DGHO 2013 Wien

P499

Primary central nervous system marginal zone lymphoma in an adult with chronic hepatitis c infection

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Acknowledgements: Prof. Peter A. Winkler, Universitätsklinik für Neurochirurgie, Christian-Doppler-Klinik, Paracelsus Medizinische Privatuniversität Salzburg, Austria (MRI scans)
Dr. Ognian Kalev, Institut für Pathologie und Neuropathologie, Landes-Nervenklinik Wagner-Jauregg, Linz, Austria (histology)

ONKOLOGISCHES & PALLIATIVMEDIZINISCHES NETZWERK LANDSHUT

The case:

- We report the case of a 34 year old male patient with the diagnosis of a primary CNS marginal zone lymphoma.
- The patient was admitted to the hospital for a severe head injury due to a skiing accident.
- CT and MRI scan of the head showed epidural bleeding (Fig. 1).
- Intraoperatively, a bleeding tumour was seen. The histology of the tumour surprisingly showed an extranodal meningeal marginal zone lymphoma (Fig. 2-5).
- Staging investigations including spinal fluid examination showed no other manifestations of the lymphoma (Stage I).

- The patient recovered quickly from the operation with no neurologic sequelae.
- Routine screening test showed a positive hepatitis c serology.
- The HCV viral load was 520.000 IE/ml (Genotype Ib). Liver enzymes were not elevated. There was no history of known hepatitis c exposure.
- No further specific treatment for the lymphoma was initiated due to possible risks of radiation therapy of the head.

- In 4/2013, triple anti-HCV treatment with telaprevir, ribavirin and pegylated interferone was initiated according to current HCV-treatment guidelines.
- HCV-viral load after 4 and 12 weeks of triple-treatment was below the limit of detection (<12 IE/ml); antiviral treatment was continued with ribavirin and pegylated interferone.
- Clinical examination and the CT scan showed no signs for relapse of the lymphoma up to date.

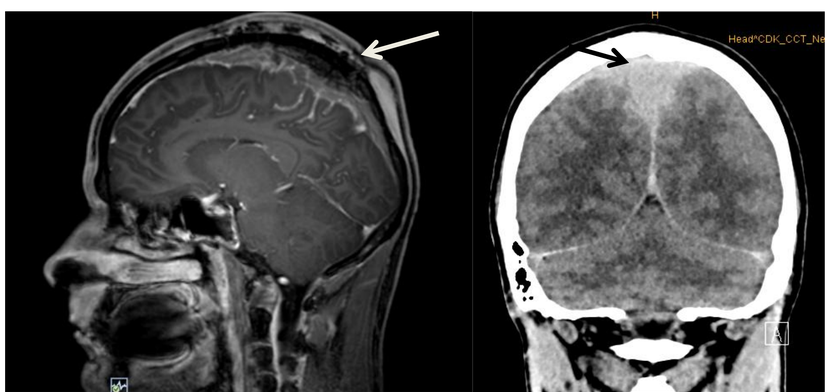

Fig. 1: MRI-scan showing localization of intracranial bleeding tumour

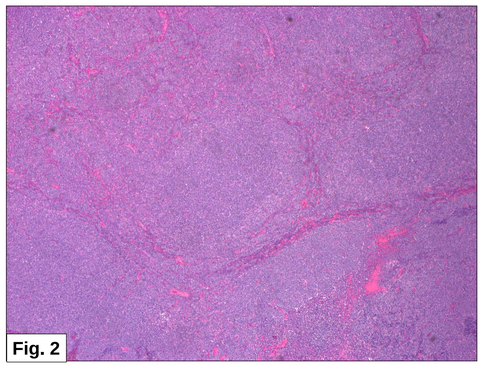
Fig. 2

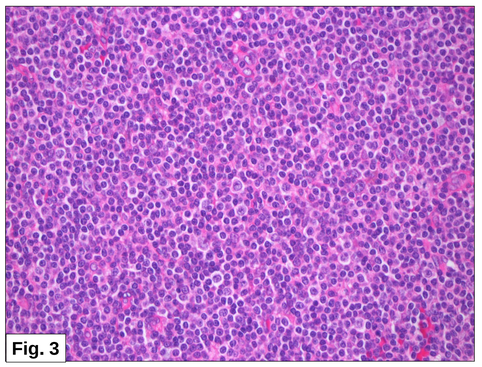
Fig. 3

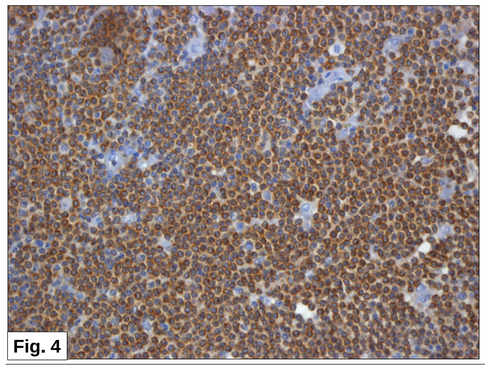
Fig. 4

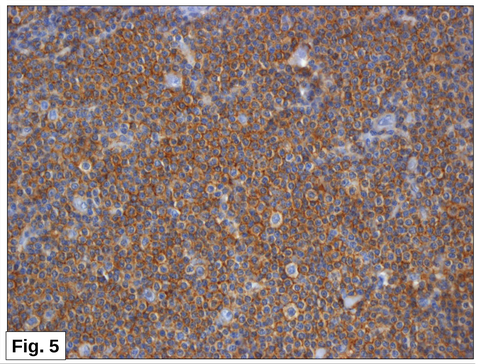
Fig. 5

Fig. 2-5: Histology of brain biopsy showing infiltration of a primary cns-marginal zone lymphoma, Fig.2 (H&E x40), Fig. 3 (H&E x400), Fig4 (bcl2 x400), Fig.5 (CD79a x400)

- There is epidemiologic evidence for an association of chronic hepatitis c infection with B-cell non-Hodgkin lymphoma.[1]
- The most frequently associated lymphomas are marginal zone lymphoma and diffuse large B-cell lymphoma. There are observations of lymphoma regression after HCV eradication.[2]
- Stage I marginal zone lymphomas are generally treated with radiation therapy. Due to the unusual localisation of the lymphoma, our patient received no further therapy after initial operation because of possible risks of radiation therapy.
- Antiviral HCV-therapy was initated showing an rapid virological response during the first 4 weeks of therapy.
- HCV-screening of patients with marginal zone lymphoma is recommended.

[1)] J Hepatol. 2013 Jul; 59(1): 169-77, [2)] Curr Clin Pharmacol. 2010 May; 5(2):74-81

Disclosure of potential conflicts of interest: *no conflicts of interest*

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