

Volume 6, No. 1 (Supplement)

June 2011

ISSN 1823-2140

The  
National University  
*with an*  
INTERNATIONAL REACH



UNIVERSITI  
KEBANGSAAN  
MALAYSIA  
*National University of Malaysia*

# MEDICINE & Health

The Official Journal of The Faculty of Medicine UKM

## 7<sup>th</sup> Malaysia Indonesia Brunei Medical Sciences Conference "TOWARDS A HOLISTIC AND INTEGRATIVE APPROACH IN HEALTHCARE"



22<sup>nd</sup> - 24<sup>th</sup> July 2011

Equatorial Hotel, Bangi, Selangor,  
MALAYSIA

officiated by

**Y.B Datuk Rosnah Haji Abdul Rashid Shirlin**  
Deputy Minister of Health Malaysia

Organised by



## NODULAR LYMPHOCYTE-PREDOMINANT HODGKIN LYMPHOMA: A RARE INDOLENT TUMOUR WITH RECURRENCE AT EXTRANODAL SITES

Rabab NB<sup>1</sup>, Mohd Ridzuannudin TS<sup>2</sup>, Masir N<sup>1</sup>

*Department of <sup>1</sup>Pathology and <sup>2</sup>Diagnostic Laboratory Services, UKM Medical Centre, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*

### Background

Nodular lymphocyte-predominant Hodgkin lymphoma (LPHD) is an indolent and rare form of Hodgkin lymphoma, usually involving lymph nodes. It is characterized by scattered large neoplastic cells known as popcorn or lymphocytic predominant cells (LP cells) with typical immunophenotype (CD20+, CD15-, CD30-) that forms the basis of distinction from the subtypes of classical Hodgkin lymphoma. Nevertheless, morphological features overlap between LPHD and other lymphomas which may cause diagnostic difficulty. We present a case of LPHD that was previously diagnosed as chronic lymphocytic lymphoma (CLL) and classical Hodgkin lymphoma at two different institutions. This case was referred to our department for consultation.

### Case history:

A 55-year-old lady presented with recurrent lymphadenopathy and developed paravertebral lesion eight years after initial disease. We received her axillary lymph node, paravertebral lesion and trephine biopsies for review of diagnosis.

### Histopathological examination:

The lymph node showed complete effacement of the architecture by scattered LP cell infiltrates, residing in an expanded CD21-positive follicular dendritic cell meshworks and surrounded by small lymphocytes. The malignant cells expressed B cell marker (CD20) and BCL6, and are rimmed by CD3- and CD57-positive T cells. Examination of paravertebral and trephine biopsies showed presence of similar malignant infiltrates. Careful microscopic examination of the H&E and immunostained sections did not show the typical morphology and immunophenotype of either CLL or classical Hodgkin lymphoma. Thus a final diagnosis of LPDH with evidence of paravertebral and bone marrow involvement was made.

### Discussion and conclusion:

The diagnosis of nodular lymphocyte-predominant Hodgkin lymphoma can be challenging and is often overlooked as was in this case. Extranodal involvement (including bone marrow) is rare and this may point towards transformation to a more aggressive lymphoma.

### Keywords:

Nodular lymphocyte-predominant Hodgkin lymphoma, LP cells, extranodal, diagnosis.