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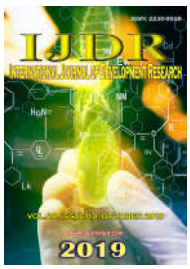

RESEARCH ARTICLE OPEN ACCESS

GIANT NON-HODGKIN'S LYMPHOMA OF THE FACE

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ABSTRACT

The facial localization of non-Hodgkin's lymphomas is exceptionally rare. Their clinical presentation and radiological not specific. The diagnosis is histological. Their treatment relies on chemotherapy with often localized irradiation. We report a case of a chronic hemi facial swelling which was diagnosed as an extra nodal non-Hodgkin's lymphoma. This paper explains the mode of presentation of extra nodal lymphoma in the maxillofacial soft tissues.

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INTRODUCTION

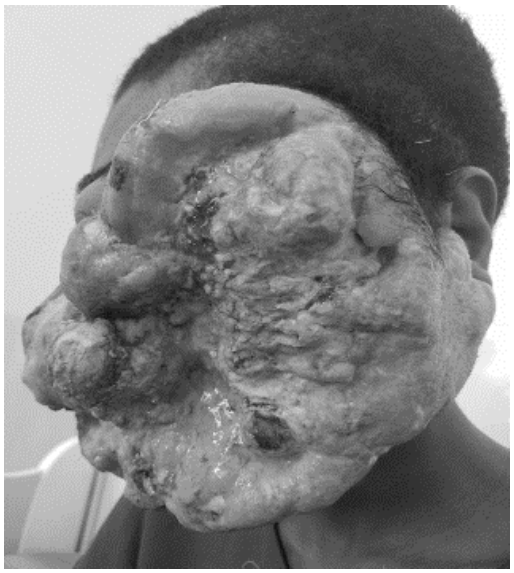
Extra nodal non-Hodgkin lymphoma (NHL) represents 20%-30% of all the NHL. Eleven to 33% of extra nodal lymphoma cases develop in the head and neck (Kolokotronis, 2005). They consist of a heterogeneous group of tumors with different histological types and extremely varied modes of clinical presentation. The traduction of the diagnosis may not be obvious when the clinical and / or radiological tumor syndrome simulate an epithelial tumor. The lymphomatous involvement of the muscles, in particular the facial and maxillary muscles, is extremely rare. We present a case of non-Hodgkin's lymphoma of maxillofacial soft tissues.

Observation: A 22-year-old male patient presented at University Hospital of Joseph Ravoahangy Andrianavalona (Antananarivo, Madagascar) in December, 2018, with a tumefaction on the face, which has become ulcerated. The swelling had been present for approximately one year, slowly increasing in size, reaching all the left hemiface. Clinical examination revealed a tender mass measuring 30 cm x 25 cm, fetid and ulcero-budding, of the entire left hemiface (Figure 1 A). No specific other symptoms were reported. A serology of Human Immunodeficiency Virus (HIV), hepatitis B and C were negative. Osteomedullary biopsy was negative.

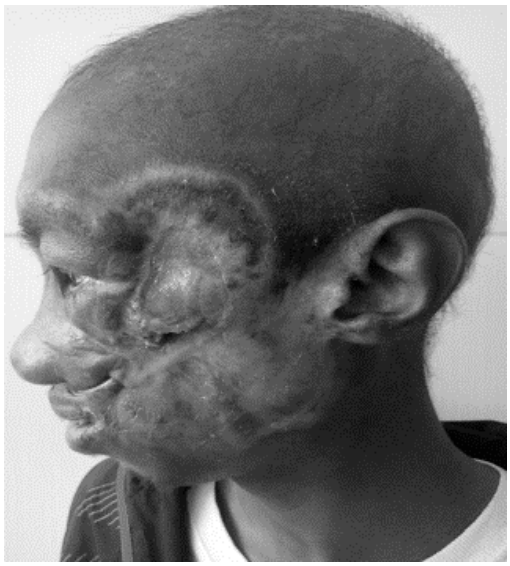
CT scan showed a large mass occupying the soft parts of the left hemiface, involving in a large space, includes the nose, the maxillary sinus and the malar bone and the left orbit (Figure 2). Under local anesthesia, a biopsy was performed and the histopathological diagnosis was Non-Hodgkin's lymphoma diffuse mixte (Figure 3).Whole-body CT scan excludes the presence of other lesions. The patient received a chemotherapy (cyclophosphamide, doxorubicin, vincristine, and prednisolone [CHOP], given in 4 cycles for 3 weeks. The response to treatment was very favorable and there was a spectacular regression (Figure 1B).

DISCUSSION

Non-Hodgkin's lymphomas extra-nodal of the soft tissue are rare. Nevertheless, lymphomas are the third most common type of malignancy in the head and neck (12%) after squamous cell carcinoma (46%) and thyroid carcinoma (33%) (Cooper, 2009). Non-Hodgkin lymphoma can involve any site in the extra-cranial head and neck. Patients with non-Hodgkin's lymphoma of maxillofacial soft tissues are often male (Triantafillidou, 2012). Non-Hodgkin's lymphoma is much more common in HIV patients. Our patient was immunocompetent.



A



B

Figure 1. Giant non-hodgkin's lymphoma of the face
(A) Clinical presentation of the ulcero-budding, swelling of the left hemiface.
(B) A spectacular regression after chemotherapy

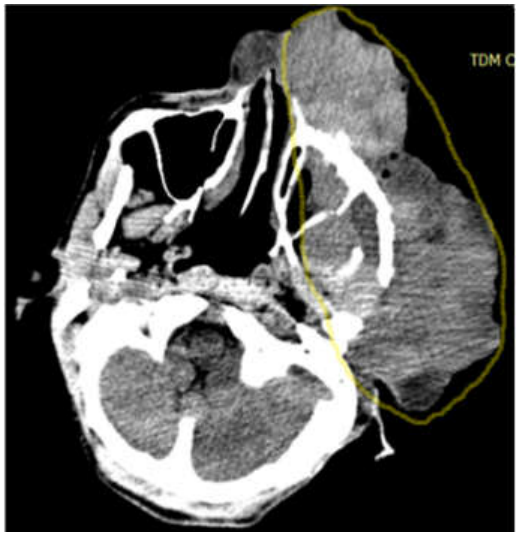
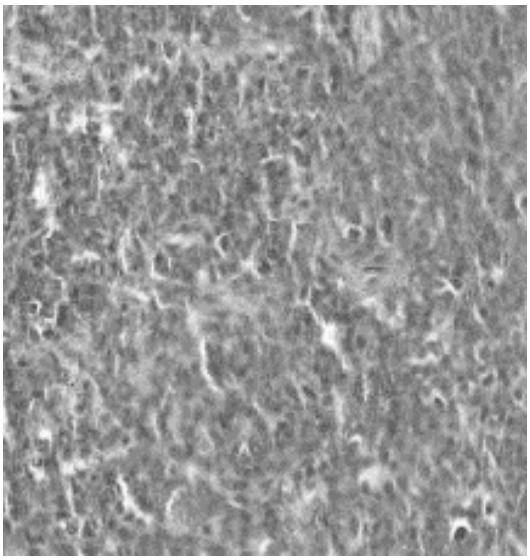


Figure 2. Mass occupying the soft parts of the left hemiface, heightening in a very intense way



Source: UPFR Anatomy Cytology Pathology of the University Hospital Joseph Ravoahangy Andrianavalona Antananarivo

Figure 3. Coloration hemateine eosine, magnification x 10, histology of biopsy of the mass in the left hemiface, diffuse lymphocyte proliferation

The diagnosis of lymphoma is based on clinical examination and histopathological study. The most common clinical symptom is facial swelling associated with local pain with or without skin ulceration. But its clinical presentation remains very heterogeneous and variable depending on the anatomical location of the mass. It can be explosive or otherwise insidious depending on the histological type (Hart, 2004). The symptomatology is noisy for aggressive lymphomas and Burkitt lymphomas that can lead to treatment in intensive care (Castillo, 2013). The mass is difficult to differentiate from the other most common malignant tumors in this region. The differential diagnosis for a facial mass includes skin squamous cell carcinoma, skin basocellular carcinoma, and soft tissue sarcoma. Our patient consulted for a unilateral facial swelling gradually increasing in size and becoming ulcerated. The general signs or symptoms of type "B" that may accompany lymphoma, namely weight loss, night sweats and fever, are rare in this type of lymphoma and occur in only 15 to 20% of cases (Kolokotronis, 2005). Our patient did not have a "B" type symptom. Imaging plays an important role in the evaluation of primary extra nodal involvement. The radiological appearance of the tumor differs according to the authors. For all cases of non-Hodgkin lymphoma, the diagnosis is histological by biopsy of the lesion. All histological types can be seen for these non-Hodgkin lymphomas extra nodal, but diffuse large cell type B is the most common type (Droueta, 2010). Our patient could not perform the immunohistochemical examination. The treatment involved chemotherapy as CHOP with or without CD 20 antibodies (rituximab) (R-CHOP). Radiation therapy plays an important role as adjuvant in localized stages (Droueta, 2010). Our patient received CHOP chemotherapy and radiotherapy of the sites initially affected are planned. The follow-up of aggressive non-Hodgkin's lymphomas differs according to the risk factors (age, stage, WHO status, concentration of LDH). The overall survival rate exceeds 90% and the relapse-free survival rate is of the order of 85% when the lymphoma is localized without adverse prognostic factors (Ben Salah, 2009). The follow-up of our patient is short, not allowing us to report late toxicity and survival.

Conclusion

The facial localization of non-Hodgkin's lymphomas is exceptionally rare. Their clinical presentation and radiological is not specific. The diagnosis is histological. Their treatment relies on chemotherapy with often localized irradiation.

Contributors

All authors contributed to study concept and design, acquisition of data, and drafting and critical revision of the manuscript for intellectual content.

Written informed consent to publication was obtained.

Declaration of interests

We declare no conflict of interests.

REFERENCES

Ben Salah H, Ghorbel L, Krichen MS, Bellaaj H, Elloumi M, Frikha M, *et al*. 2009. Intérêtde la radiothérapie dans le traitement des lymphomes gastriques agressifslocalisés. *Cancer Radiother*., 13:11–6.

Castillo JJ, Winer ES, Olszewski AJ. 2013. Population-based prognostic factors for sur-vival in patients with Burkitt lymphoma: an analysis from the surveillance, epidemiology, and end results database. Cancer, 119:3672–9.

Cooper JS, Porter K, Mallin K, *et al*. 2009. National cancer database report on cancer of the head and neck: 10-year update. Head Neck, 31:748–58

Droueta, F., X. Cahub, Y. 2010. Pointreauc. Non-hodgkin' slymphomas. Cancer/Radiother, 14:210–29.

Hart, S, Horsman, JM, Radstone CR, *et al*. 2004. Localise dextra nodal lymphoma of the head and neck: the Sheffield Lymphoma Group experience (1971-2000). Clin Oncol (R Coll Radiol), 16:186–92.

Kolokotronis, A, Konstantinou, N, Christakis, J, Papadimitriou, P., Matiakis, A., ZaraboukasT, *et al*. 2005. Localized B-cell non-Hodgkin's lymphoma of oral cavity andmaxillofacial region: a clinical study. Oral Surg Oral Med Oral Pathol Oral Radiol Endod., 99:303–10.

Triantafillidou, K, Dimitrakopoulos, J, Iordanidis, F, Gkagkalis, A. 2012. Extra nodal non-Hodgkin lymphomas of the oral cavity and maxillofacial region: a clinical study of 58 cases and review of the literature. *J Oral Maxillofac Surg* 70:2776–85.

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