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An Unusual Presentation of Non-Hodgkin Lymphoma: Unilateral Tonsiller Hypertrophy

Non Hodkgin Lenfomanın Nadir Şekli: Tek Taraflı Tonsiller Hipertrofi

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Öz

Servikal lenfadenopati, başta viral üst solunum yolu enfeksiyonu, immünolojik hastalıklar, endokrin hastalıklar, Hodgkin (HL) ve non-Hodgkin Lenfoma (NHL) gibi malignitelere bağlı enfeksiyonlardan kaynaklanabilir. Unilateral tonsiller hipertrofi ile presente olan NHL nadiren literatürde bildirilmiştir. Bu olgu sunumunda, 76 yaşında, tek taraflı tonsiller hipertrofi ile başvuran takiplerinde NHL tanısı alan vaka takdim edilmiştir.

Anahtar Kelime: Difüz büyük B hücreli lenfoma, non-hodgkin lenfoma, tonsiller hipertrofi

Abstract

Cervical lymphadenopathy can be caused by infections, mainly due to a viral upper respiratory tract infection, immunologic diseases, endocrine diseases, and malignancies such as Hodgkin and non-Hodgkin Lymphoma (NHL). NHL presenting with unilateral tonsillary hypertrophy is rarely reported in the literature. Here, we present a case of a 76 years old man who presented with unilateral tonsillary hypertrophy that days of evolution which culminated with a diagnosis of NHL.

Keywords: Diffuse large B cell lymphoma, non-hodgkin lymphoma, tonsillary hypertrophy

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Introduction

Malignant clonal expansion of lymphocytes called as lymphomas and they are classified on basis of histological appearance into Hodgkin's lymphoma and non-Hodgkin's lymphoma (NHL). The Non-Hodgkin lymphoma usually presents with lymphadenopathy, splenomegaly, hepatomegaly or symptoms related to compression by the primary tumors. Whereas, unilateral tonsillary hypertrophy is less frequent site that rarely mentioned about relation with NHL in literature [1]. Here, we present a case of a 76 years old man who presented with unilateral tonsillary hypertrophy that days of evolution which resulted in a diagnosis of NHL.

Case Report

A 76-year-old man was admitted with unilateral hyperemic tonsillary hypertrophy for 3 weeks. He had hypertension, type 2 diabetes mellitus for 20 years. Before this admission, he was examined by physician on emergency department, whose prior diagnosis was acute tonsillitis and prescribed on antibiotics. Moreover, patient have fever over 38 degrees and weight loss of more than 10% and night sweats. Physical examination revealed the temperature was 38.9°C, the blood pressure 150/85 mmHg, the pulse 96 beats per minute, the respiratory rate 20 breaths per minute. Oropharynx was hyperemic and unilateral left tonsillary hypertrophy with necrotic lesion was detected. Haematological tests showed normochromic normocytic anemia, laboratory data including erythrocyte sedimentation rate, urea and creatinine levels were high. Serum electrolytes and liver function tests were within normal limits. Cervical-abdomen-inguinal-axillary ultrasonography scans were detected hepatomegaly and splenomegaly and also multiple lymphadenopathy on cervical, axillary and inguinal regions. The ideal nodes were positioned internally, requiring a deep invasive procedure for access that maked it risky to performed such an invasive procedure. For that reason, tonsiller biopsy was performed and diagnosis of ''Diffuse Large B Cell Lymphoma'' was confirmed. PET-CT scan also performed for staging and R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone) chemotherapy was planned for treatment. Finally, the patient was transferred to the Medical Oncology Department.

Discussion

In the majority of NHL patients the disease arises in lymph nodes. Moreover, nodal disease accounts for 70% of new lymphoma patients. Incidence rates also increased 1.7%–2.5% per year for nodal cases compared to 3.0%–6.9% per year for extranodal cases[2].Unilateral tonsillar enlargement most often is resultant of a benign process, color alteration or visible lesion can also be present in chronic inflammation, chronic infection (tuberculosis, syphilis, actino-mycoses), granulomatous diseases (sarcoidosis), or benign tumors (papillomas)[3]. Cervical lymphadenopathy can be caused by infections, mainly due to a viral upper respiratory tract infection, immunologic diseases, endocrine diseases, and malignancies such as Hodgkin and NHL[4]. In our cases, unilateral tonsillary hypertrophy with necrotic lesion and multiple lymphadenopathy were important clues for malignancies.

Morover, primary tonsillary lymphoma is rare form of head and neck malignancies. Tonsillectomy is used to establish the diagnosis and can be performed for localized small lesions. In general, the patients are treated by chemotherapy and/or radiotherapy.

In conclusion, we remind that, NHL can be unusual presented with atypical location involvement. This sign and symptoms should be considered carefully by physician because of importance for early diagnosis and treatment.

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