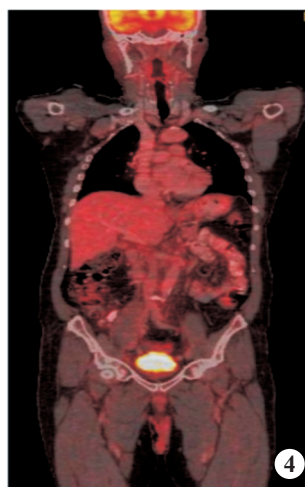
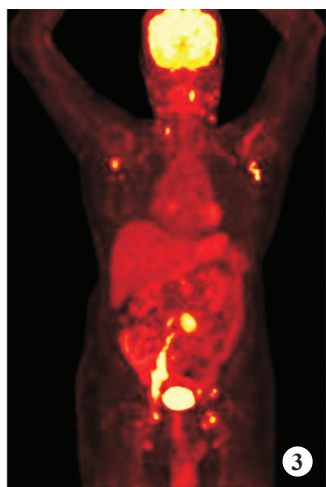
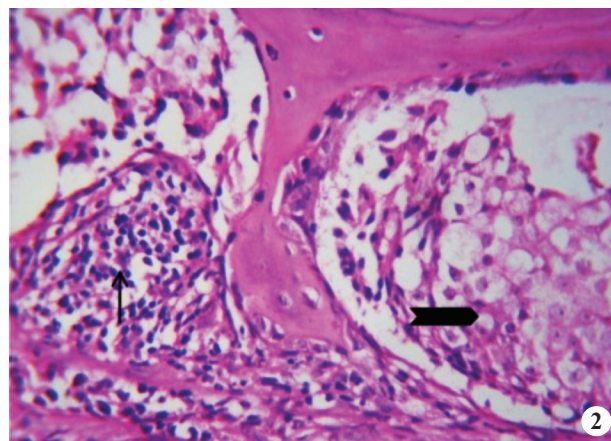
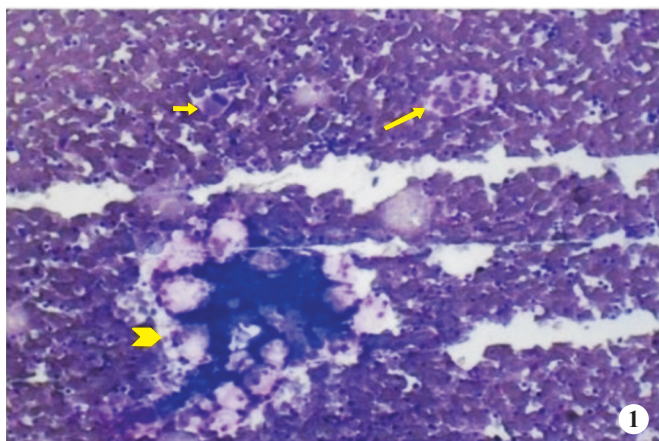


## Clinical Images

### Trephine biopsy in an elderly man revealed double pathology



**Fig. 1.** Bone marrow aspiration (Leishman stain, 100X) shows marrow particles (arrowhead), megakaryocytes (short arrow) and cluster of malignant epithelial cells (long arrow). **Fig. 2.** Bone marrow trephine biopsy (Haematoxyline-Eosine stain; 400X) shows diffuse infiltration by lymphoma cells (arrow), along with clusters of non-haematopoietic cells with abundant clear cytoplasm (arrowhead). **Fig. 3.** <sup>18</sup>F-FDG (fludeoxyglucose) positron emission tomography (PET) at diagnosis shows cervical, axillary, inguinal and abdominal lymphadenopathy. **Fig. 4.** <sup>18</sup>F-FDG PET/CT after six cycles of R-CHOP shows complete remission.

A 67 year old male presented with generalized lymphadenopathy for eight months in May 2011 to the department of Hematology, NRS Medical College and Hospital, Kolkata, India. Lymph node biopsy with histopathology and immunohistochemistry was

suggestive of follicular lymphoma (FL). Bone marrow (BM) aspiration and trephine biopsy findings are shown in Figs 1 and 2. Serum prostate specific antigen (PSA) and trucut biopsy of prostate were suggestive of adenocarcinoma prostate (ACP). Bilateral orchiectomy

was done and oral bicalutamide followed by six cycles of R-CHOP (rituximab-cyclophosphamide, doxorubicin, vincristine, prednisolone) were given. Positron emission tomography (PET) showed complete remission (Figs 3, 4). On the last follow up in March 2015 the patient was doing well. BM simultaneously involved by FL and ACP is very rare.

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