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.

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.

REFERENCES:

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