



RESEARCH ARTICLE

NON-HODGKIN LYMPHOMA PRESENTING AS BREAST LUMP- A CASE REPORT

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ABSTRACT

Breast is relatively rare site for non Hodgkin lymphoma as a primary site. It represents only 0.38% to 0.7% of all Non-Hodgkin's lymphoma, majority being of B-cell origin. It represents generally bilateral in younger age group and unilateral presentation in elderly. We report a rare case of non-Hodgkin lymphoma present as lump in right breast which was diagnosed as a case of Non-Hodgkin lymphoma of B-cell origin.

Key words:

Hodgkin lymphoma,
Non-Hodgkin lymphoma,
B-cell origin.

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INTRODUCTION

Non-Hodgkin lymphoma may be present as lymph node enlargement of any site of body or can be present as extra nodular site also. About one-third of NHL patients present lymphomas at extra nodal sites. The breast is not a common site for primary non Hodgkin lymphoma. It represents only 0.38% to 0.7% of all Non-Hodgkin's lymphoma (Liu et al., 2005) and 1.7% to 3.0% of all extra nodal lymphoma (Jeon et al., 1992; Avenia et al., 2010; Jeanneret-Sozzi et al., 2008).

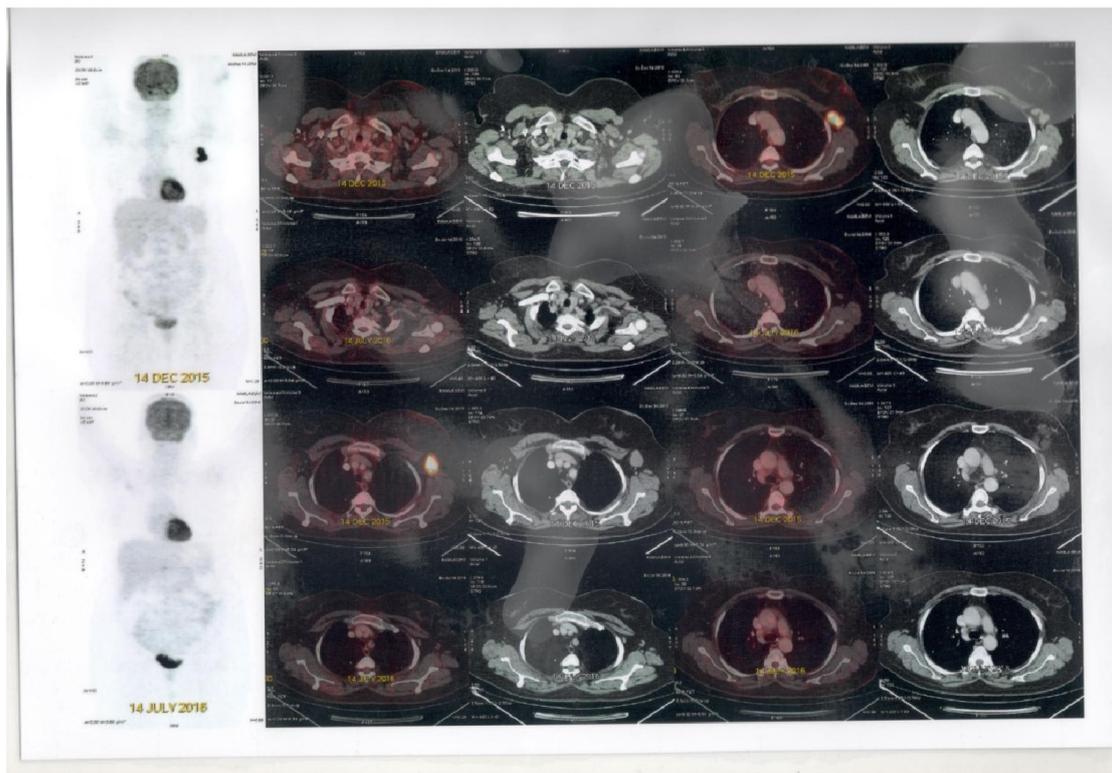
Case Details

A 60 year old female reported to our hematology department (Hematology clinic no-4844) with complaint of lump in left breast of 1 year duration.

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There was no history of any fever, loss of appetite and loss of weight. No history of excessive sweating or swelling in other part of body. On examination of lump, the lump was 1.5X1 cm in size in left breast at 4 o' clock position. Lump was hard in consistency. Skin over swelling was normal. There was no tethering or discharge, swelling was not tender. On general examination there was no pallor, jaundice, cyanosis, clubbing pedal edema or lymphadenopathy. On abdominal examination there is no hepato-splenomegaly or any other palpable lump. CVS, RS and CNS examination was normal. In investigation are as follows: Hb - 10.7, TLC- 9000, DLC- P52, L43, 0302, PBF- Dimorphic picture, Blood Urea was 26mg%, Blood Sugar 77. Viral markers (HIV, Anti-HCV, HBS Ag) were negative. Ultrasound of left breast shows a lesion measuring 1.3X 1.2 cm with wall calcification seen at 4 O' clock position. On mammography of left breast shows a small oval shaped radio opaque region with granular margin is seen in upper and outer quadrant of left breast.



It further proceed with Tru cut biopsy and sent for immunohistochemistry (HPE No. 10344/2015 dated: 22-09-15) which showed LCA diffuse positive, CD 20 diffuse positive, CD5 focal positive and CK, Synaptophysin, ER, PR, Her 2 Neu were negative, suggestive of a lympho proliferative disorder. For confirmation excision biopsy of lesion done and sent for histopathological examination (HPE No. 12598/2015 dated: 21-11-15) which showed CD20 diffuse positive, CD5 focal positive, CK positive in ducts. Suggestive of Non Hodgkin lymphoma diffuse B-cell type. A PET scan that revealed hyper metabolic active disease involving left Axillary station 1st /2nd lymph nodes. No definite scan evidence of abnormal hyper metabolic focus in rest of the body. Patient treated with six cycle of R-CHOP showed good response with mass disappearing after 3 cycle of therapy.

DISCUSSION

Breast is quiet rare site for Non Hodgkin's lymphoma. It can be primary & secondary, both are rare. It mainly presents in postmenopausal woman but can be present in younger age group. In younger age group it is bilateral and often associated with pregnancy and of Burkitt Type of Lymphoma.

In elderly it presents unilaterally and is of diffuse large B-cell lymphoma. Clinically, primary breast lymphoma have similar feature as of breast carcinoma which presents with painless lump in the breast.

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