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Primary Splenic Diffuse Large B Cell Lymphoma: A Rare Case Report

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Introduction

Primary splenic lymphoma is a rare neoplasm of the spleen[1,2]. Here we present a case of primary splenic diffuse large B cell lymphoma in a 69 year old male.

Case History

A 69 year old man presented with left side abdominal pain of 6 month duration. On examination spleen palpable 5cm below left costal margin, firm in consistency with rounded margin non tender. Right inguinal lymph node enlargement 2x1cm.
Peripheral Smear: Neutrophilic leukocytosis
FNAC lymph node shows reactive hyperplasia.
USG: Massive splenomegaly with multiple focal small sized lesions.
CECT: Multiple lesions in spleen with massive splenomegaly suggestive of splenic abscess.
Splenectomy was done. Gross examination show Spleen nodularly enlarged. Cut section shows multiple irregularly gray white nodules.

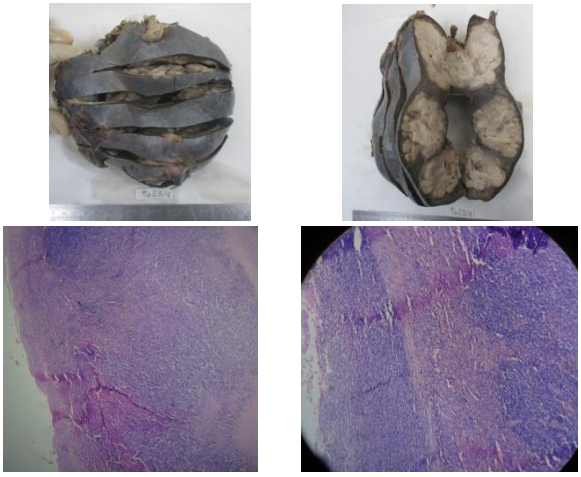


Fig 1 4x shows effacement of architecture by neoplasm arranged diffusely

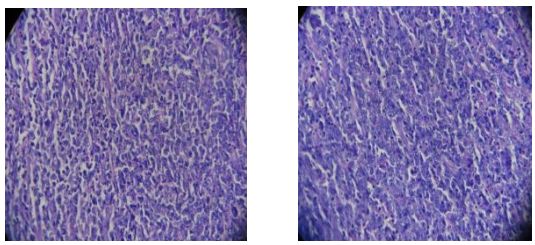


Fig 2 40X shows Individual cells are round to spindle with vesicular nucleus and distinct nucleolus.

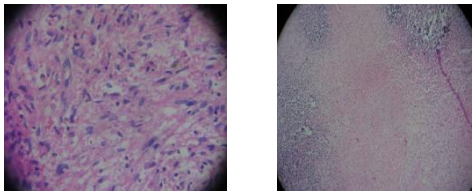
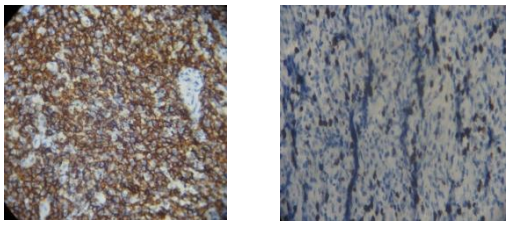
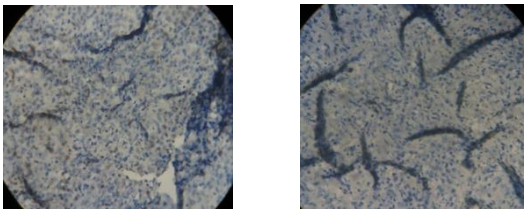


Fig 3 Granuloma and extensive areas of necrosis seen



CD 20 CD 3

Fig 4 IHC Tumor cells are positive for CD 20 and Negative for CD 3



CD 5 CD 23

Fig 5 IHC Tumor cells are negative for CD 5 and CD 23

Discussion

Primary splenic lymphoma comprises less than 2% of all the lymphoma[3] and 1% of all the non Hodgkin lymphoma[4,5]. Hodgkin and non Hodgkin lymphoma may affect spleen as a part of systemic involvement, where as primary splenic lymphoma is rather rare. Most often diagnosis is made after the histopathological evaluation of the splenectomy. A thorough clinical examination and investigation are mandatory to rule out disease in other organ including liver, Bone marrow and lymph node. Splenectomy is the most effective therapy for primary splenic lymphoma.

Conclusion

Primary splenic lymphoma is an extremely rare entity. Radiological and clinical appearance of primary splenic lymphoma may mimic splenic abscess that may delay the proper diagnosis and management. Hence it is imperative that clinician keep this differential in their mind while dealing with similar cases and should take necessary steps like biopsy and immunohistochemical analysis to reach correct diagnosis.

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