

中文題目：案例討論：亞洲型血管內大 B 細胞淋巴瘤在正子攝影下意外地呈現與臨床表現不相符且瀰漫的肺臟腎臟及脾臟 FDG 吸收

英文題目：A case of Asian-Variant Intravascular B cell Lymphoma with inconsistently unexpected and diffuse FDG uptake in bilateral lungs, kidneys, and spleen by FDG-PET/CT

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Abstract

Intravascular large B cell lymphoma (IVBCL) is a rare subtype of large cell lymphoma with characteristics of a proliferation of lymphoma cells within the lumen of small-caliber blood vessels but sparing of the lymph node. It is associated with a poor prognosis due to delay diagnosis, and its nature of intravascular extensive spreading. Multi-organ involvement at diagnosis makes clinical manifestations vary. There were, universally, two variants, classified by its clinical features: the classical or Western variant, and the Asian variant. The classical variant is characterized by the central nervous system and skin involvement, while the Asian variant is more commonly accompanied with hemophagocytic syndrome, bone marrow involvement, fever, hepatosplenomegaly, and thrombocytopenia. Biopsy of affected area should display neoplastic lymphoid cells within the lumen of small to intermediated blood vessels. At diagnosis, most patients with IVBCL is disseminated and warrants systemic treatment.

We report a case of Asian-variant IVBCL with presentations of fever of unknown origin and progressive dyspnea on exertion for months. Chest computed tomography (CT) revealed only small fibronodular lesions over left lower lung, and video-assisted thoracoscopic surgery wedge resection of the lesions revealed IVBCL. Positron emission tomography (PET) showed diffuse intensive uptake of bilateral lungs, bilateral kidneys, and spleen. Bone marrow biopsy demonstrated hemophagocytosis. The patient had received rituximab and cyclophosphamide, doxorubicin, vincristine, and prednisolone. Fever and dyspnea were both subsided after the first cycle of treatment. She is currently in complete metabolic remission according to follow-up PET.

Among initial chest CT, PET and follow-up PET, we found intriguing inconsistencies, which could be confirmatory to our postulation of intravascular spreading of the disease, and may infer that FDG-PET/CT is an ideal modality for diagnosis at early stage, especially IVBCL.