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RECURRENT PLASMACYTOID LYMPHOCYTIC LYMPHOMA OF THE BLADDER SECRETING MULTIPLE MONOCLONAL AND BICLONAL PROTEINS

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Primary lymphomas of the bladder are rare and only 1 case of plasmacytoid lymphocytic lymphoma has been previously described.[1-3] We report a second case of primary plasmacytoid lymphocytic lymphoma of the bladder, which secreted multiple monoclonal and biclonal proteins, and recurred after radical cystectomy.

CASE REPORT

A 74-year-old woman was referred for recurrence of a primary plasmacytoid lymphocytic lymphoma of the bladder, which was causing bilateral lower limb edema. Medical history was remarkable for pulmonary tuberculosis. At age 61 years she underwent segmental resection of the bladder for an unspecified tumor and, 9 months before this presentation, radical cystectomy plus bilateral cutaneous ureterostomy were performed for a primary plasmacytoid lymphocytic lymphoma of the bladder of intermediate grade (International Working Formulation).

At presentation she was anemic with a red cell count of 3,490,000/mm.^{3} (normal 4,200,000 to 5,500,000), hemoglobin 9.0 gm./dl. (normal 12.0 to 15.5) and hematocrit 27% (normal 40 to 52). Serum β2-microglobulin was 7.6 mg./l. (normal 0.9 to 3.0) and carbohydrate antigen 125 was 314 units per ml. (normal less than 34). Serum protein electrophoresis showed monoclonal components in the β and gamma regions, and urine protein electrophoresis revealed a monoclonal band in the β region. Serum immunofixation showed IgG, IgM, lambda monoclonal bands and IgA biclonal bands, and urine immunofixation revealed lambda monoclonal light chains. Bone marrow biopsy was normal. Pelvic computerized tomography revealed extensive disease recurrence.

Chemotherapy (cyclophosphamide) and radiotherapy were followed by a decrease of the electrophoretic monoclonal components, carbohydrate antigen 125 (128 units per ml.) and β2-microglobulin (4.8 mg./l.), without any clinical evidence of response to these therapies. Obstruction of the left cutaneous ureterostomy required catheterization. The patient was discharged home and was lost to followup.

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DISCUSSION

Primary malignant lymphomas of the bladder are considered to originate from the mucosa associated lymphoid tissue.[1] A marked incidence among women has been noted and chronic cystitis has been implicated as a risk factor for the development of the malignancy.[1] Low grade primary bladder lymphomas have responded favorably to local or radical surgical treatment with or without radiotherapy, whereas sporadically intermediate and high grade tumors may behave aggressively.[1,2] However, we believe that surgery alone cannot be considered effective in the management of these rare malignancies.

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