Oral Oncology EXTRA (2005) **41**, 121–124

ELSEVIER

ORAL ONCOLOGY EXTRA

http://intl.elsevierhealth.com/journal/ooex

CASE REPORT

Plasmablastic lymphoma of oral mucosa type: A case report

Eliza Carla Barroso Duarte [a], João Batista da Silveira-Júnior [a], Ricardo Santiago Gomez [a], Roberto Antônio Pinto Paes [b], Júlio César Tanos de Lacerda [c], Ricardo Alves Mesquita [d,*]

[a] *Department of Oral Pathology and Surgery, Dentistry School, Federal University of Minas Gerais, Brasil*
[b] *Department of Oral Pathology, Medicine School, Santa Casa, Sao Paulo, Brasil*
[c] *Department of Oral Medicine of Odilon Behrens Hospital, Brasil*
[d] *Department of Oral Pathology and Surgery, Dentistry School, Federal University of Minas Gerais, Faculdade de Odontologia da UFMG, Disciplina de Pathologia Bucal, Sala 3204, Av. Antônio Carlos, 6627, Pampulha 31270-901, Belo Horizonte-MG, Brasil*

Received 22 February 2005; accepted 23 February 2005

KEYWORDS
Plasmablastic lymphoma;
IgH;
EBV;
Immunohistochemical

Summary A case of the plasmablastic lymphoma of oral mucosa type is described. A 60-year-old white man presented an ulcerated and bleeding swelling in the upper lip. The right hard and soft palate showed a swelling covered by a yellowish membrane. Microscopical examination showed a monotonous diffuse lymphoid proliferation of large cells with plasmablastic differentiation. The cells were immunopositive for VS38c. A PCR demonstrated IgH with monoclonal pattern and EBV DNA. The lesions resolved after treatment with local radiotherapy and systemic chemotherapy. The patient remains free of the disease after twenty-three months of treatment.

Introduction

Diffuse large B-cell lymphoma (DLBCL) is the most common type of lymphoma in western countries, representing about one third of these neoplasm.[1] The diversity of clinical presentations, genetic, and molecular characteristics suggests that these neoplasm represent a heterogeneous group. However, the World Health Organization (WHO, 2001) considers the DLBCL as a specific category.[10]

Plasmablastic lymphoma (PBL) was initially described as a rare variant of DLBCL. It's present in people infected by the human immunodeficiency virus (HIV).[5] PBL has predilection for the oral cavity

* Corresponding author. Tel.: +55 31 3499 2478; fax: +55 31 3499 2472.
E-mail address: ramesquita@ufmg.br (R.A. Mesquita).

1741-9409/$ - see front matter
doi:10.1016/j.ooe.2005.02.008

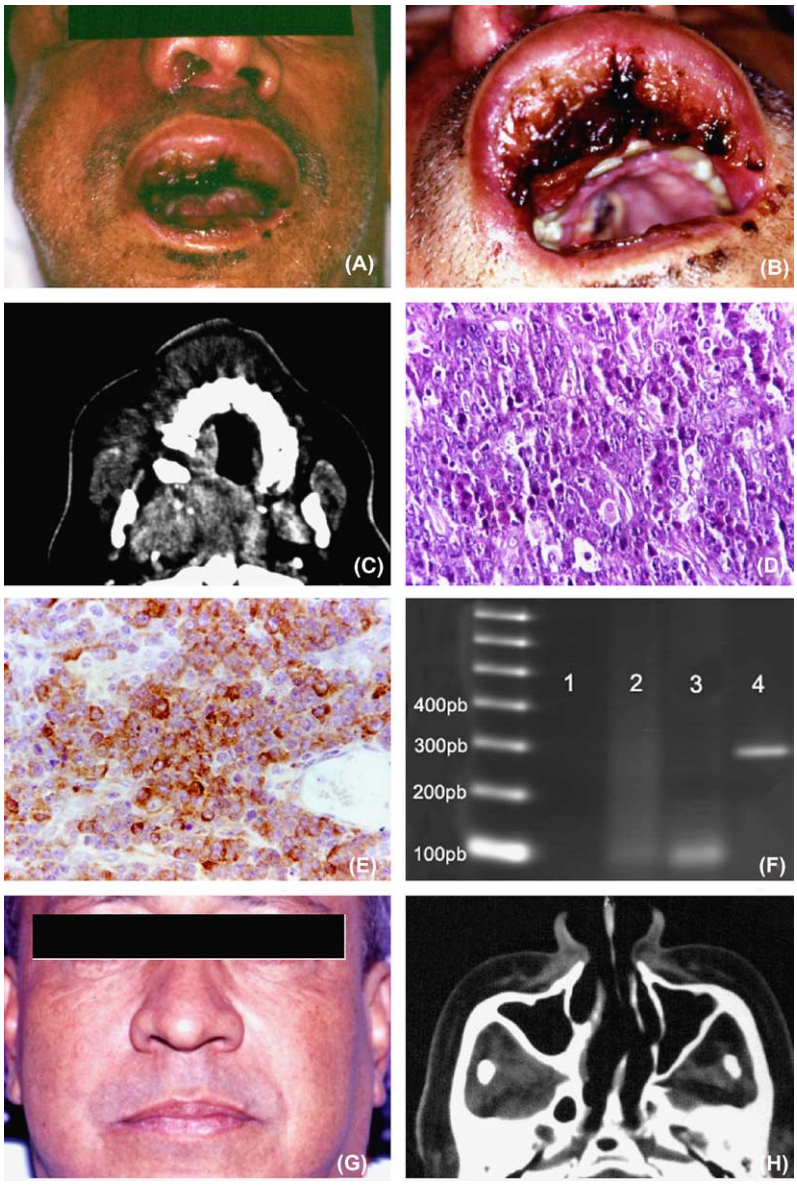

Figure 1 (A) Clinical appearance of the plasmablastic lymphoma of oral mucosa type show asymmetric face. (B) Intraoral view demonstrates an ulcerated and bleeding swelling in the upper lip. The right hard and soft palate showed a swelling covered by a yellowish membrane. (C) Computed tomography scan demonstrate a lesion infiltrating the parapharyngeal space, nasal fossae and right maxillary sinus. (D) Microscopic appearance of monotonous diffuse lymphoid proliferation composed by large cells with plasmablastic differentiation (hematoxylin-eosin, original magnification ×200). (E) Lymphoid neoplastic cells immunopositive for VS38C (streptavidin-biotin technique, original magnification ×200). (F) 2.0% agarose gel eletrophoresis after PCR amplification of DNA. Track 1 is negative control. Track 2 is DNA from tonsil. Track 3 is DNA from plasmablastic lymphoma of oral mucosa type with a discrete and homogeneity band (approximately 110 bases pare). Track 4 is DNA from plasmablastic lymphoma of oral mucosa type with presence of the EBV genome (band of 269 bases pares) (PCR technique, original size). (G) Clinical appearance of face after fifteen months of treatment. (H) Computed tomography scan after fifteen months of treatment within evidence of the lesion.

with local invasion and rapid dissemination to extraoral sites. PBL have a poor prognosis with average survival time of the six months.[5,13,7] In addition, it exhibited an immunophenotypic profile with absent or weak expression of B-cell markers and reactivity for plasma cell associated antigens, and is EBV-positive.[4]

We reported the clinical, microscopical, immunohistochemical, molecular features, EBV research and management of PBL of oral mucosa