



Leucoplasic Aspect of a Tonsillar Large B-Cell Lymphoma: About a Case

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ABSTRACT

Lymphoma is a malignant proliferation of lymphatic system cells. Large B-cell lymphoma is one type of the large list of lymphomas. It could occur in the lymphatic system or other body organs outside it. The clinical expression of this kind of tumors can be really variable. Usely there are general signs such as fever, heavy sweating at night and losing of weight. In addition to symptoms related to the local development of the tumor. In this article, we are about to present a case of tonsillar lymphoma which clinical expression could be confused with any benign tonsillar lesion.

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Introduction

Lymphomas take the third position in all head and neck malignant tumors which represent approximately 12% after squamous cell carcinoma in the first position and thyroid carcinoma in the second one.[1]

The case which the article is based on, is about a tonsillar localization of B-cell lymphoma with unusual clinical presentation.

Case report

It's about a 56 years old man who showed up at our ENT department for an oropharyngeal discomfort which started 06 months ago.

The patient report that frequently when he swallows some kind of solid aliments such as bread he feels like if it sticks into his throat.

No general symptom was reported. The clinical examination of the oral cavity reveals a lesion on the left tonsil like a whitish coating which reminds us of a leucoplasia or sort of caseous necrosis located in the anterior part of the gland. (Figure 1) The rest of the examination, especially endoscopic exploration shows normal aspects of the rest of pharyngeal and laryngeal structures.



Figure1. leucoplasic aspect of the tonsil

A biopsy at this localization was made in a goal to study the histological organization. The examination focused on two fragments covered with malpighian epithelioma without any cytologic or architectural disorder.

The chorion contains an infiltration of lymphoid cells, dense and made up of non-cohesive large cells. Their nucleus is rounded or oval with one or more nucleoli. These cells are mixed with small lymphocytes.

The immunohistochemical profile is in favor of a large B-Cell lymphoma:

Antibodies anti CD20 (Clone L26, DAKO): diffuse labeling of large cells observed.

Antibodies anti CD3 (Clone SP7: THERMOSCIENTIFIC): reactional of T lymphocyte

Antibodies anti CD10 (Clone 56C6; DAKO): Positif (> 30% of tumoral cells)

Antibodies anticytokeratin(Clone AE1/AE3, DAKO): absent
Antibodies anti Ki-67 (Clone MIB-1, DAKO): 60% of tumoral cells

A CT-Scan was made exploring the extensions of the tumor: It shows just a tissular thickness on the left tonsil without any tissue invasion or suspicious image with no lymphadenopathy. (Figure 2). The patient was referred for chemotherapy.

Discussion

Lymphomas take place in the top three of the malignant tumors of the head and neck. The most common type in all the lymphomas of this anatomical area is the large B-cell lymphoma.

The development of lymphomas is the same as how a tumor grows. It's represented on a proliferation of B cells during any of their various stages of development. [2]

It can be categorized into 3 stages- pre-germinal, germinal, and post-germinal center. Most of the B- cell lymphomas are derived from the germinal center [2]

Considering the clinical presentation, the large B cell lymphoma can occur in different aspects. Usually there are

general symptoms such as fever, sweating or anorexia. Rarely it's presented as a simple lesion like what it was described in our case. A tonsillar leucoplasia can easily be confused with a benign lesion especially that the evolution was for 06 months with no lymphadenopathy and no general symptom.

It's a kind of heterogeneity that characterizes the large B cell lymphoma, so as the genetic and histological aspects. [3]

The diagnosis is based on the clinical aspect primary, and precisely the histological aspect using immunochemical technics.

This kind of tumors must not be misdiagnosed, the early treatment is extremely necessary in these cases. The large B cell lymphoma needs a quick and early treatment. [3]

The large B cell lymphoma is known as an aggressive tumor, but the survival can be long with an appropriate and early chemotherapy. [2]

Conclusion

Large B cell lymphoma is a malignant and aggressive tumor if it's not diagnosed earlier and not treated properly. The clinical expression can take variable forms, so we should not hesitate when we are facing a suspicious lesion to go for histological examination.

References

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