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·病例报告·

伊布替尼联合替莫唑胺治疗老年初治原发中枢神经系统弥漫大B细胞淋巴瘤一例

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Combination of ibrutinib and temozolomide for the treatment of newly diagnosed elderly primary central nervous system diffuse large B cell lymphoma: a case report

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患者,女,64岁,因“记忆力减退3个月,行走不稳1个月”于2018年6月就诊于我院,既往无免疫缺陷等相关疾病。完善颅脑增强MRI检查,显示颅内多发占位性病变,主要分布于双侧小脑半球及顶叶,病变形状不规则,周边伴水肿,增强后表现明显均匀一致强化。PET-CT检查提示:颅内多发高代谢病灶,最大标准摄取值(SUV_{max})为14,颅外未见明显高代谢病灶。脑外科予左侧顶叶立体定向穿刺活检,病理提示为:non-GCB亚型弥漫大B细胞淋巴瘤(DLBCL),免疫组化显示为CD19(+),CD20(+),CD79a(+),CD10(-),MUM-1(+),BCL-6(+),Ki-67(70%+)。脑脊液检查:细胞形态学及流式细胞术检测均未见明显异常淋巴瘤细胞,血常规及生化常规未见明显异常。眼科会诊未见眼底侵犯。明确诊断为:原发中枢神经系统DLBCL,IELSG评分3分,中危组。因患者拒绝住院化疗,予全口服方案门诊治疗:伊布替尼560 mg/d,替莫唑胺150 mg/m²第1~5天,每4周为1个

疗程。患者总体耐受性良好,无明显血液学不良反应,仅表现为皮肤轻度瘀斑,无明显出血征象。用药2周后患者自诉步态较前好转。2个疗程后可生活自理,步态基本恢复正常。4个疗程后复查颅脑增强MRI,提示完全缓解。2019年8月停药观察,目前仍处于无病缓解状态。

讨论:研究显示超半数原发性中枢神经系统淋巴瘤(PCNSL)患者存在MYD88突变,且多伴CD79B突变,提示可能对布鲁顿酪氨酸激酶抑制剂敏感。既往研究报道伊布替尼具有良好的血脑屏障穿透性,且单药治疗PCNSL具有较高的缓解率。数项研究表明,替莫唑胺对PCNSL具有良好疗效,适合老年PCNSL患者的治疗。本病例提示伊布替尼联合替莫唑胺方案对于初治老年PCNSL患者安全有效,值得开展前瞻性研究进一步验证。

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