Valley International Journals
Open Access Journal
International Journal Of Medical Science And Clinical Inventions
Volume3 issue 11 2016 page no. 2355-2358 e-ISSN: 2348-991X p-ISSN: 2454-9576
AvailableOnlineAt:http://valleyinternational.net/index.php/our-jou/ijmsci

Orbital non-hodgkin's lymphoma with systemic spread – interesting case reports

Tharini S[1], Namrata Gaikwad[2]

[1]Resident, Aravind Eye Institute, Madurai.
[2]Consultant in department of orbit, Aravind Eye Institute,Madurai.

Corresponding Author: Dr.S.Tharini, C-14,coral square, Block 18, Neyveli-607803.

ABSTRACT: Primary Non Hodgkin's lymphoma (NHL) of orbit is rare, representing 8-10% of extranodal NHLs and 1% of all NHLs. Of these, High grade lymphomas have an aggressive course and early propensity for systemic spread despite early aggressive treatment.We report 2 cases of Orbital NHL who presented initially with Unilateral upper lid mass, and bilateral proptosis which on further evaluation were diagnosed to have Orbital NHL with tissue biopsy showing Diffuse Large B cell lymphoma in one and mixed variety in other respectively. They were started on chemotherapy. Our first patient defaulted after 4 cycles and came later with inguinal and axillary lymphadenopathy and painful arm swellings. Second patient received 10 cycles of chemotherapy but he developed diffuse Lymphadenopathy and hepatosplenomegaly. In both the cases only palliative care could be offered.

Keywords: Lymphoma, Proptosis, Chemotherapy, Biopsy

INTRODUCTION

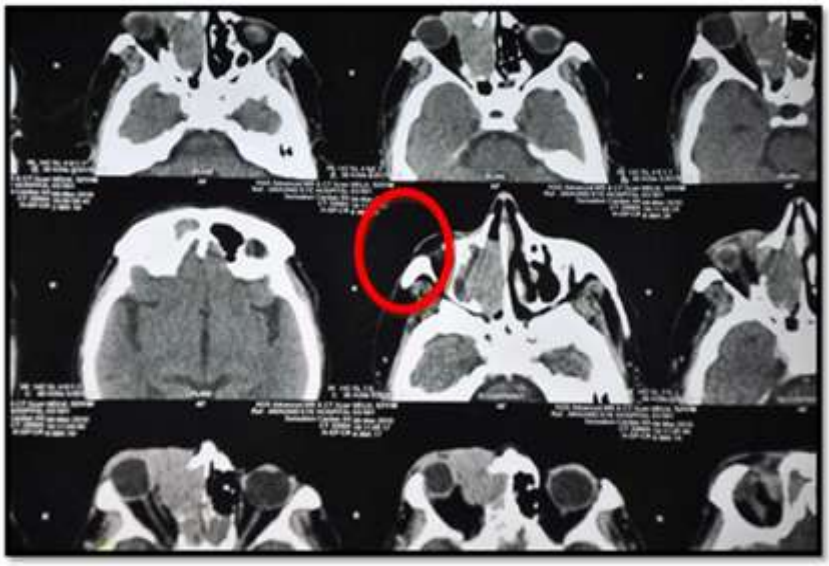
Orbit is an uncommon primary site for Non Hodgkin's lymphoma, accounting for less than 1% of all sites of primary presentations.[1] However, Lymphoid tumors are the most common primary orbital malignancies in adults. Majority of them are low grade lymphomas (80%) and respond well to radiotherapy.[2] High grade lymphomas are rare(16%) and are known to have a higher incidence of systemic spread. Hereby, we report two interesting cases of primary orbital non hodgkin's lymphomas with systemic spread.

CASE 1

A 54 year old male presented with complaints of swelling in Right Upper eyelid for 1 month. It was non progressive and painless. On examination, a firm, non tender mass was noted in the medial canthal region with eccentric proptosis. CT orbit showed sino-ethmoidal mass encroaching medial quadrant causing eccentric proptosis.

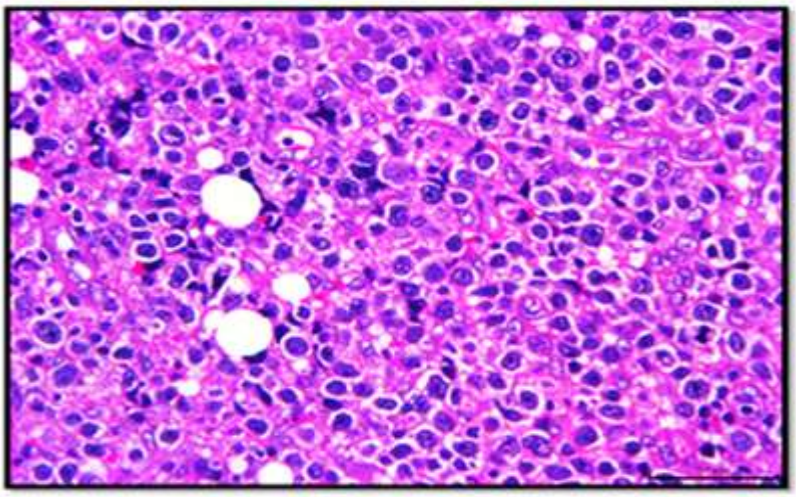
Fig 1-CT orbit

DOI:10.18535/ijmsci/v3i11.2



Biopsy was done from the mass and histopathological examination revealed Diffuse Large B-cell lymphoma.

Fig 2- Histopathology picture



He was started on CHOP chemotherapy (cyclophosphamide 800 mg/ sq. metre body surface area as i.v infusion over 2 hours, Adriamycin 70 mg/sq.m as i.v infusion over 1 hour, Vincristine 1.4 mg/sq.m i.v bolus over 1 to 2 minutes and Prednisolone 40mg orally twice daily for day 1 to 5), this cycle was repeated every 21 days. But, the patient lost to follow up after 4 cycles. He presented after 1 year with bilateral focal painful arm swellings and bilateral axillary and inguinal lymphadenopathy which on biopsy showed Diffuse Large B cell Lymphoma. Bone marrow biopsy revealed mild hyper cellular bone marrow. He was offered Palliative radiotherapy for arm masses.

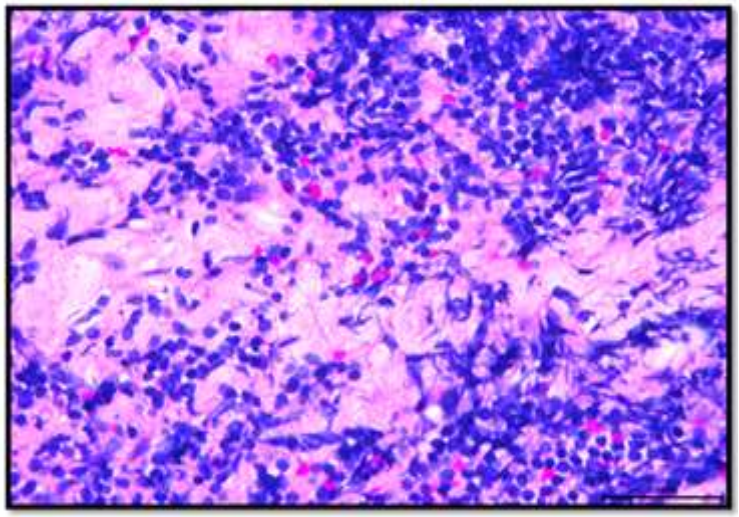
CASE 2

A 50 years old male presented with complaints of bilateral protrusion of eyes for 1 year. He was a known coronary artery disease patient for 8 years. On examination, he had bilateral proptosis with bilateral submandibular lymphadenopathy.

DOI:10.18535/ijmsci/v3i11.2

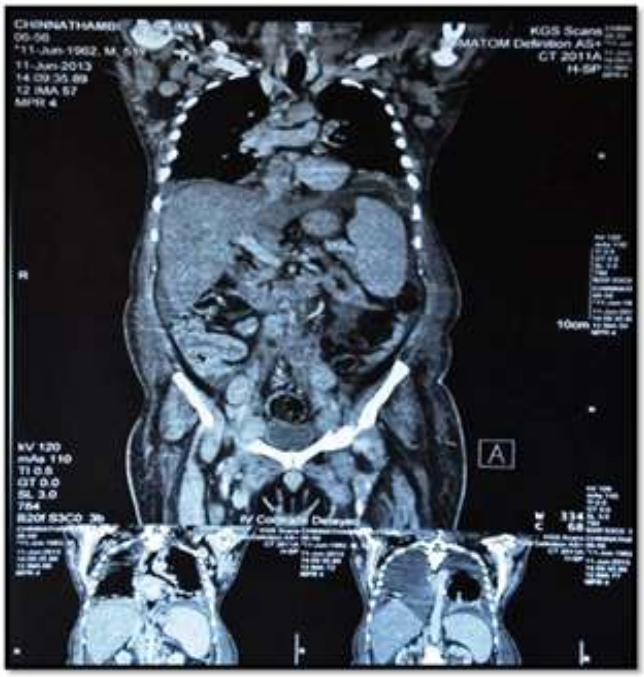
Right Incisional biopsy of submandibular nodes showed Small to medium sized B-cell lymphoma.

Fig 3- Histopathological picture



Echocardiography showed Left Ventricle Ejection Fraction - 44%. So, Adriamycin was withheld for this patient due to its cardiotoxicity. He was started on COP chemotherapy (Vincristine 2mg as i.v bolus injection, Cyclophosphamide 1gm as i.v infusion over 2 hours and Prednisolone orally 40 mg BD for day1 to 5, each cycle repeated every 21 days) but he lost for follow up after 10 cycles.He presented after 6 months with Bilateral increasing proptosis. Systemic evaluation included an echocardiogram which showed Pericardial effusion ,CT chest and abdomen which showed diffuse lymphadenopathy, hepatosplenomegaly and pleural effusion. Since the patient's performance status was poor, palliative care was offered for him.

Fig 4- CT chest and abdomen



DOI:10.18535/ijmsci/v3i11.2

DISCUSSION

Lymphomas of the orbit are uncommon and may involve any site in the orbit. They are common in the age group of 50 to 70 years. The clinical presentation of orbital lymphomas includes palpable mass, ptosis, proptosis and excess tearing. Staging of Non Hodgkin's lymphoma is done by Biopsy and Histopathological examination of the lesion. Systemic workup includes complete blood counts, liver and kidney function tests, peripheral blood film, bone marrow biopsy, chest X-ray, computerized tomogram (CT) of the orbit, chest and abdomen.

Treatment modalities of Primary Orbital lymphomas include Radiotherapy, Chemotherapy and Surgery. Excision with primary radiotherapy is very effective in localised lymphomas in early stages. In advanced cases, chemotherapy followed by Palliative radiotherapy is very effective than isolated chemotherapy. [4] Surgery alone is not useful except in conjunctival masses. [5] Major prognostic criteria for orbital adnexal lymphomas include anatomic location of the tumor; stage of disease at first presentation, lymphoma subtype as determined using the revised European American lymphoma (REAL) classification [6], immunohistochemical markers and the serum lactate dehydrogenase level (LDH).

CONCLUSION

These cases are reported to emphasize the need for full staging work up for early and appropriate management of these patients. In high grade histology, follow up is mandatory at close intervals to recognise and treat early systemic spread.

REFERENCES

1) Fitzpatrick PJ,Macko S. Lymhoreticular tumours of orbit. *Int J Radiat Oncol Biol Physics*.1984; 10:33-40

2) Bessel EM,Henk JM,Wright JE,Whitelocke RA. Orbital and conjunctival lymphoma: Treatment and prognosis. *Radiation Oncology* 1988;13:237-44

3) BS Yadav and SC Sharma Orbital lymphoma: Role of radiation;*Indian Journal of ophthalmology*.2009 Mar-Apr;57(2):91-97

4) Thomas P Miller, Steve Dahlberg; Chemotherapy alone compared with chemotherapy and palliative RT for intermediate to high grade lymphoms. *N Engl J Med* 1998; 339:21-26

5) Esik O, Ikeda H, Mukai K, Kaneko A;A retrospective analysis of different modalities for treatment of primary orbital non-Hodgkin's lymphomas. *Radiother Oncol.* 1996 Jan; 38(1):13-8.

6) Harris NL, Jaffe ES, Stein H ; A revised European-American classification of lymphoid neoplasms: a proposal from the International Lymphoma Study Group. *Blood* 1994 Sep 1; 84(5):1361-92

DOI:10.18535/ijmsci/v3i11.2