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 inflammatory 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.

References


This article should be referenced as such: