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CURRENT CLINICAL PRACTICE _____**Primary Non-Hodgkin Lymphoma of the Ovary**

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Conflicts of interest:

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Introduction

Involvement of the ovary by malignant lymphoma is reasonably well known as a late manifestation of disseminated nodal disease, and historically is almost always of the non-Hodgkin's type. Primary ovarian lymphomas, however, are unusual [1], accounting for only 0.5% of all NHLs and 1.5% of all ovarian neoplasms [2]. Previous studies of NHL involving gynecologic sites have shown that most (90%) NHL involving the ovary is systemic tumor, of which ovarian involvement is only one aspect. Less than 10% of all ovarian NHLs reported have been localized, presumably arising in the ovary [3]. Their presentation is similar to other ovarian tumors as an abdominal or pelvic mass often accompanied by pain, and occasionally ascites; less commonly, the tumors are incidental findings. As will be discussed, the differential diagnosis of an ovarian tumor other than primary ovarian cancer also includes granulocytic sarcoma, granulosa cell tumor, dysgerminoma, metastatic carcinoma and small cell carcinoma. Some patients with NHL of the ovary will have an elevated CA-125 level that can be useful for monitoring disease progression or response to therapy, but is not specific to ovarian carcinoma. As discussed by Dr.

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