# Case Report ALCL

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## Differential Diagnosis

The differential diagnosis for ALCL includes the following: Hodgkin disease, B-cell lymphoma Diffuse large cell lymphoma, Malignant histiocytosis, Anaplastic Large-Cell Lymphoma (ALCL) Metastatic melanoma, Viral infection. Since ALCL can present simply as enlarged lymph nodes, any lymphoma can be on the differential.

## Additional Workup

Additional workup includes excisional biopsy of lymphadenopathy looking for charactaristic cells. Bone marrow biopsy, cytogenetics, and immunohistochemistry are preformed searching for specific markers and bone marrow involvement. LDH and beta2-microglobulin are prognostic indicators associated with tumor activity and size.

## Most Likely Diagnosis

The most likely diagnosis is Anaplastic Large-Cell Lymphoma (ALCL). This rare neoplasm is suggested by large anaplastic cells with horseshoe or embryoid nuclei. The diagnosis is confirmed by "the presence of rearangements in the ALK gene on chromosome 2p23" - Robbins. ALK is not expressed in normal lymphocytes so its precense is a good indicator. If ALK is absent the prognois is much worse. These tumors usually express CD30.

## Course of Management

Since this presentaion involves distant metastas chemotherapy is required. CHOP *cyclophosphamide, doxorubicin, vincristine, and prednisone* is the most common therapy for ALCL. Surgery (hysterectomy) has already been performed to remove the mass. Prognosis is not good and recurrance expected within 2 years.

## Salient Features

ALCL is a T-Cell neoplasm that is CD4+, CD8-, CD30+. It is associated with many infectious diseases including HSV, syphilis, leishmaniasis. There is a possible association between breast implants and ALCL.