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CONCURRENT ABDOMINAL AND THYROID LYMPHOMA: A case report.

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Objective: Diffuse large B-cell lymphoma (DLBCL) rarely presents as a thyroid mass. In this article, we present a case of DLBCL presenting with concurrent thyroid, abdominal and retroperitoneal involvement. We also review the epidemiology, pathophysiology and treatment of thyroid lymphoma.
Materials and Methods: A literature search was conducted using the PubMed and Google Scholar databases for primary thyroid lymphoma and extranodal lymphoma involving the thyroid. Publications were selected based upon size of patient cohorts, treatment modalities investigated, and the quality of the data, as well as subsequent citation frequency. Articles most recently published and therefore subsuming the post-rituximab era were favored.
Results: Thyroid lymphoma in the presence of concurrent abdominal disease usually presents with goiter with or without symptomatic hypothyroidism and some combination of early satiety, dysphagia, dyspepsia, or weight loss. Disease limited to the thyroid is typically treated with surgery and/or radiation, while extensive disease is typically treated with chemoimmunotherapy. The shared embryologic origin between lymphocytes in the thyroid and those in the abdomen may contribute to simultaneous development of lymphoma in the setting of autoimmune lymphocytic thyroiditis and resulting alterations in systemic cytokines. In this case, the patient had a complete response to chemoimmunotherapy and remains in remission.
Conclusion: This case highlights an unusual presentation of concurrent abdominal and thyroid DLBCL. Higher stage disease portends a worse prognosis, though our patient is without evidence of residual disease two years from diagnosis.