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Pancreatic lymphomas: Primary pancreatic lymphoma versus extranodal involvement by systemic lymphomas

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Pancreas can be involved in about 30-40% of patients with non-Hodgkin lymphoma. However, primary pancreatic lymphomas (PPL) are exquisitely rare and comprise less than 1% of extranodal lymphomas and approximately 0.5% of all pancreatic malignancies. PPLs are most commonly located in head of the pancreas and, therefore, they can present with symptoms similar to those of pancreatic adenocarcinomas, i.e. abdominal pain, jaundice, and weight loss. Invasive tumor growth not respecting anatomic boundaries, as well as absence of significant dilatation of main pancreatic duct, raise degree of suspicion for PPL rather than adenocarcinoma. However, systemic and extra-pancreatic lymphomas, with involvement of pancreas, are much more common than PPLs. We observed a case of 78 y/o man who presented with rapidly progressive weight loss and jaundice. CT scan demonstrated ill-defined lesion in pancreatic head, 2 cm in size, with massive peripancreatic lymphadenopathy and 6 cm splenic mass. Core needle biopsy led to the diagnosis of high grade diffuse large B-cell lymphoma (DLBCL). Patient's status progressively deteriorated, and he expired before initiation of chemotherapy. Autopsy demonstrated involvement of pancreas, spleen, and peripancreatic lymph nodes by lymphoma. However, due to presence of splenic involvement, with dominant mass in the spleen, DLBCL of spleen with secondary pancreatic involvement was diagnosed. Diagnostic criteria, which favor PPL, vs. secondary pancreatic involvement by lymphoma, are following: No superficial or mediastinal lymphadenopathy; Normal leukocyte count; Main mass in the pancreas with lymph node involvement confined to peripancreatic region; and no hepatic or splenic involvement.

Biography

Mark Podberezin has completed his MD and PhD degrees, as well as Clinical Hematology Fellowship, from National Hematology Center in Moscow, Russia. He did his Anatomic and Clinical Pathology Residency training from the University of Illinois at Chicago and Hematopathology Fellowship from Texas Methodist Hospital in Houston, TX. He has published 14 papers and has presented many at national as well as international conferences.

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