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Leukaemia Section
Short Communication

Lymphoepithelioid lymphoma

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Identity

Alias
Lennert's lymphoma

Clinics and pathology

Phenotype/cell stem origin

Peripheral CD4+ T-cell lymphoma

Epidemiology

The disease is rare.

Clinics

The patients present superficial lymph node involvement. The cervical areas are predominantly affected, whereas thoracic adenopathies and deep abdominal involvement occur unfrequently at presentation.

Pathology

The disease cannot be separated from the broad category of peripheral T-cell lymphoma (PTL). PTL is characterized by a heterogeneous cellular composition with small and large cells with an inflammarory background. Lennert's lymphoma can be recognized by the presence of numerous epithelioid histiocytes usually grouped in small clusters. Lennert's lymphoma is not considered as a distinct clinicopathological entity.

Treatment

The disease must be treated with multiagent chemotherapy and/or radiation therapy as for other PTL.

Evolution

The disease usually runs a relatively aggressive clinical course.

Prognosis

Median survival of 16 to 32 months was reported in some studies.

Cytogenetics

Note
Clonal aberrations are reported in the vast majority of cases. Chromosome 3 is frequently involved: trisomy 3; 3q rearrangements (duplication of bands 3q22-24 or 3q22 breaks) are recurrent abnormalities; A 6q- chromosome was also reported.

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