Immunoblastic lymphoma

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Disease
Immunoblastic lymphoma is one of 3 morphologic variants of diffuse large B cell lymphoma (DLBCL). The other 2 variants are centroblastic lymphoma and anaplastic B-cell lymphoma.

Phenotype/cell stem origin
The postulated normal counterpart is a germinal centre B cell or an activated post germinal centre B cell. The immunophenotype may help distinguishing germinal centre-derived DLBCL from activated B-cell derived DLBCL, the former being CD10+ (>30% of the cells), or BCL6+ and IRF4/MUM1-.

Epidemiology
It accounts for approximately 1/4 of DLBCL.

Clinics
The disease runs an aggressive course, as all DLBCL.

Pathology
The lymph node section shows an overwhelming infiltrate (>90%) by medium-to-large size cells with centrally located nucleolus and fairly abundant basophilic cytoplasm.

Treatment
Chemoimmunotherapy using anti CD20 monoclonal antibody rituximab in combination with CHOP or CHOP-like regimens is the standard of care.

Prognosis
Chemoimmunotherapy may cure 40-60% of the cases depending on age and risk factors.

Cytogenetics

Cytogenetics molecular
Because the distinction from other morphologic variants of DLBCL is not reproducible it is generally accepted that there are not distinctive cytogenetic or molecular features with respect to diffuse large B-cell lymphoma.

However, some authors described a more frequent occurrence of losses of the whole chromosome 10, deletions in 8q and 14q, as well as structural abnormalities of 4q in immunoblastic lymphoma than in other morphologic variants of DLBCL (Schlegelberger et al., 1999).

References
