

OVARIAN BURKITT'S LYMPHOMA: REPORT OF A CASE AND REVIEW OF THE LITERATURE

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SUMMARY

Burkitt's Lymphoma mostly occurs in children. The disease sometimes can be represented as a pelvic mass in adults. Burkitt's lymphoma should be remembered in differential diagnosis of the pelvic masses. Because of the common character of the disease, the history and symptoms of the patient should be asked carefully. We report an ovarian Burkitt's lymphoma of a reproductive age woman consulted to our clinic with acute abdominal pain and pelvic mass.

Key words: burkitt's lymphoma, ovary, pelvic mass

ÖZET

Ovaryan Burkitt Lenfoma: Vaka takdimi

Burkitt Lenfoma genellikle çocuklarda görülmektedir. Bazen erişkinlerde pelvik kitle olarak görülmekte, bu nedenle de pelvik kitlelerin ayırıcı tanısında akılda tutulmalıdır. Hastalığın karakteristik özellikleri iyi şekilde sorgulanmalıdır. Biz, kliniğimize karın ve pelvik kitle tanularıyla konsülte edilen reproduktif çağda teşhis edilen ovaryan Burkitt Lenfoma vakasını sunmaktayız.

Anahtar kelimeler: burkitt lenfoma, over, pelvik kitle

INTRODUCTION

Burkitt's Lymphoma (Small Noncleaved Cell Lymphoma) may present in childhood as a rapidly enlarging mandibula or ovarian mass^(1,2). More frequently, it appears as bulky abdominal disease, often arising in the region of the ileocecal valve. In adults, it may be bulky and generalized, often with massive involvement of liver, spleen and bone marrow. CSF and brain disease are often found at diagnosis or with relapsing lymphoma⁽¹⁾.

It is associated with translocations involving the c-myc gene on chromosome 8 rearranging with immunoglobulin heavy or light chain genes⁽³⁾. The disease is thought to be associated with Epstein_Barr virus (EBV) in endemic lymphoma form. The pathology reveals a high mitotic rate and a starry sky pattern of rapidly proliferating malignant lymphocytes. Treatment must be initiated urgently and staging studies expedited because of rapid tumor growth. Resection of large abdominal masses improves treatment outcome. Aggressive leukemia regimens that include vincristine,

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cyclophosphamide, 6-mercaptopurine, doxorubicin and prednisone are active⁽³⁾. High-dose, short-course combination chemotherapy may be highly curative (>75%)⁽¹⁾. Meningeal prophylaxis is essential. Occasionally, the disease is completely resected prior to chemotherapy, but aggressive therapy is still indicated. We report an ovarian Burkitt's lymphoma of a reproductive age woman which consulted to our clinic with acute abdominal pain and pelvic mass.

CASE REPORT

A 29 year-old G1P0 women presented to the University of Ege Hospital Emergency Service in November 2004 with the symptoms of abdominal pain, fatigue, weight loss over the preceding month. During that time, she has been lost 4 kg (representing %2,4 of her body weight). On physical examination, defence or rebound tenderness were absent. The uterus was normal, but it was felt a mass in rectovaginal pouch, bilateral adnexes weren't palpable. Uterus was normal by transvaginal ultrasound. There was 32 mm heteroechoic cystic lesion in the right ovary and 63x61 mm solid, irregular bordered mass was seen between the uterus and the right ovary. The left ovary wasn't visible in the ultrasound. Minimal fluid was seen in rectovaginal pouch and surrounding the uterus. She had a history of pregnancy termination by aspiration of 7 weeks embryo about 6 weeks ago. At the aspiration procedure, pelvic and ultrasonographic examinations revealed no pelvic mass. She was complaining a pain in her mouth and thought that her weight loss was related with this dental problem. The laboratory findings were as follows; leucocytes=5,2, Hb=9,9 , Htc=%28,8, plt count=193. ESR=18,48, SGOT=52 and SGPT=44 (minimal elevation in LFT). Tumor markers were normal except CA 125 (CA-125=86 IU/ml). The patient was hospitalized and operated 2 days later. Laparoscopy was planned at the beginning for diagnosis of the pelvic mass. The uterus was in normal size. A 5x6 cm solid mass with nodular projections was seen in left ovary , the right ovary was 3x4 cm and had the same aspect. There were 1,5-2 cm solid lesions around sacrouterine ligament and at around the connection of round ligaments and uterus. They were thought to be as hypertrophic lymph nodes. Appendix had an hypertrophic appearance The result of the frozen was

malignant lymphoma. Then laparotomy was performed after the initial frozen section result. The pelvic mass excision and appendectomy were performed. There weren't any palpable lymphadenopathy in pelvic-paraortic region. The exact result of the pathologic evaluation was diffused infiltrative Burkitt lymphoma in left ovary and focal Burkitt lymphoma infiltration in right ovary and appendix. The patient was consulted by the haematology clinic of the University hospital for the future medication of chemotherapy.

DISCUSSION

NHL represents %4 of all cancer diagnoses. Overall survival is 55%, but potential for cure varies by histologic type⁽⁴⁾. The location of the disease is variable; although it is usually found in lymph nodes, spleen and bone marrow, it may be found in almost any tissue. Extranodal sites are involved in more than 30% of cases, most commonly gastrointestinal tract, skin, bone marrow, sinuses, genitourinary tract, thyroid and central nervous system. There are no pathognomonic symptoms, but fever, weight loss and night sweats may be present in advanced disease. Tumor markers of the ovary were generally normal although a big pelvic mass. CA-125 can be elevated only in some cases^(4,5).

Treatment options for limited-stage large cell NHL are evolving. Historically, radiation therapy alone to the involved fields was undertaken, with overall cure rates in the 60-70% range. Modern regimens consist of at least three cycles of CHOP, with a minimum of six cycles for bulky disease, followed by radiation therapy to the involved lymph nodes and adjacent uninvolved nodes to a total dose of 30-50 Gy.

As in this case , Burkitt's Lymphoma should be thought in differential diagnosis of especially rapidly progressing pelvic masses. Laparoscopy is preferable method for diagnosis. Potential treatments can vary widely based on tumor pathology.

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