



LINFOMA DE CELULAS GRANDES ANAPLASICAS

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- ❖ ♀ 41 años
- ❖ Natural y procedente de Caracas
- ❖ Antecedentes personales:
 - ❖ LES (Trombocitopenia) dx hace 3 años
 - ❖ Tto: Prednisona 40 mg/d (Med I. y Hematol.)
- ❖ Antecedentes familiares: NC



Cambios en consistencia

Aparición y desaparición espontánea

Nódulos subcutáneos
región escapular izquierda

1 año de evolución



Planteamientos diagnósticos:

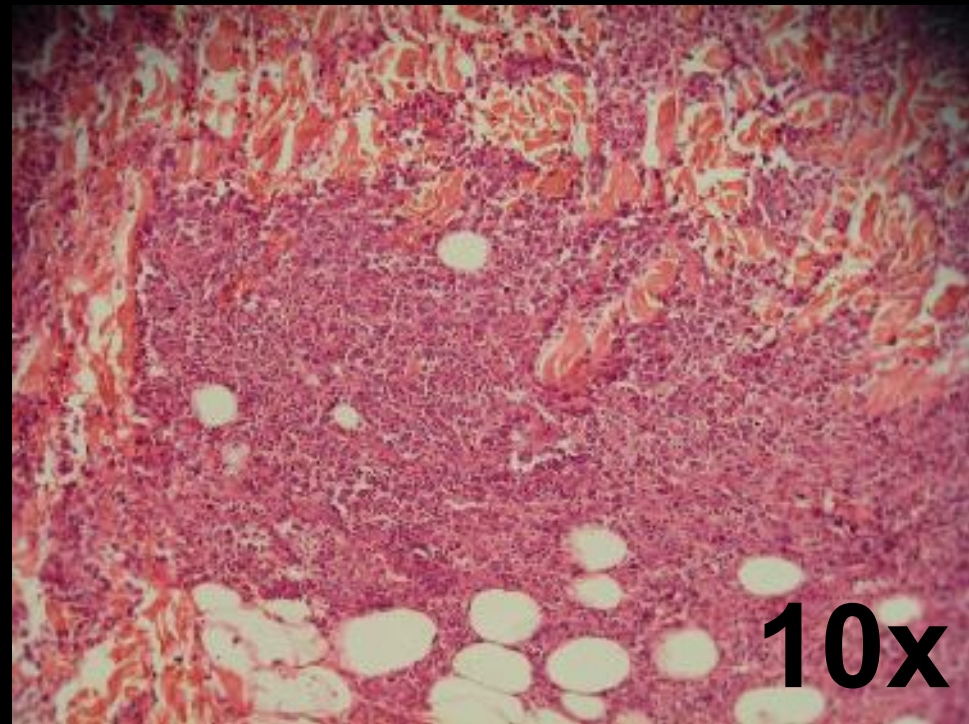
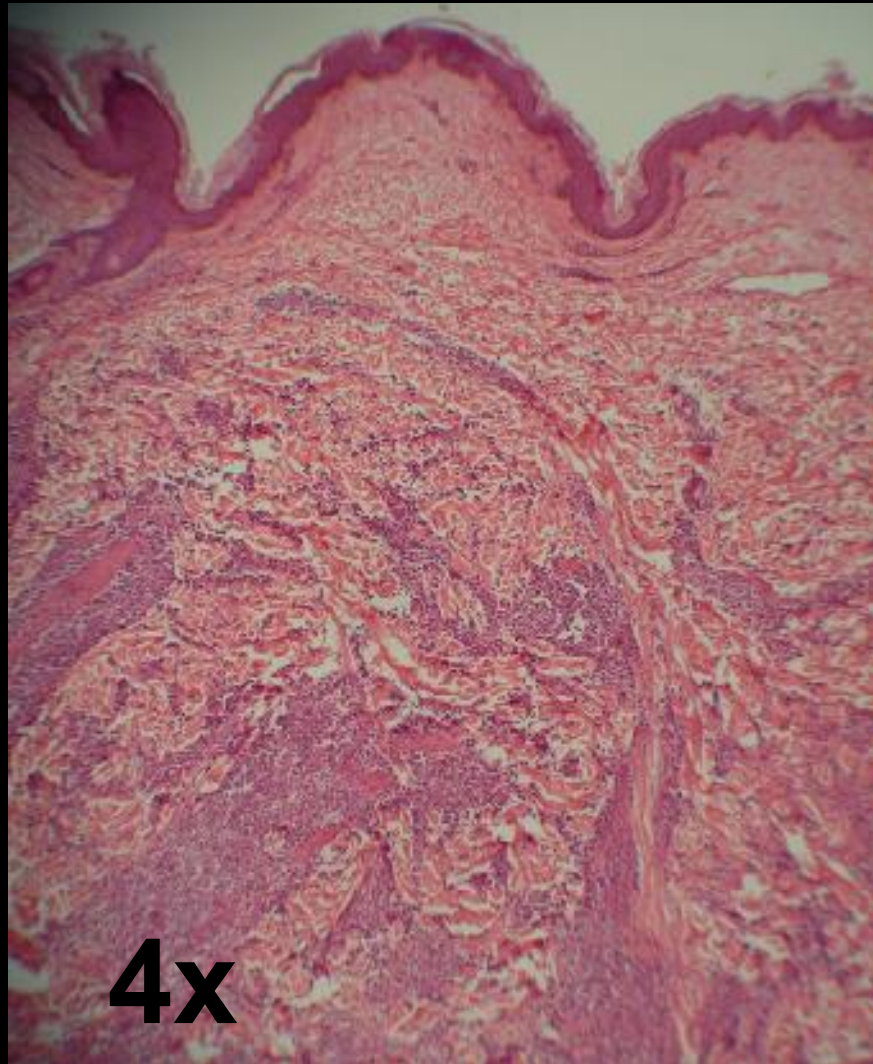
1. **Lupus Eritematoso Sistémico:**

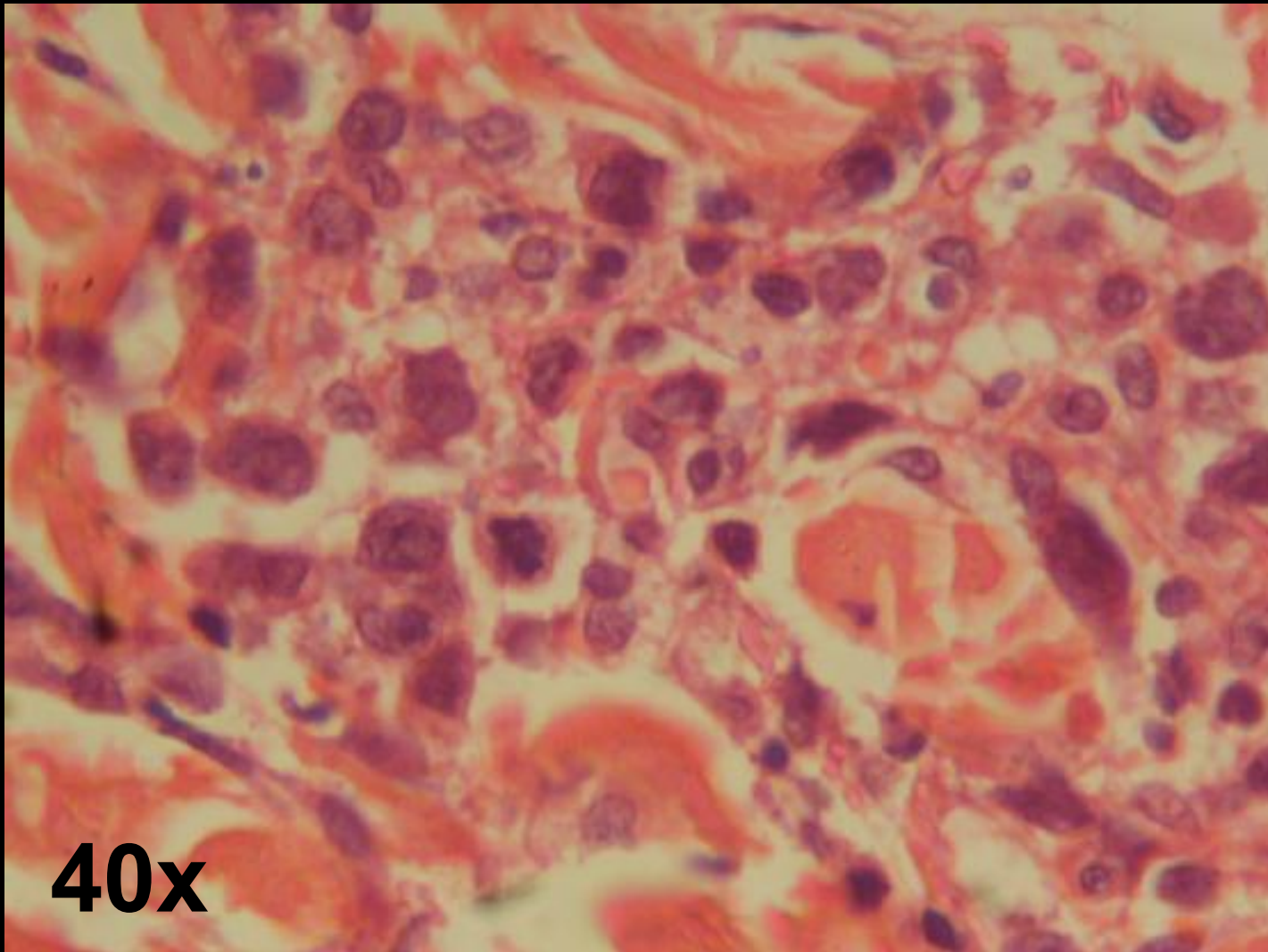
❖ Trombocitopenia

1. **Lupus Profundo (Paniculitis Lúpica) Vs.**

1. **Calcinosis Vs.**

1. **Lipomatosis**





GB	13.500 / μ L
Neutrófilos	60%
Linfocitos	40%
Hemoglobina	14,2 gr/dL
Hematocrito	45,6%
VCM	90,4 fL
CHCM	31,2 gr/dL
Plaquetas	79.000 /μL
PT	1,06
PTT	+6
Glucosa	96 mg/dL
Creatinina	0,9 mg/dL
AST	10 U/L
ALT	6 U/L
Bil. Total	0,9 mg/dL
VSG	20 mm/hora
HIV	Negativo
VDRL	No reactivo

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PARACLINICOS

CH-50: 88 UCH 50ml
AAN: Negativos

Acs. Anti-
cardiolipinas :
Negativos



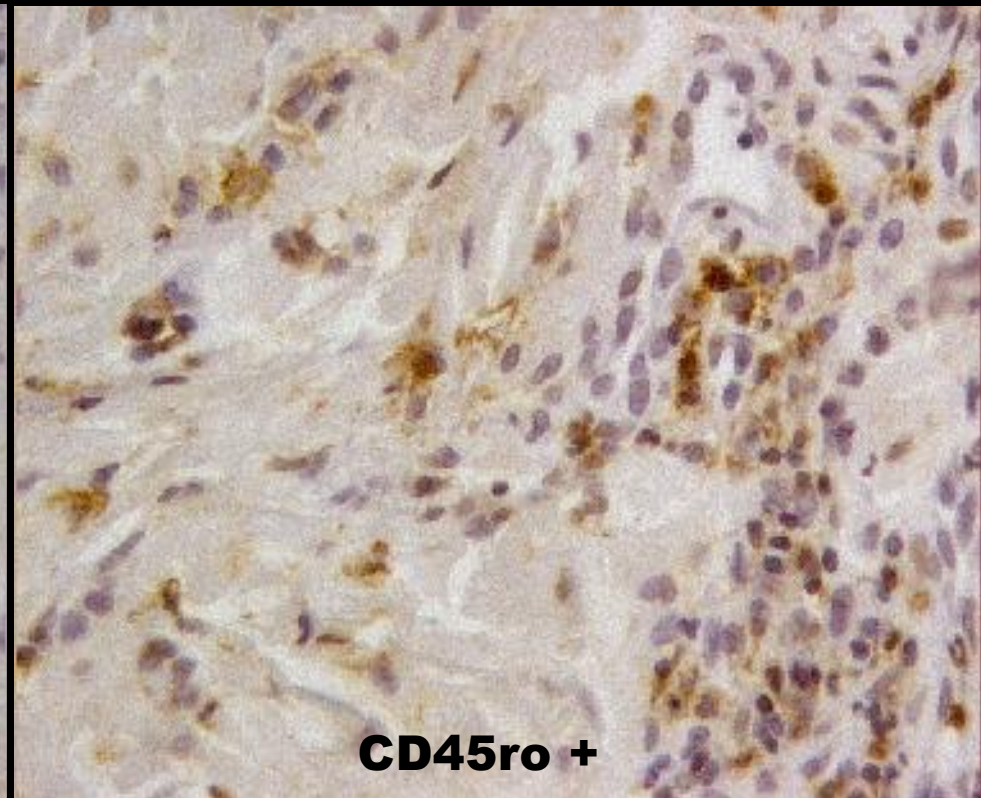
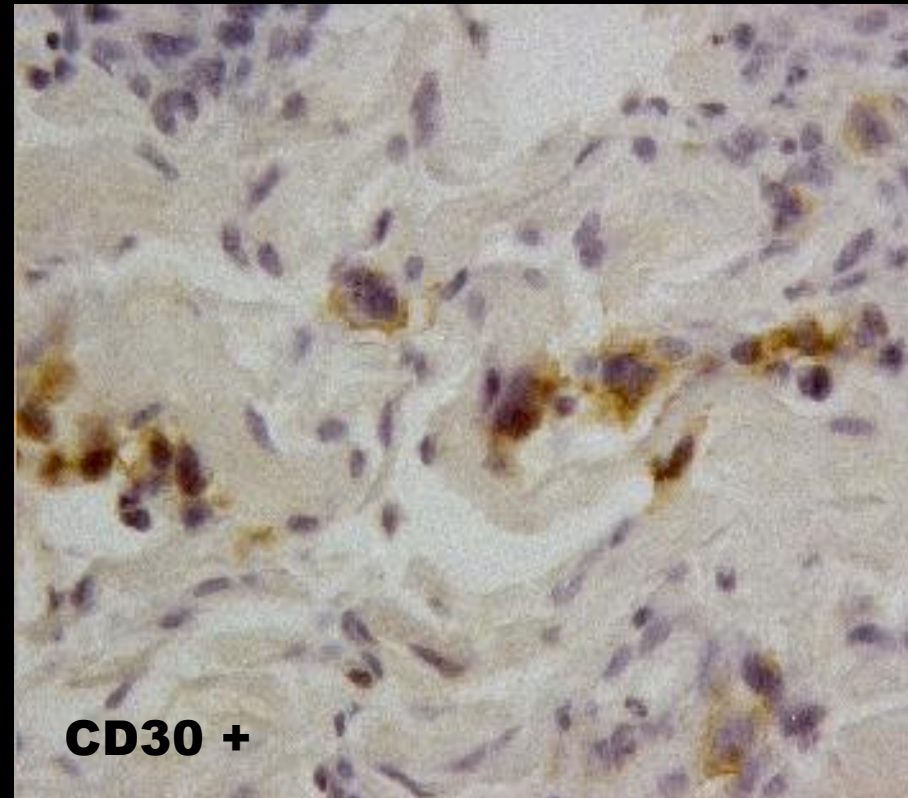
Impresión diagnóstica:

- ❖ **Linfoma No Hodgkin de Células Grandes**

GB	11.200 / μ L
Neutrófilos	71%
Linfocitos	22%
Hemoglobina	14,2 gr/dL
Hematocrito	45,6%
VCM	90,4 fL
CHCM	31,2 gr/dL
Plaquetas	66.000 /μL
LDH	270 U/L (VN: 100-190 U/L)
Beta 2 microglobulina	3,22 mg/L (VN: 0,85-2,20 mg/L)
Virus Linfotrópico (HTLV1)	No reactivo

PARACLINICOS

- **TAC de Tórax: DLN**
- **TAC Abdomino-pelvico: DLN**



Diagnostico Inmuno-histoquímico:

❖ Linfoma de Células Grandes Anaplasicas (**ALC**, **CD30** y **CD45ro** positivos)



Diagnóstico definitivo:

- ❖ **LINFOMA DE CELULAS GRANDES ANAPLASICAS CD30+**

Tratamiento:

❖ Quimioterapia multi-fármaco:

- ❖ **CHOP:**
 - Ciclofosfamida**
 - Hidroxicarbunorrubicina(Doxorrubicina)**
 - Oncovin® (Vincristina)**
 - Prednisona**

Linfoma de Células Grandes Anaplasicas

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REAL	EOIRC	WHO
MF/Sezary syndrome	Indolent MF MF + follicular mucinosis Pagetoid reticulosis	MF Variants: follicular mucinosis pagetoid reticulosis
Peripheral T-cell lymphoma	<u>Large cell CTCL, CD30 positive</u> <u>Anaplastic</u> Pleomorphic Immunoblastic Lymphomatoid papulosis Aggressive Sézary syndrome Large cell CTCL CD30 negative Provisional Granulomatous slack skin CTCL- pleomorphic small/medium-sized	<u>Primary cutaneous anaplastic large cell lymphoma</u> Peripheral T-cell lymphoma Peripheral T-cell lymphoma Lymphomatoid papulosis (T-cell proliferation of uncertain malignant potential) Sézary syndrome Peripheral T-cell lymphoma MF variant Peripheral T-cell lymphoma Subcutaneous panniculitis-like T-cell lymphoma
Provisional entity Subcutaneous panniculitis-like T-cell lymphoma	Subcutaneous panniculitis-like T-cell lymphoma	Subcutaneous panniculitis-like T-cell lymphoma

REAL, Revised European American Classification; EOIRC, European Organization for Research and Treatment of Cancer; WHO, World Health Organization; MF, mycosis fungoides; CTCL, cutaneous T-cell lymphoma.

LESIÓN CUTÁNEA CON RASGOS HP LTC CD30+

EXCLUIR

**LTC CD30+ 2°MF
LACG CD30+**

Tratar MF

**Protocolo
Hemato-oncolog.**

ESTADIFICACIÓN

+

-

ESPECTRO DE LOS TRASTORNOS LINFOPROLIERATIVOS CD

30+

**Lesión
localizada
LCT CD30+**

**Múltiples que no
desaparecen y aparecen**

**Multifocales desconozco
comportamiento**

**Lesiones múltiples
Aparecen y desaparecen**

**RADIOTERAPIA
QX**

**RADIOTERAPIA
METOTREXATE**

NO

**Esperar 4-8 semanas
Aparecen-desaparecen**

SI

**NO TRATAR
METOTREXATE
PUVA/UVB**

Referencias Bibliográficas

INSTITUTO DE BIOMEDICINA

- ❖ **Rousell-Jones R: World health organization classification of hematopoietic and lymphoid tissues: Implications for dermatology. JAAD 2003; 48:93-102**
- ❖ **Willemze R et al: WHO-EORTC classification for cutaneous lymphomas. Blood 2005; 105:3768**
- ❖ **Kadin ME, Carpenter C: Systemic and primary cutaneous anaplastic large cell lymphomas. Semin Hematol 2003; 40:244**
- ❖ **Campo E et al: Update on extranodal lymphomas. Conclusions of the Workshop held by the EAHP and the SH in Thessaloniki, Greece. Histopathology 2006 Apr;48(5):481-504**
- ❖ **Bekkenk M, Geelen FAMJ, van Voorst Vader PC, et al. Primary and secondary cutaneous CD30-positive lymphoproliferative disorders: long term follow-up data of 219 patients and guidelines for diagnosis and treatment. A report from de Dutch Cutaneous Lymphoma Group. Blood. 2000; 95:3653-61**
- ❖ **Ehrenfeld M, Abu-Shakra M, Buskila D Shoenfeld Y. The Dual Association between Lymphoma and Autoimmunity. Blood Cells, Molecules and Diseases 2001 Jul-Aug; 27(4): 750-756.**