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Case Report

Primary Extranodal Non-Hodgkin Lymphoma of Cheek

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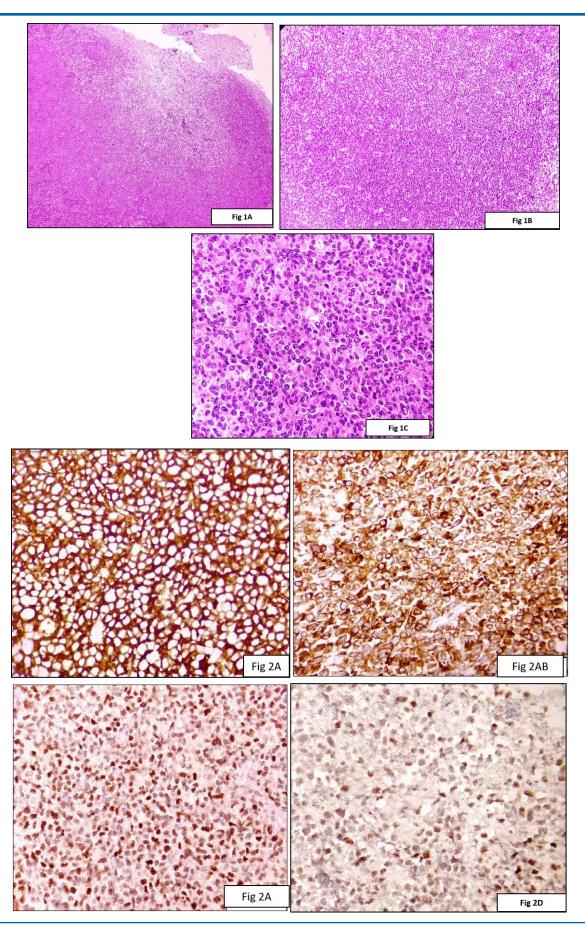
1. Introduction

Non-Hodgkin's lymphomas (NHL) comprise a group of extremely diverse lymphoproliferative neoplamas that have a predisposition for extranodal sites. Amongst the extranodal locations rare involvement of oral cavity has been reported and occurrence of these neoplasms on the cheek are thin on the ground. The most commonly encountered is the Diffuse large B-cell lymphoma. The B-cell neoplasms are clonal tumors of mature and immature B cells and the relatedness of B-cell lymphomas to normal B-cell counterparts forms a key aspect in their nomenclature of classification. Diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS), consists of medium-sized to large B cells with a diffuse growth pattern. This lesion is a morphologically and molecularly heterogeneous entity which does not meet the diagnostic criteria of any specific large B-cell lymphoma neoplasms. Amongst the cases of DLBCL in n the head and neck region involvement of cheek/ buccal mucosa is scarce.

2. Case Report

We discuss a case of a 61-year-old male who presented with the chief complaint of cheek swelling since last 20 days. Fine needle aspiration cytology (FNAC) was performed outside which was suggestive of poorly differentiated round cell tumour. Subsequently curettage biopsy was done which comprised of sheets of large mononuclear cells with prominent nucleoli, brisk mitoses and scattered admixed multinucleate & multilobate cells (Fig 1). The morphological features were suggestive of Non -Hodgkin lymphoma. Immunohistochemical evaluation performed was consistent with Diffuse Large B-cell Lymphoma (DLBCL, NOS) -Non-Germinal Centre B-Cell like (Non-GCB) [Hans Algorithm]. The tumour cells showed immunoreactivity to CD20, Bcl2, Bcl6, c-myc, Ki-67 and MUM-1 (Fig 2). For staging work up, PET-CT was done and final stage was stage II. The patient was treated with 6 cycles of R-CHOP chemotherapy drug combination followed by 30 cycles of radiation therapy to face and neck. The patient has been on regular clinical and radiological follow up and is disease free for last two years (Fig 3).

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3. Discussion

Diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS), consists of medium-sized to large B cells with a diffuse growth pattern. This lesion is a morphologically and molecularly heterogeneous entity which does not meet the diagnostic criteria of any specific large B-cell lymphoma neoplasms. Amongst the cases of DLBCL, around 40% are localized to head and neck, with equal predisposition of nodal and extranidal involvement. Waldeyer ring in particular the palatine tonsil is most common extranidal site. In the head and neck region involvement of cheek/buccal mucosa is scarce. Generally followed treatment of choice is immunochemotherapeutic and field radiotherapy if needed. Extranidal DLBCL of the head and neck have a better prognosis than patients with solely nodal disease or those with extranidal DLBCL at other sites.

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