

A case of composite lymphoma of follicular lymphoma and follicular helper T cell lymphoma

울산대학교 의과대학 서울아산병원 내과¹, 울산대학교 의과대학 서울아산병원 중양내과²,
울산대학교 의과대학 서울아산병원 병리과³, 울산대학교 의과대학 서울아산병원 유방외과⁴,
울산대학교 의과대학 서울아산병원 영상의학과⁵, 울산대학교 의과대학 서울아산병원 핵의학과⁶

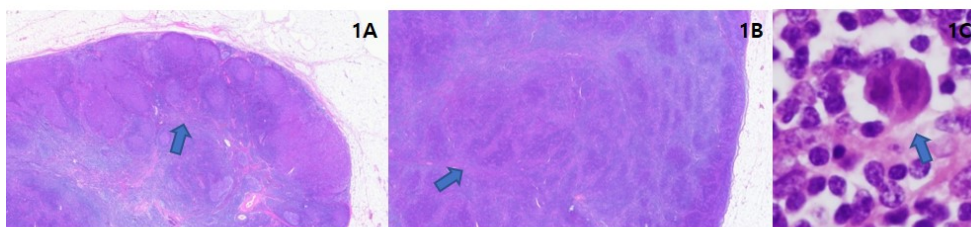
박동진¹, 조형우², 이영주⁴, 김경원⁵, 채은진⁵, 류진숙⁶, 허주영³, 박찬식³, 윤덕현², 서철원²

Background: Composite lymphoma is a rare disease defined as two or more distinct lymphomas in the same tissue. The diagnosis of composite lymphoma is challenging since one component may overlap the other component. Here we report a very rare case with a composite lymphoma of follicular lymphoma (FL) and follicular helper T cell lymphoma (FHTL) with Reed-Sternberg-like cells (RS-like cells).

Case: A healthy 62-year-old female visited a local clinic for routine check-up. Her mammography showed right axillary lymph node enlargement, of which size was 3 cm on ultrasonography. Core needle biopsy was performed in which atypical lymphoid cell proliferation was observed. The patient was referred to our hospital for further evaluation. The patient did not have B symptoms. Excisional biopsy was performed for the enlarged right axillary lymph node for definite diagnosis. The lesion had two histological components. One showed follicular expansion of large, non-cleaved centroblasts representing the feature of FL grade 3B (Figure A). Immunohistochemistry showed that BCL-2, BCL-6, CD10 and CD20 were positive in this component. On the other hand, the other one showed nodular proliferation of atypical lymphoid cells (Figure B). RS-like cells were noted focally, which were surrounded by atypical lymphocytes, so-called “Rosette” (Figure C). In addition, CD4, CD5 and PD-1 were positive in this component, which is consistent with FHTL. Some additional cervical lymph nodes showed hypermetabolic activity on positron emission tomography/computed tomography but there was no evidence of extranodal involvement. Accordingly, the patient had stage II disease. The patient was treated with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone (R-CHOP) and she achieved complete response in the interim response assessment after 3 cycles of chemotherapy. The treatment is still ongoing at the time of publication of this abstract.

Conclusion: Accurate diagnosis of lymphoma subtype is essential for appropriate treatment. Very rare composite lymphoma such as combining FL and FHTL as in this case should also be considered for differential diagnosis of lymphomas.

[Figure 1. HE stain] A. Follicular lymphoma (x100) B. Follicular helper T cell lymphoma (x100)
C. Reed-Sternberg-like cell in follicular helper T cell lymphoma (x1000)



[Figure 2. Immunohistochemistry] A. Follicular lymphoma B. Follicular helper T cell lymphoma

