DOI: 10.4274/tjh.2015.0112 Turk J Hematol 2016:33:259-260

Vaginal Lymphoma: A Possible Cause of Genital Hemorrhage

Vajinal Lenfoma: Olası Bir Genital Kanama Nedeni

Erdoğan Nohuz¹, Sharif Kullab², Albane Ledoux-Pilon³, Cécile Moluçon-Chabrot⁴, Maël Albaut¹, Luisa De Simone¹, Xavier Durando²

¹General Hospital of Thiers, Clinic of Obstetrics and Gynecology, Thiers, France

²Centre Jean Perrin, Clinic of Medical Oncology, Clermont-Ferrand, France

³Estaing University Hospital, Department of Pathology, Clermont-Ferrand, France

⁴Estaing University Hospital, Department of Hematology, Clermont-Ferrand, France

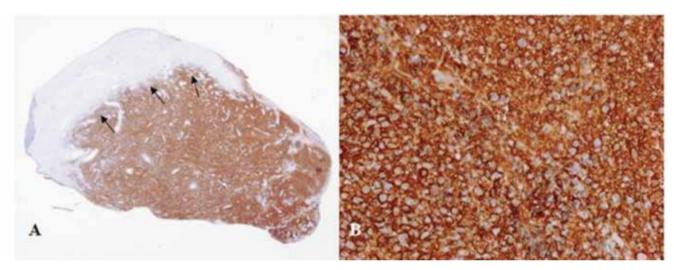


Figure 1. A) Grenz zone (arrows): CD20-positive immunoreactivity in neoplastic cells (25x). B: Immunohistochemical analysis of paraffinembedded sections of the mass lesion showing tumor cells expressing the CD20 molecule (400x).

A 59-year-old patient complaining of vaginal bleeding and puruloid discharge was admitted to our gynecology department. Speculum examination showed a vaginal fungating necrotic ulcerated mass. There was no palpable lymphadenopathy or hepato-splenomegaly on physical examination. Transvaginal ultrasound and abdominopelvic computed tomography demonstrated a bulky vaginal mass approximately 5x4x3 cm in diameter involving the bladder and the rectovaginal septum. With the patient's approval, a punch biopsy was performed and failed to establish the diagnosis (small and necrotic samples that were not representative of the lesion).

Histopathological diagnosis was obtained after a second biopsy performed under general anesthesia. Immunohistochemistry showed that tumor cells were positive for CD20, CD30, MUM1, and bcl-6 and were negative for bcl-2, EMA, CD10, and CD30 (Figure 1). The patient was diagnosed with primary vaginal diffuse large-B-cell non-Hodgkin lymphoma (NHL) and underwent 8 courses of rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone immunochemotherapy. Complete remission was achieved without any relapse at 18 months' follow-up.

Primary vaginal NHL represents less than 1% of genital neoplasms [1,2,3]. Early and accurate diagnosis significantly influences the prognosis [4,5]. It should be considered in differential diagnosis of patients with vaginal bleeding. A deep biopsy may be required.



Keywords: Non-Hodgkin's lymphoma, Vaginal B-cell lymphoma, Postmenopausal bleeding, Vaginal discharge

Anahtar Sözcükler: Non-Hodgkin lenfoma, Vajinal B-hücreli lenfoma, Postmenopozal kanama, Vajinal akıntı

Ethics

Informed Consent: It was taken.

Authorship Contributions

Surgical and Medical Practices: Erdoğan Nohuz, Cécile Moluçon-Chabrot; Concept: Erdoğan Nohuz, Maël Albaut; Design: Erdoğan Nohuz, Sharif Kullab; Data Collection or Processing: Erdoğan Nohuz, Albane Ledoux-Pilon, Luisa De Simone; Analysis or Interpretation: Erdoğan Nohuz, Xavier Durando; Literature Search: Erdoğan Nohuz, Sharif Kullab, Albane Ledoux-Pilon, Cécile Moluçon-Chabrot, Maël Albaut, Luisa De Simone, Xavier Durando; Writing: Erdoğan Nohuz.

Conflict of Interest: The authors of this paper have no conflicts of interest, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included.

References

- Kosari F, Daneshbod Y, Parwaresch R, Krams M, Wacker HH. Lymphomas of the female genital tract: a study of 186 cases and review of the literature. Am J Surg Pathol 2005;29:1512-1520.
- Ragupathy K, Bappa L. Primary vaginal non-Hodgkin lymphoma. J Low Genit Tract Dis 2013;17:326-329.
- 3. Dane C, Dane B, Kalli E, Erginbaş M, Çetin A. Primary uterine lymphoma. Turk J Haematol 2004;21:39-43.
- Nohuz E, Albaut M, Kullab S, Fattouh M, Tamburro S, Dauplat MM, Benoît C, Durando X. What is your diagnosis? J Turk Ger Gynecol Assoc 2014;15:262-263.
- Ameri M, Memarian A, Behtash N, Karimi Zarchi M. The importance of re-examination with deep biopsies in diagnosing cervical malignancies despite multiple negative pathology reports: A case report. Int J Surg Case Rep 2015;14:48-49.