

中文題目：一位迴腸末端瀰漫性大 b 細胞淋巴瘤的年長患者案例報告

英文題目：Diffuse large B cell lymphoma of the terminal ileum in elderly patients.

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**Introduction:** Diffuse large B cell lymphoma (DLBCL) is the most common histologic subtype of non-Hodgkin lymphoma (NHL), accounting for approximately 30 percent of patients with NHL. Initial treatment of DLBCL is determined by the disease stage and performance status of the patient.

**Case presentation:** A 86-year-old female without systemic disease visited this emergency department for bloody and tarry stool for 2 days. Colonoscopy found an ulcerative lesion located at terminal ileum without obstruction. The biopsy of the lesion at terminal ileum revealed diffuse large B-cell lymphoma, consistent with non-germinal center-like subtypes. (activated B-cell like (ABC)). PET scan revealed no evidence of other nodal, extranodal sites or bone marrow involvement. Limited diffuse large B-cell lymphoma (stage 1)with adverse features and International Prognostic Index:3 (LDH: 237, ECOG: 3, age>60) was diagnosed. The patient received 6 cycles of chemotherapy with reduced dose R-CVP. Series CT image showed regression of the thickening terminal ileum wall and was complete response after 6 cycles of chemotherapy.

**Discussion:** The optimal therapy for diffuse large B-cell lymphoma is chemoimmunotherapy with R-CHOP (rituximab-doxorubicin-cyclophosphamide-vincristine prednisone). However, elderly frail patients treated with standard R-CHOP chemotherapy, usually have a higher incidence of febrile neutropenia and mortality due to drug toxicity than younger. The optimum treatment for very elderly diffuse large B-cell lymphoma is still highly debated, there are some alternative regimen for those patients, ex: R-CVP, RCEPP, RCDOP, R-mini-CHOP, RGCVP. In some previously study, patients  $\geq 80$  years of age with DLBCL who had received R-CVP (standard R-CHOP without doxorubicin) or R-CHOP, showed similar complete response and disease progress rate, there might be no overall advantage from the addition of anthracycline chemotherapy. In our case, we choice reduce dose R-CVP regimen because of her old age (86 years old) and poor performance (ECOG:3), the patient could tolerate the therapy course and got complete response.

**Conclusion:** The best treatment to offer to elder and frail patients with diffuse large B-cell lymphoma needs to be clarified, with therapeutic efficiency balanced against toxicity.