中文題目：肺黏膜相關淋巴組織淋巴瘤-個案報告

英文題目：Pulmonary mucosa-associated lymph tissue lymphoma, a case report

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Introduction

Pulmonary mucosa-associated lymph tissue lymphoma is a rare disease and is difficult to diagnose due to its diverse and nonspecific clinical features. Here we present a case with bilateral lung infiltration combined with consolidation pattern in CXR. The patient was treated as pneumonia initially without obvious improvement in follow-up image study. Malignancy was also suspected but no definite diagnosis was confirmed through bronchoscopic biopsy. After 2 years follow-up, the final diagnosis of extranodal marginal zone lymphoma of mucosa associated lymphoid tissue (MALT) was confirmed by VATS (Video-Assisted Thoracic Surgery).

Case presentation

A 51-year-old woman was a HBV carrier and was admitted because bilateral pneumonic patches noted. After admission, empirical antibiotic was given and her symptoms such as cough, mild sputum and fever were improved. However, bilateral lung infiltration in CXR was still mentioned. Bronchoscopic biopsy was performed and the pathological report showed only inflammation. No autoimmune disease was documented during admission. After discharge, she had regular follow-up in our outpatient department and CXR followed every 3 months. During 2 years follow-up, no obvious change of bilateral infiltration pattern was noted. Second bronchoscopic biopsy was done and inflammation with low-grade lymphoma or small cell carcinoma was considered. Due to no definite diagnosis, tissue proof by VATS was suggested. The pathological report of wedge resection showed marginal zone lymphoma with immunophenotyping with CD20 and Bcl-2 positive and CD3, CD5, CD10, CD23, and Cyclin D1 negative. After operation, the patient will take further chemotherapy.

Discussion

Mucosa-associated lymphoid tissue (MALT) lymphoma is an extranodal low-grade B-cell lymphoma. MALT lymphoma of lung is also referred to as bronchial-associated lymphoid tissue (BALT) lymphoma. The etiology and pathogenesis of BALT lymphoma remains unclear. The development of BALT lymphoma (BALToma) may be associated with chronic inflammation due to autoimmune disease or infection. The median age at diagnosis for BALToma is around 50–60 years old. The clinical features of BALToma are non-specific, such as cough, sputum, chest pain, or dyspnea. And the clinical features contribute little to diagnosis. Definite diagnosis may be confirmed by histological examination of biopsy via invasive procedures. In our case, definite diagnosis was not confirmed through bronchoscopic biopsy until tissue proof by VATS. The clinical course of MALToma is indolent and usually its prognosis is good. Therapeutic regimens of BALToma were still under debate. Surgery, Rituximab alone or in combination with chemotherapy, or chemotherapy with anthracycline-containing regimens had been documented in some reviews. Radiotherapy was not suggested for the possibility of normal lung injury. We present this case to share our experience to confirm the diagnosis of BALT lymphoma.