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**Extranodal non-Hodgkin's lymphoma****Sara Haddadi**

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**Introduction:** NHL usually arises in lymph nodes or other lymphatic tissues such as spleen. Extranodal lymphoma is a type of this disease that accounts for about one third of non-Hodgkin's lymphomas presenting at a different site. Extranodal organ involvement is a common finding after staging of the disease while definition of primary extra nodal involvement is a controversial issue as disseminative diseases may have both extra nodal and nodal involvements. Extranodal NHLs vary a lot in presentation, morphology and histology and have increased more rapidly than the nodal form of NHL especially in developing countries with an increase in diffuse pattern and more aggressive types.

**Material & Method:** This prospective study included 110 cases of NHL that were followed from February 2012 till November 2013. Biopsies were taken from all the patients besides bone marrow study. Signs and symptoms were categorized into "B" symptoms, general, lymphadenopathy and extra nodal involvement, and we compared the frequencies by stage and grade and immunohistochemistry types.

**Results:** 65 patients (59.6 %) presented with extranodal signs and symptoms and the frequency of primary extranodal lymphoma was 48.6%. The most common site of involvement was GI system and gastric involvement was at the top of the list. After categorizing the patients based on their pathologic findings it was seen that extranodal signs and symptoms were the most common presentation in diffuse large B-Cell lymphoma (DLBCL) and the most common pathologic subtype related to extranodal presentation was DLBCL. 12 out of 110 patients in this study had relapse (10.9%). All of these patients had extranodal involvement at relapse. The extranodal site of involvement was mainly neurologic.

**Conclusions:** In both B-cell NHL and T-Cell NHL, extranodal signs and symptoms were the most common presentation feature with an overall frequency of 59.6% (48.6% as the primary extranodal lymphoma). Other studies that had investigated the frequency of primary extranodal involvement have shown frequencies of 45.6%, 41%, 22%, and GI system was the most common site of involvement. The same as our study diffuse large B-cell lymphoma was the most common pathologic subtype between these patients. With regard to age, extranodal lymphoma showed a male to female ratio of 1.41 which is 0.21 lower than the overall male to female ratio of NHL. When we restricted the data to the primary extranodal lymphomas this ratio changed to 1.14 and by comparing the extranodal stage between male and female cases it was shown that primary extranodal lymphoma is more common among female group of NHL patients than the male ones. Moreover female group had a significant higher ESR level at presentation which may imply different etiologic factors of this malignant disease.

**Biography**

Sara Haddadi MD, is an international medical graduate from Iran. She graduated and was licensed from Shiraz University of Medical Sciences in 2014, then practiced as a Primary Care Physician in rural and underserved areas in South of Iran in Khafr clinic for 17 months. She has been attending Kaplan Medical Test Preparatory in Chicago since Sept 2015 to sit for the USMLE exams and apply for Internal Medicine Residency in the US. During her internship in Shiraz, she worked at inpatient and outpatient clinics, as well as the Oncology hospital wards. While providing care for cancer patients, she investigated and studied the signs, symptoms and complications of 110 patients with Non-Hodgkin's lymphoma (NHL), at presentation and relapse, and defended her thesis about NHL with the score of 19.83/20 by graduation from Shiraz University.

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