

Image Article

Unusual Presentatation of Extranodal Non-Hodgkin Lymphoma: Isolated Nasolacrimal Mantle Cell Lymphoma

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Introduction

A 52-year-old male patient, presented with left eye swelling. In paranasal tomography, a 22x23 mm mass with nasolacrimal duct erosio (Figure 1). In mucosal biopsy, there was a diffuse neoplastic lymphoid infiltration invading skeletal muscles, glands and creating an ulcer on surface. Neoplastic cells had small, round nuclei with some nuclear irregularity. Reactive with CD20, CD5, and cyclin D1 while CD10 and CD23 were negative (Figure2). Patients was diagnosed with Mantle Cell Lymphoma (MCL). Left eye conjunctivitis and eyelid redness, swelling outwards and epiphora were detected. Pathological lymph nodes or any organ involvement weren't detected in CT. Bone marrow biopsy was normal. He was accepted as Stage 1-E. After radiotherapy, nearly complete regression was detected.

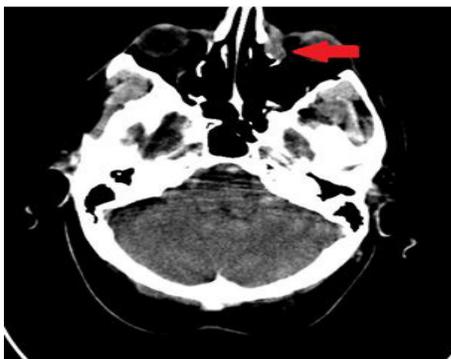


Figure 1: A 22x23 Mm Mass in CT.

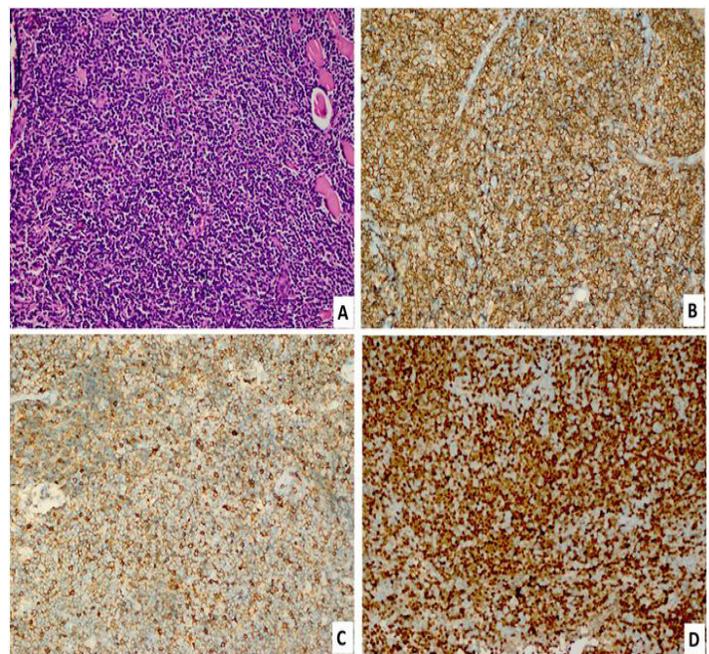


Figure-2: A) Diffuse Lymphoid Infiltration Composed of Cells with Small Round Nuclei (Hematoxyline-Eosine, X200), B) CD20 Positivity in Neoplastic Cells (X200), C) Cd5 Weak Positivity in B Neoplastic Cells (X200), D) Cyclin D1 Showing Nuclear Reactivity (X200).

MCL is a B-cell lymphoma, approximately 6% of all Non-Hodgkin lymphomas [1]. Ocular and orbital lymphomas are 1-2% of lymphomas, 8% of extranodal lymphomas [2]. They are mostly marginal zone lymphomas and follicular lymphoma, and especially, primary ocular adnexial MCL is much less common [3,4].

References

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