Transformation of follicular lymphoma to high-grade Burkitt’s like lymphoma and acute lymphoblastic leukemia-L3 type

Sir,

A 38-year-old lady who presented at our institute in February 2012 with generalized lymphadenopathy was diagnosed as follicular lymphoma (FL) (grade-III, stage-IV) [Figure 1a]. Immuno-histochemically (IHC), the tumor cells showed positivity to BCL 2 [Figure 1b], MIB 60-70% [Figure 1c], CD20 [Figure 1d], CD79α, CD10 and BCL6. Bone marrow biopsy showed marrow involvement. Follow-up computed tomography after 4 cycles of CHOP (Cyclophosphamide, Hydroxydaunorubicin, Oncovin, Prednisolone) showed residual lymphadenopathy and hepatosplenomegaly. Total white blood cell count (TWBC) was 4.8 × 10⁶/L, with 62% lymphoid cells, no blasts. Subsequent lymph node biopsy showed features of high grade diffuse large B cell lymphoma (DLBCL, Burkitt’s like) [Figure 2a]. IHC showed positivity to CD20, CD79α, BCL2 [Figure 2b], MIB 80% [Figure 2c], CD10 [Figure 2d] and BCL6, and negative to terminal deoxynucleotidyl transferase, CD99 and Cyclin-D1. Bone marrow showed residual disease with few blasts. Assessment after 2 more cycles (August 2012) showed persistent lymphadenopathy, TWBC: 7 × 10⁶/L with 10% L3 type blasts [Figure 3d], bone marrow aspiration: 80% L3 type blasts [Figure 3b], bone marrow biopsy showed sheets of blasts [Figure 3a and c]. Flow-cytometry: Positive for CD5, CD20, CD21, CD33, FMC7, Kappa. CD23 was negative. The patient showed transformation of FL to high-grade DLBCL and acute lymphoblastic leukemia of L3 type.

FL is an indolent lymphoma. Blastic transformation though rare has highly aggressive course. Our patient was advised...
supportive care as she had poor response to treatment and was not fit for intensive chemotherapy.

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Use of nimotuzumab in the patient with G-6-PD deficiency: The first world report

Sir,
The use of therapeutic agent for the cancerous patient with underlying disease must be carefully done. An important common hematological disorder that can be seen around the world is G-6-PD deficiency. The problem of the effectiveness of the cancer therapy regimen and the possible trigger on deficient red blood cell are the important concerns. Here, the author reports an experience on a case with post-colectomy colon cancer. This case is a referred case consulting on the problem of prolonged anemia. The patient has been diagnosed for colon cancer and got surgical treatment with capecitabine chemotherapy for 1 year. The patient has also got the additional new immunotherapy by nimotuzumab regimen. On the consulting visit, this patient was completely investigated for possible cause of hematological disorder and the G-6-PD deficiency was detected. Focusing on blood picture, normochromic normocytic anemia without evidence of hemolysis could be seen. Based on this history, it can be seen that using new nimotuzumab treatment in cancerous patient did not lead to hemolytic blood picture. This is the first world report that nimotuzumab should be safe for the patient with G-6-PD deficiency. The left issue is to follow-up and study the efficacy of nimotuzumab in the case with G-6-PD deficiency.

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