View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

se nakon remisije ponovo javljaju bolovi i otok. Tada se uzme detaljnija anamneza iz koje se sazna da je pacijent nekoliko mjeseci prije pri operaciji ingvinalne hernije imao problem s koagulacijom i da su mu povišeni jetreni enzimi sa sumnjom na hepatitis. Kod nas se tada uzme biopsija te pošalje na PHD. U području glave i vrata ne nađe se palpabilnih limfnih čvorova. Prigodom raščlambe prve biopsije nalaz je suspektan na maligni limfom te se pacijent šalje na daljnju obradbu na hematopatologiju gdje se uzima ponovna biopsija. Radi se o difuznom velikostaničnom Non-Hogkin limfomu B-imunofenotipa. Pacijent je na obradbi Kliničkoga zavoda za hematologiju te je nakon potrebne terapije bolest u remisiji.

A Finding of Diffuse Cellular Non-Hodgkin Lymphoma in the Oral Cavity - Case Presentation

Dg: Diffuse giant cell Non-Hodgkin lymphoma B-immunophenotype

Tihomir Kuna, Olaf John, Pavel Kobler, Irina Filipović-Zore
Department of Oral Surgery, School of Dental Medicine
University of Zagreb

Summary

Definition: Non-Hodgkin lymphomas (NHL) are a heterogenetic group of lymphoproliferative neoplasms characterised by the occurrence of malignantly changed lymphocytes in a lymph node, and rarely primary in other organs.

The heterogenicity of the disease is interpreted in the diverse clinical manifestations of the disease, diverse laboratory parameters, histological finding, immunological origin of the malignant cells, reaction to therapy and disease prognosis. The disease is most frequently interpreted by painless enlarged lymph nodes, and more rarely with disturbances in other organic systems due to lymphomic infiltration of organs. Diffuse giant cell NHL B-immunophenotype belongs to the group of lymphomas of moderate degree of malignancy. It occurs in middle-aged and older age groups, usually with disseminated lymph nodes, and up to 70% of patients have infiltration of the bone marrow by lymphoid cells. Diffuse lymphomas of giant cells are very often localised and infiltration of the gastrointestinal tract and central nervous system is a frequent occurrence.

In this study we describe the method of diagnosing diffuse giant cell NHL B-immunophenotype, which was detected after inadequate healing of post-extraction alveola.

The patient was admitted because of a swelling and growth from the post-extraction alveola in the area of the lower left wisdom tooth and anaesthesia of the chin. The tooth was extracted because of pain in the tooth and gingiva. The patient informed us that approximately 6 months ago he had felt "tingling" on the left side of the chin. At that time he was treated with laser therapy by a specialist in oral medicine, after which partial improvement occurred. However anaesthesia of the area, pain and swelling recurred, and it was decided to perform extraction of the lower wisdom tooth. The patient was treated in this Department initially with cochleation and antibiotics. Improvement occurred one week after treatment. However, after the remission pain and swelling recurred. A detailed history was taken and it was learnt that a few months beforehand, during an operation for an inguinal hernia, a problem had occurred with coagulation, and renal enzymes were raised and hepatitis suspected. A biopsy was then taken in our Department and sent for PHD. Palpable lymph nodes were not found in the area of the head and neck. During analysis of the first biopsy the result was suspect for malignant lymphoma and the patient was sent for further treatment by a haematopathologist, where a further biopsy was taken. The finding showed diffuse giant-cell Non-Hodgkin lymphoma B-immunophenotype. The patient is presently undergoing treatment in the Clinical Department of Haematology, and after appropriate therapy the disease is in remission.