Methods and materials. A single patient with stage IV MF with 14 symptomatic plaques and tumors underwent low-dose (8 Gy in two fractions) local radiotherapy.
Results. Complete response has been achieved for all lesions (100%). After a median of 18.1 months of follow-up (39-1 months) no lesions needed re-irradiation.
Conclusions. In our experience low-dose involved field radiotherapy has proved to be a very efficient, tolerable and cost effective approach as a palliative treatment in CTCL lesions.

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Non-myeloablative conditioning bone marrow transplant, with 2 Gy total body irradiation (TBI)

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Introduction. Bone Marrow Transplant with conventional myeloablative conditioning has high morbidity and mortality, particularly in fragile patients. These patients may be candidates for a transplant with a non-myeloablative conditioning regime.
Objectives. Retrospective analysis of the feasibility and toxicity of the treatment with TBI to 2 Gy dose non-myeloablative allogeneic bone marrow transplant.
Patients and methods. Retrospective study, non randomised, from 2009 to 2012 in patients treated with TBI with 2 Gy as part of the treatment myeloablative allogeneic bone marrow transplant. Inclusion criteria: (1) 50 years and older and not candidates to myeloablative standar transplant. (2) Tandem transplant, allotransplantation followed by allogenic autotransplantation in a short period of time. We recruited 6 women and 4 men, aged 43–56 years old, 2 with acute lymphoblastic leukemia, one with acute myeloid leukemia, 1 with chronic lymphoblastic leukemia, three with multiple myeloma, 1 with myelodysplastic syndrome and 1 with aplastic anemia. Scheme Conditioning: 2 Gy doses in a single session, premedication with 1mg/kg and ondansetron 8 mg prednisone/8 h at least ½ h before TBI. The technique is similar to myeloablative TBI.
Results. No patient had associated toxicity conditioning, 5 relapses, 2 deaths and 3 are still alive and healthy. One underwent BMT 2 Gy and subsequently with INT 5 Gy with implant loss and died.
Conclusion. This is a simple technique, with no conditioning linked toxicity that could be used in patients for whom standard patterns are not feasible.

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Ocular adnexa and intraocular lymphomas. Cases report

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Introduction. Primary lymphomas of the ocular adnexa (OL) constitute 7% of extranodal lymphomas. The most common symptoms are a growing mass followed by pain. Low grade histology is most frequent. Intraocular lymphoma (IOL) represent <1% of lymphomas and its associated with CNS lesions. Bilateral involvement occurs in almost 80% and usually appears as a refractory non-specific uveitis associated with campimetric deficit; its often a high grade histology, being commonly diffuse large B cell lymphoma.
Objective. To report four cases of OL and IOL and their multidisciplinary treatment.
Cases report. Three cases of OL in women between 58 and 90 year-old, one primary and two secondary to marginal zone and follicle lymphoma. The diagnosis was made by biopsy of low grade lymphoma. One case of IOL in a 69 year-old man with primary CNS lymphoma. The diagnosis was made by vitreus aspiration of a diffuse B cell lymphoma. They were presented with a growing mass vision changes of a non-specific uveitis of 10–24 months of duration. None of the patients received chemotherapy. In two of the OL cases a gross total resection was performed followed by radiation therapy to the tumoral bed and the other cases received irradiation of both orbits, TD: 30 Gy/1.8 Gy.
Results. All patients, the MRI revealed no residual tumor with complete resolution. The patients are in follow-up, asymptomatic and free recurrence.
Conclusions. The literature suggest that OL can be treated with radiotherapy, reaching local control >95% with good prognostic. The IOL treatment establishes initial chemotherapy followed by irradiation, they have worse prognostic; ocular recurrence are common and most patients developed CNS disease within 14–84 With either 30–36 Gy and standard fractionation, has been associated a lower ocular relapse rate, and the effect on ocular disease control suggests that they have a potential role in survival.

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