Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

suggestive of NHL. Immunohistochemical study of both samples revealed: Ki67+ (80%), CD45+, PAX-5+, diffuse staining for CD20+, BCL-6+, CD79a+, CD30+, with negativity for epithelial and mesenchymal lineage markers. 18-FDG-PETCT revealed involvement of lymph nodes, bones, liver, kidney, thyroid, breasts and bulky in the female genital tract. Diagnosis of DLBCL sarcomatoid variant was established and therapy was scheduled with 6 x R-CHOP, 3 cycles of 3 g/m^2 methotrexate for CNS prophylaxis and uterine cervix radiotherapy depending on residual uptake on PET-CT after chemotherapy. She is currently after 1st. R-CHOP cycle. **Discussion:** Sarcomatoid variant of DLBCL is rare and already recognized as a morphological variant of DLBCL NOS by WHO-2016 Classification. The explanation for the occurrence of fusiform neoplastic cells remains unclear, but it is believed that tumor stromal fibrosis can justify deformation of the cell membrane of neoplastic cells, giving the sarcomatoid aspect. Its clinical significance, as well as prognostic impact, have not been established, nor has there been any definition of the need for therapy different from conventional treatment based on anthracyclines (R-CHOP). **Conclusion:** We described a case of uterine cervix sarcomatoid DLBCL, a rare entity that establishes a differential diagnosis with sarcomas of the female genital tract. Although it is an isolated case, our patient had multivisceral involvement and high-risk IPI, leading us to infer that this morphological variant may be related to greater biological aggressiveness, high tumor burden and poor outcomes, but this needs to be validated with description of other cases and cases series.

https://doi.org/10.1016/j.htct.2021.10.174

SARS-COV-2 INDUCED REMISSION OF DIFFUSE LARGE B-CELL LYMPHOMA: A CASE REPORT

AA Paz, XPH Condori, AA Hofmann, T Soares, V Predebon, VR Siqueira, F Dortzbacher, ET Calvache, CF Gomes, JP Portich, AS Ribeiro

Hospital de Clínicas de Porto Alegre (HCPA), Porto Alegre, RS, Brazil

Introduction: Diffuse Large B-cell lymphoma (DLBCL) is the most common non-Hodgkin lymphoma, which accounts for approximately 30% of all non-Hodgkin lymphoma cases. Spontaneous remission of DLBCL is exceedingly rare, with only a handful of case reports that describe the phenomenon present in the literature. Specialists are investigating similar cases to find out whether the SARS-CoV-2 infection triggered an antitumor immune response, as has been described with other infections in the context of high-grade non-Hodgkin lymphoma. We report one case of an elderly woman with EBV positive DLBCL diagnosed with PCR-positive SARS-CoV-2 pneumonia in the course of the disease and their outcomes. Case report: A 81 years-old woman, was referred to the consult ambulatory of intern medicine with progressive cervical, axillary and inguinal lymphadenopathy with local pain, fever and weight loss. The biopsy of an axillary lymph node demonstrated diffuse atypical lymphoid infiltrate. Immunohistochemistry stains showed positive CD20, CD30, Bcl-2 and MUM-1. It was negative for CD3, CD10, Bcl-6, c-Myc and CMV. The Ki-67 proliferation index was 80%. Epstein-Barr virus (EBV) stain were positive. These findings were consistent with DLBCL, EBV positive, clinical Stage IIIB and R-IPI 4 (poor prognosis and high risk). Since PET-CT was unavailable, thorax and abdomen computed tomographies were performed and revealed enlarged lymph node on pulmonary hilum, pathological lymph node enlargement in the axillary and supraclavicular chains bilaterally and peri aortocaval adenomegaly, extending along the bilateral femoral iliac vessels (larger lymph nodes of 2.5cm). She was treated with 4 cycles of R-CVP (rituximab with cyclophosphamide, vincristine and prednisone). When an interim PET-CT was performed, disease progression was revealed (Lugano score 5). Therefore, considering patient age and clinical status, treatment scheme was changed to R-mini-CHOP (rituximab with reduced doses of cyclophosphamide, doxorubicin, vincristine and prednisone), achieving partial response after 4 cycles (Lugano score 4). A month after this evaluation, she was admitted to the Emergency Department with diarrhea, fever and was diagnosed with PCR-positive SARS-CoV-2 pneumonia. After 6-days hospitalization with no significant ventilatory impairment, she was discharged. No corticosteroid or immunochemotherapy was administered. Two months later, she had no palpable lymphadenopathy and a PET/CT scan revealed widespread resolution of the lymphadenopathy and reduced metabolic uptake throughout (Lugano score 1). After a 7-months follow-up, the patient still has no clinical relapse. **Discussion:** The putative mechanisms of action include cross-reactivity of pathogen-specic T cells with tumour antigens and natural killer cell activation by inammatory cytokines produced in response to infection. It is important to consider that the more cases of SARS-CoV-2 infection in patients with non-Hodgkin lymphoma, the more likely it is to analyze lymphoma remissions and demonstrate the exact mechanism of pathogen-specific T cells with tumor antigens. **Conclusion:** Because spontaneous remission of DLBCL associated with SARS-CoV-2 infection is a new event, careful investigation of these cases is important, because the information gained may lead to new therapeutic targets or treatment strategies for future patients.

https://doi.org/10.1016/j.htct.2021.10.175

SCIMITAR SYNDROME IN A PATIENT WITH NON-HODGKIN'S LYMPHOMA: A RARE CASE REPORT IN THE BRAZILIAN AMAZON

KOR Borges [a], AFR Nascimento [b], AMC Sousa [b], CEB Mesquita [b], AF Ribeiro [b], GMRE Almeida [c], BVRE Almeida [c], KFM Penalber [a], CB Junior [a], P Pezente [a]

[a] *Oncológica Tapajós, Santarém, PA, Brazil*
[b] *Universidade do Estado do Pará (UEPA), Belém, PA, Brazil*
[c] *IMEPAC Centro Universitário, Araguari, MG, Brazil*