Primary Urethral MALT Lymphoma with High Proliferation Fraction.

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摘要

Abstract

Sir. Isaacson and Wright first introduced the concept of extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT) in those of gastrointestinal low-grade B-cell lymphomas recapitulating the features of Peyer's patch or MALT. This concept has been extended to other extranodal sites such as lung, head and neck, ocular adnexa, skin, thyroid, breast and urinary tract. Primary urethral MALT lymphomas are extremely rare and molecular study has not been reported.5A 50-year-old woman presented with a nodule in the urethral meatus and received tumour resection under the clinical impression of caruncle. Histologically, the section showed diffuse infiltration by atypical small lymphocytes in the deeper part with plasmacytoid differentiation and plasma cells in the superficial part beneath the intact surface mucosa. Admixed with the atypical small lymphocytes were scattered large lymphocytes, accounting for 10% of the lymphoid infiltrate, without forming large aggregates or sheets of large cells. Immunohistochemically, these atypical small lymphocytes expressed CD20 but not CD138 while the superficial plasmacytoid and plasma cells showed an opposite expression pattern. Both components were positive for bcl-2 and IgM and negative for CD3, CD5, and CD43. Weak to moderate bel-10 positivity was noted in both nuclei and cytoplasm. The staining for immunoglobulin light chain was not satisfactory, yet there was a suggestion of monotypic X light chain expression. The proliferation fraction as determined by Ki67 was high at 30-70% in small and large cells in both components with the staining intensity in the large cells stronger than that in the small cells. There was no lymphoid follicle or lympho-epithelial lesion either morphologically or after cyto-keratin AE1/AE3 immunostaining. Her serum LDH level wTas in normal range. Abdominal CT scan and bone marrow aspiration and biopsy were negative. Paraffin section was used for molecular study. Both Fr2-JH and Fr3-JH PCR analysis of the rearranged immunoglobulin heavy chain (IgH) gene showed a monoclonal pattern. T(ll;18) API2/MALT1 and t(14;18) IgH/MALT1 were both negative as shown by MALT1 break-apart double colour interphase FISH. The diagnosis was stage IE MALT lymphoma. She received 3600 rads of radiotherapy without chemotherapy. She is free of disease after regular follow-up and periodic cystoscopy for 14.5 months. therapy...