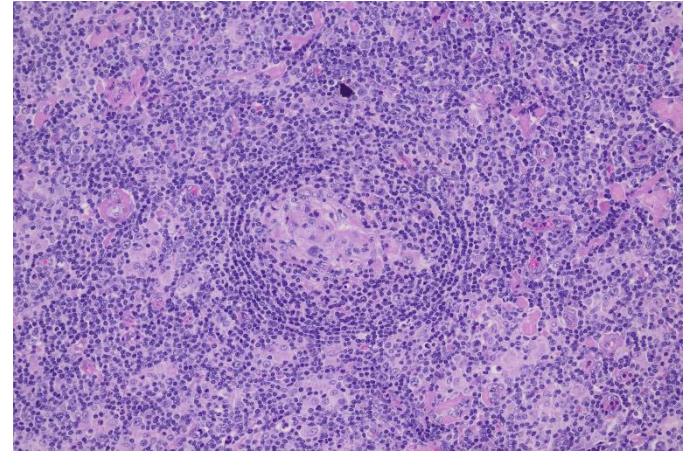
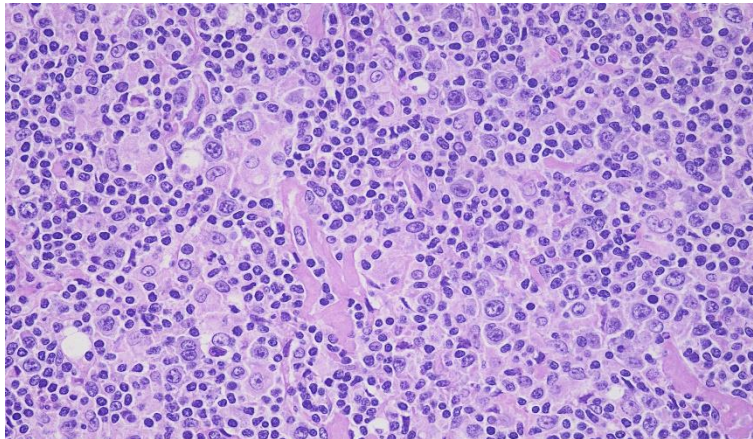
ON LOW POWER FIELDS

- Lymph node architecture is distorted
- Thickened capsule
- Regressed germinal centres



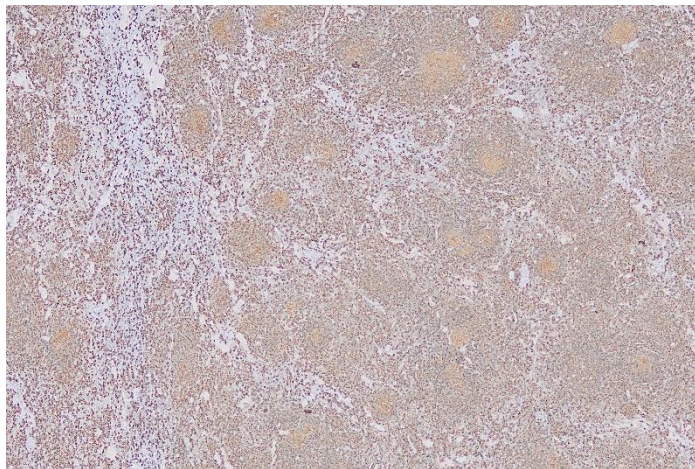
ON HIGH POWER FIELDS

- Lymphocyte-depleted germinal centres
- Expanded mantle zones with lymphocytes arranged in concentric (onion-skin) rings
- Twinning
- Interfollicular lymphocytes ranging in size
- Large nucleolated cells; some with plasmablastic morphology

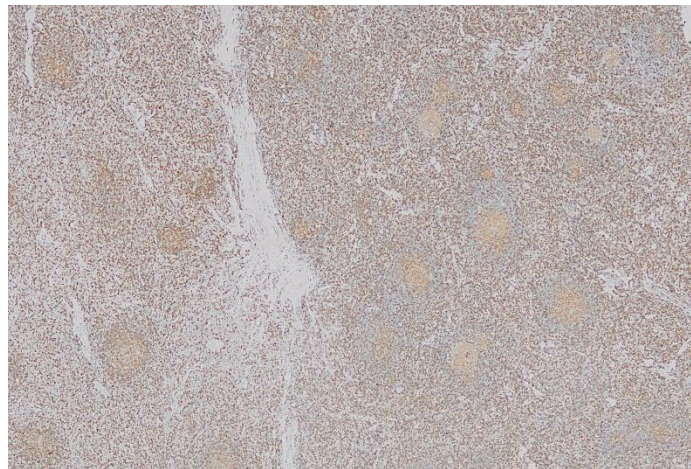


- Overall impression of reactive lymphadenopathy with Castleman-like features (would be hyaline-vascular unicentric)
- But the focally increased perifollicular large cells were not so consistent

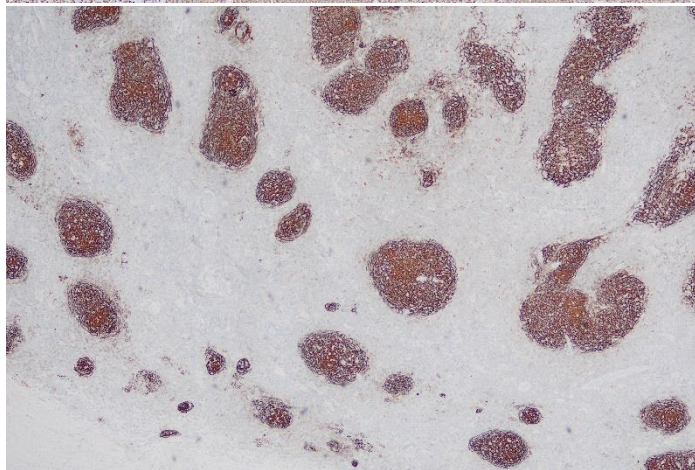
CD20



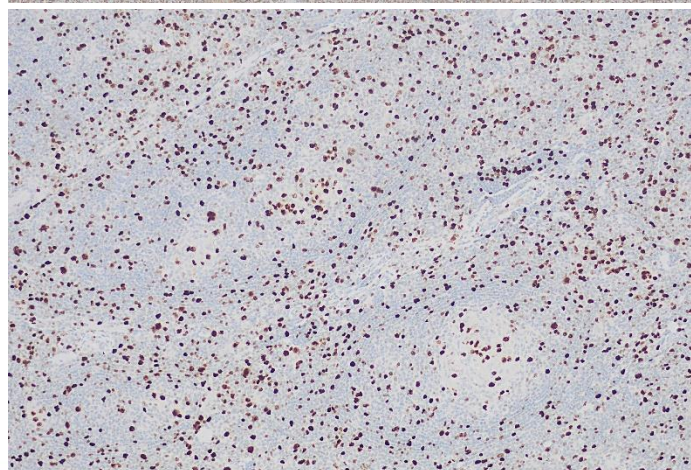
CD3



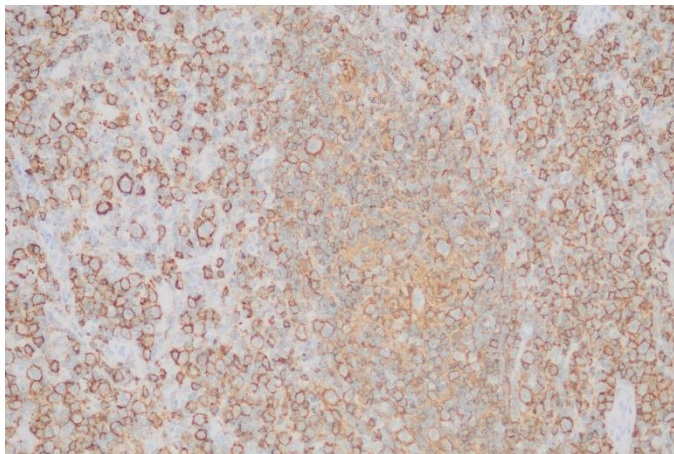
CD21



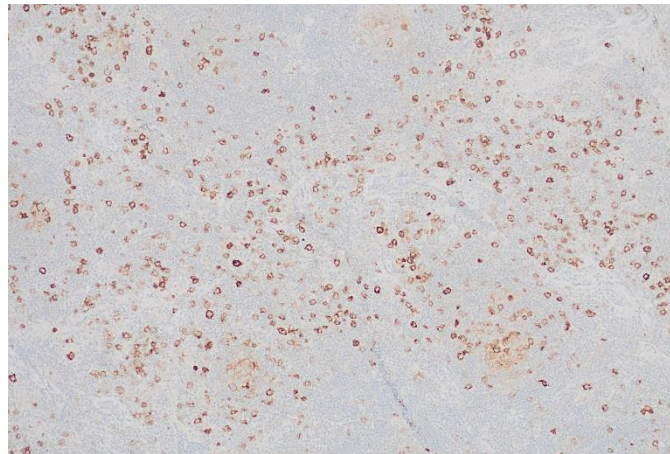
Ki67



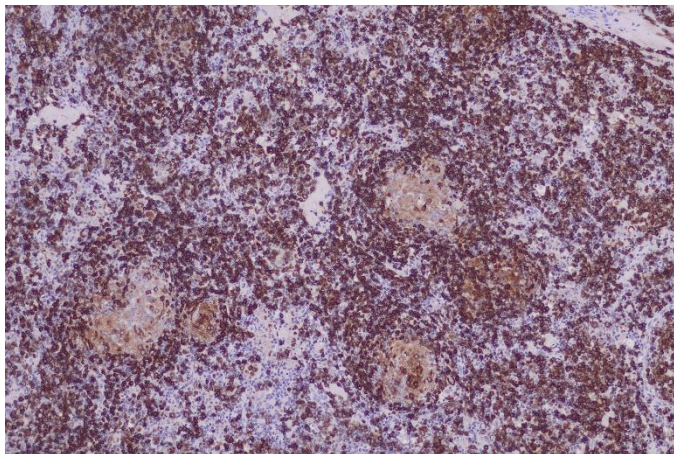
CD20+
HHV8-



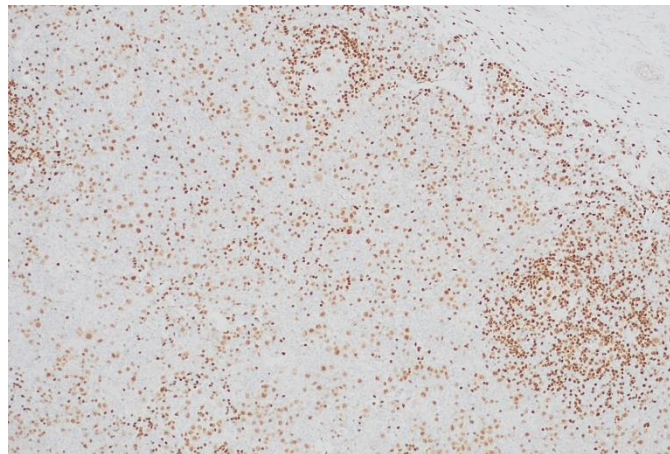
CD30+/-
CD15-



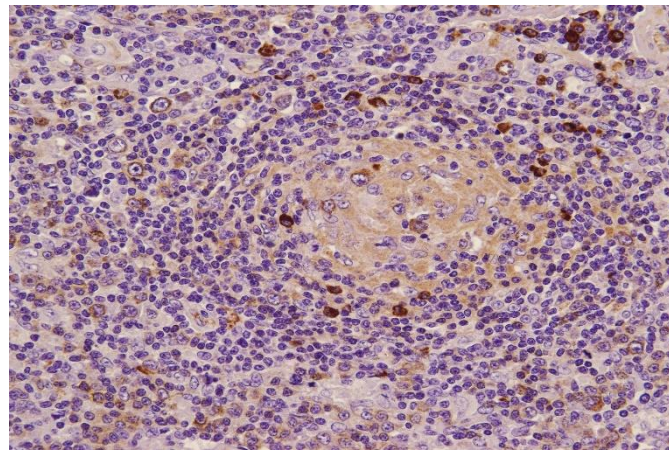
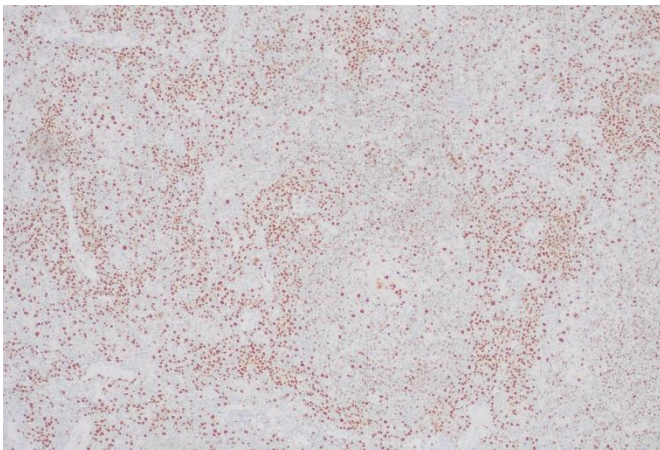
CD79a+



PAX5+

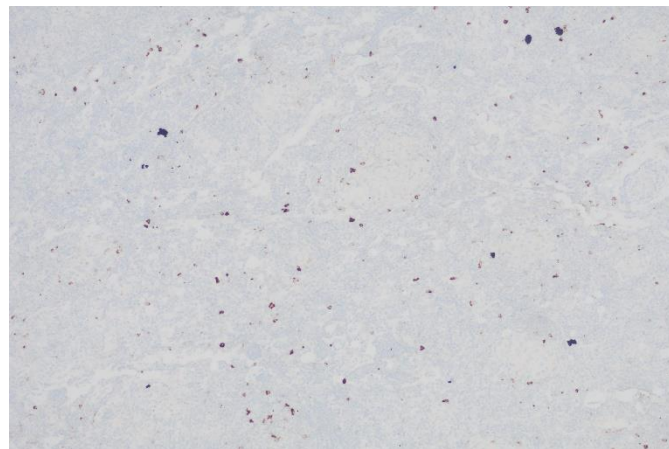
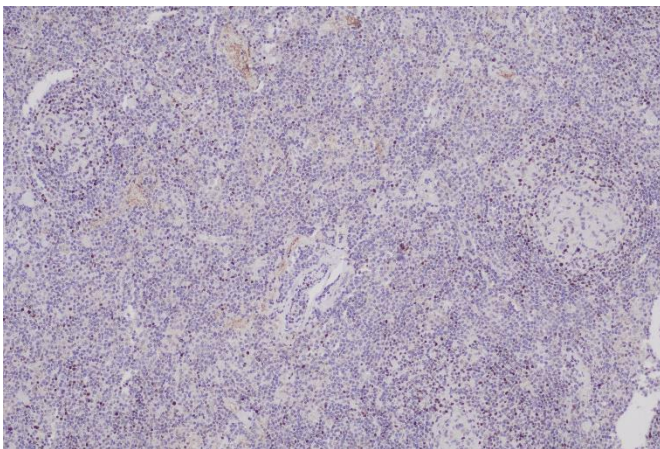


OCT2+



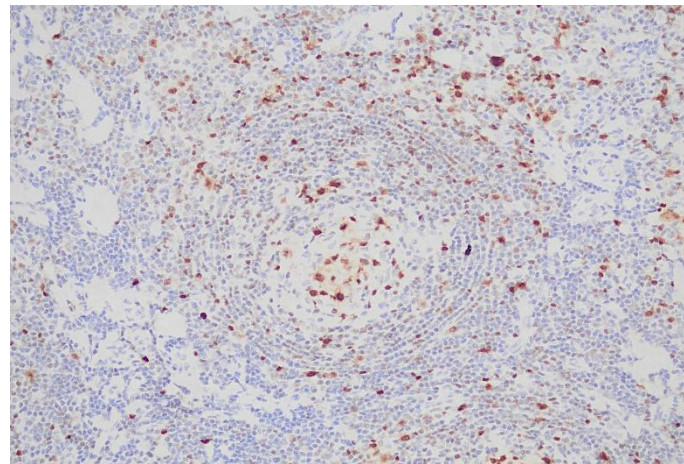
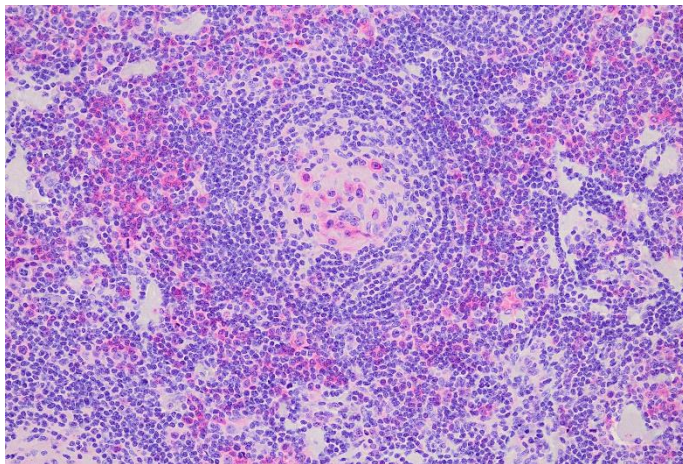
IgM+-
IgD-

BCL6-



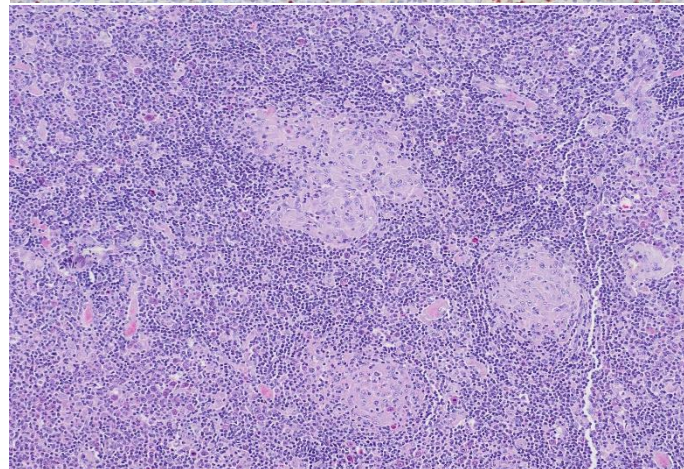
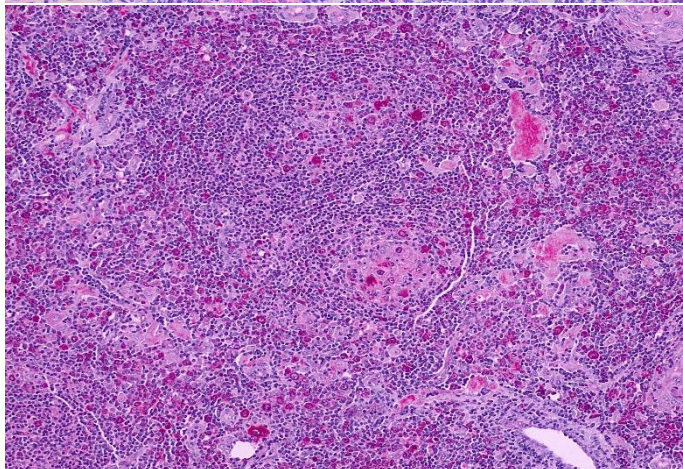
CD10-

IRTA+



MUM1+-

K chain+



λ chain-

...SO FAR

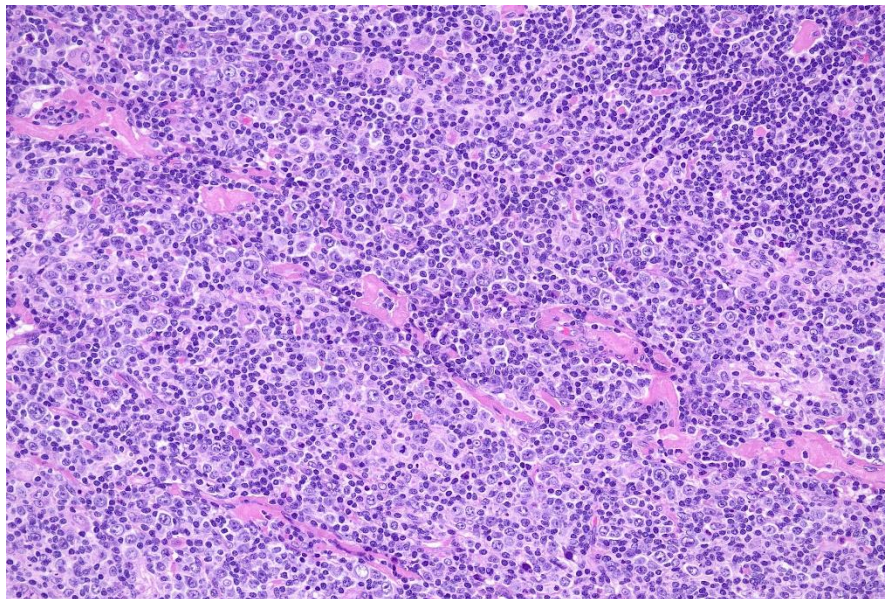
- Nodular proliferation of B lymphocytes
- Lymphoid follicles with prominent FDC meshworks
- Germinal centres: depleted with Castleman-like features; negative for GC phenotype (CD10- and BCL6-); colonized by monotypic medium sized B cells with marginal zone phenotype
- Variable size B cells in the interfollicular area
- CD20+, CD79a+, PAX5+, OCT2+: full-B immunophenotype
- IRTA+, CD30-+: marginal zone-like phenotype
- MUM1+/-/Kappa chain restriction: plasmacytic/plasmablastic differentiation
- EBER- and HHV8-

...SO FAR

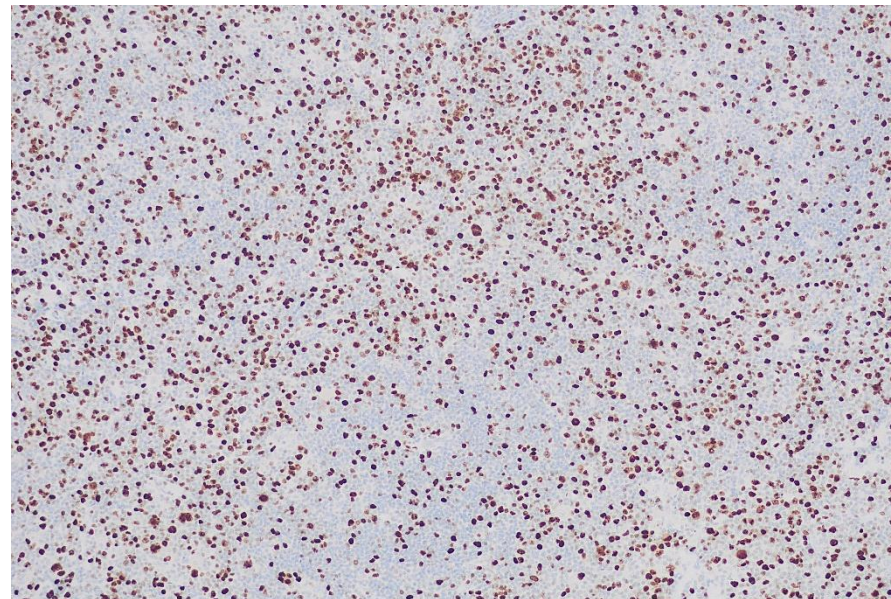
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FIRST IDEA IS NODAL MARGINAL ZONE LYMPHOMA

TRANSFORMATION INTO LARGE B CELL LYMPHOMA?

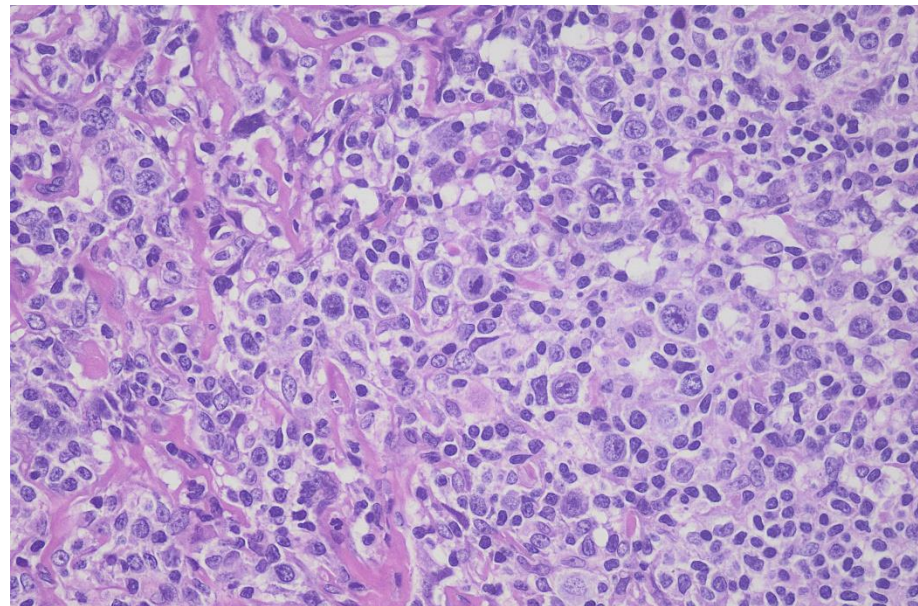
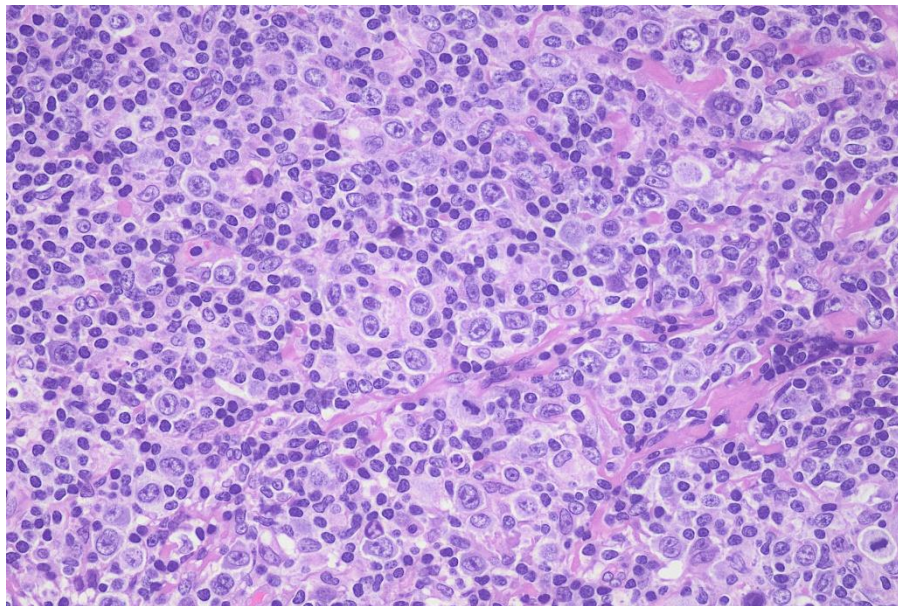


Frequent interfollicular large cells



Focally increased Ki67

TRANSFORMATION INTO LARGE B CELL LYMPHOMA?



TRANSFORMATION OF INDOLENT B-CELL LYMPHOMAS ACCORDING TO WHO V ed

- MZL usually shows the presence of **scattered large cells** among small B cells.
- There is **no agreement** regarding the clinical relevance associated with increased numbers of large cells or with the cell proliferation rate.
- Although no quantitative criteria have been established and few studies have addressed the issue, the presence of **large, confluent sheets** of large cells are usually accepted as **evidence of HGT**.
- The presence of **clusters (> 20 cells)** of large cells has also been used as a **criterion for transformation**.
- However, such clusters should be differentiated from **clusters of large cells colonizing residual germinal centres** that are often observed in MZL **without clinical evidence** of transformation.
- **Monocytoid differentiation** in nodal MZL with often medium-sized cells and irregular nuclei should also not be overinterpreted as transformation.
- Demonstration of a **nodular pattern and an absence of sheets of large cells precludes a diagnosis of large cell lymphoma** in this setting.

FINALLY THE CASE WAS SIGNED OUT AS

- B-CELL LYMPHOMA WITH PLASMACYTIC DIFFERENTIATION AND FOLLICULAR COLONIZATION IN LYMPHADENOPATHY WITH CASTLEMAN-LIKE FEATURES
- NODAL MARGINAL ZONE ORIGIN IS FAVOURED
- IT IS NOTED AN INCREASE IN LARGE CELLS AND KI67 WITH NO CLEAR-CUT EVIDENCE OF A DIFFUSE LARGE B CELL LYMPHOMA

Thanks to
Dr. Sabattini and Bologna team for support
Dr. Vadrucchi for sharing the case
And you for the attention

