T-cell/histiocyte-rich large B-cell lymphoma:Tunisian experience

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INTRODUCTION

•T-cell/histiocyte-rich B-cell lymphoma (T/HRBCL) represents 1-3% of all diffuse large B cell lymphomas (DLBCL).

•It is a morphological variant recognized by the WHO since 2001.

• It is defined by the presence of large B cells with less than 10% of polyclonal T cells within a prominent inflammatory infiltrate, with or without histiocytes.

AIM

We present in this work the clinical characteristics as well as the different therapeutic results of this subtype of lymphoma.

METHOD

• Retrospective descriptive study conducted at Aziza Othmana Hospital.

• Patients diagnosed with and treated for T/HRBCL between 2013 and 2020 were included.

RESULTS

•We collected 10 patients among 385 patients with DLBCL.

•The median age was 51 years [27-83], with a male predominance (SR=1.5).

•The distribution of the International Prognostic Index (IPI) parameters for these patients was as follows:

Age ≥ 60 ans	PS >2	Stage III/IV	Extra-nodal site>1	Elevated LDH level
3 patients	5 patients	9 patients	3 patients	6 patients

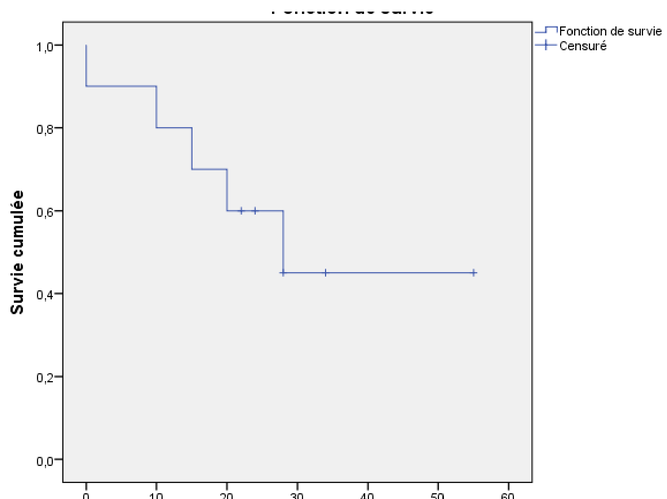
•Liver involvement was present in 5 cases.

• Concomitant bone marrow involvement was found in 9 cases.

• B symptoms were present in 8 patients.

•All patients received RCHOP-based chemotherapy. Seven patients were responsive at the intermediate evaluation. One patient was refractory to first line chemotherapy and 1 patient relapsed.

•The survival rate at the median follow-up of 12 months was 60%.



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DISCUSSION /CONCLUSIONS

• T/HRBCL is relatively rare, and it poses a differential diagnosis with Hodgkin's lymphoma in its lymphocyte-rich variant.

•Diagnosis is currently easy with immunostaining.

•Treatment is the same as for other types of DLBCL, with similar therapeutic results according to published series.

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