Primary Diffuse Large B-cell Non-Hodgkins Lymphoma of Spleen Masquerading as Splenic Abscess

Sir,

Splenic involvement by Hodgkin's lymphoma (HL) and Non-Hodgkin's lymphoma (NHL) is well known. However, primary malignant lymphoma of the spleen (PMLS) is rare. Still rarer is its presentation like a splenic abscess.

Mrs. BK, a 60 years female, presented with left hypochondrial pain and intermittent fever with chills of 4 weeks' duration. There were no other accompanying symptoms. On examination, she was anemic with no peripheral lymphadenopathy. Right hypochondrium was tender and spleen was just palpable.

Investigations: Hb 8.9 g/dl, WBC-9.87/cmm. Platelet Count 221000/cmm. Renal and liver function tests were within normal limits serum LDH-402 i.u /l. Chest x ray- normal. Ultrasound of abdomen showed enlarged spleen with a hypoechoic area of 62 x63 x67mms suggestive of splenic abscess.

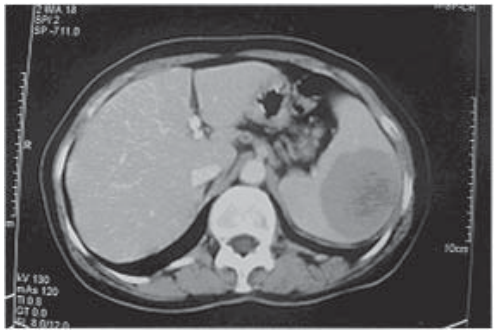

Fig: Preoperative abdominal CECT of the patient showing an intrasplenic SOL simulating an abscess

CECT abdomen confirmed the USG findings as shown in Fig.1. Patient underwent laparotomy with a preoperative impression of splenic abscess using a left sub costal incision. Per operatively there was an enlarged spleen with multiple nodes in splenic hilum. Splenectomy was performed. Cut section revealed a large mass of 3x5 cms on posterior-superior aspect of spleen. Microscopic examination of splenic specimen showed features consistent with diffuse large B cell lymphoma (DLBC). Immunohistochemistry for CD 20 was positive and non-reactive to CD3 and CD43. Bone marrow biopsy revealed no evidence of infiltration. Postoperatively, she received 6 cycles of CHOP chemotherapy. Presently she is disease free and is on regular follow up.

COMMENTS

Primary splenic lymphoma poses difficulty in diagnosis. It has been misdiagnosed as splenic abscess in past.[2,3] Splenic lymphoma may also present as a space occupying lesion.[4] Clinically, splenomegaly may vary from mild to moderate, rarely could be massive. Majority of splenic lymphoma are of B-cell origin, with the most common subtypes being indolent lymphoma eg splenic villous lymphoma. Other common subtypes are- diffuse large B cell lymphoma (DLBC), T cell large cell anaplastic lymphoma (ALCL). Our patient was a case of diffuse large B cell lymphoma. Splenic DLBC lymphoma has been associated with hepatitis-C virus infection. Patients with aggressive subtype (DLBC, ALCL) should receive appropriate chemotherapy. Those with indolent lymphomas can be kept on regular follow up postoperatively. In our patient clinical presentation and imaging mimicked like splenic abscess. Diffuse large-cell lymphoma of the spleen should be considered in the differential diagnosis of patients presenting with fever or other systemic symptoms associated with radiographic evidence of single or multiple focal lesions in the spleen. Splenectomy in primary lymphomas of the spleen may form an important step in its diagnosis and treatment.

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