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Case Report

Rare Case of T-cell Lymphoma of Tongue in a Young Female

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Abstract

Primary non-Hodgkin lymphomas of the oral cavity are extremely rare. They account for 3-5% of all malignant lesions of the oral cavity. Only a very few cases have been reported in literature of which T cell lymphomas are even lesser in comparison to B cell lymphomas. In this article we describe a case of 24-year-old female who presented with a smooth surfaced lesion on the tip of tongue. PTCL was diagnosed after histopathological examination and immunohistochemistry.

Keywords: Non-Hodgkin Lymphoma; Oral Cavity; Peripheral T-cell Lymphoma; Tongue

Introduction

Extranodal lymphomas account for 20–30% of non-Hodgkin lymphoma (NHL) [1]. NHL accounts for 3-5% of all malignant lesions of the oral cavity. The commonly affected areas include the Waldeyer's ring including tonsils (55%), soft palate (30%), tongue (2%), buccal floor (2%), retromolar area (2%) and others (9%) [2]. 1% of all lymphomas are oral cavity lymphomas of which diffuse large B-cell lymphoma is the most common type [3]. Oral T-cell lymphomas are extremely rare, and only a few cases have been reported in literature [4]. Most patients are asymptomatic, and few of them present with swelling causing pain and discomfort mimicking benign orodental conditions. The overlying lingual mucosa may or may not be involved. Hence histopathological examination is extremely essential for accurate diagnosis.

Case Report

A 24-year-old newly married female visited our OPD with complaints of swelling in the tip of tongue. She noticed it about 1.5 months back. She had visited a dentist who just gave her anti inflammatories and oral gels. The swelling did not regress nor progress in size. She completed all her wedding festivities and then visited us as her swelling did not subside. She did not have pain, fever, loss of weight or appetite, no difficulty in swallowing nor speaking. The swelling was about 1x1cm and was smooth surfaced. There was no ulceration or bleeding. They already had done an MRI with contrast which revealed a relatively well defined 2.2x1.3x1 cm homogeneously enhancing lesion which was suggestive of neoplastic etiology or vascular malformation. There was no significant cervical lymphadenopathy. Rest of the oral cavity was normal. A complete pre anesthetic evaluation was done including a CT Chest which were all normal. The patient was then taken up for surgery. Coblation excision of the entire lesion was done leaving clear margins and the specimen was sent for histopathological examination. Histopathological examination revealed a diffuse infiltrate of small lymphoid cells with scanty cytoplasm, irregular hyperchromatic nucleus and inconspicuous nucleoli. There were admixed few epithelioid histiocytes, eosinophils and rare multinucleated giant cells. Areas of necrosis were noted. The overlying mucosa was not involved. Immunohistochemistry done was conclusive of a T Cell Non-Hodgkin's Lymphoma. A whole body PET

scan was done which did not show any significant lesion anywhere else in the body. The patient was categorized as Stage I as postoperative PET-CT scan was normal. The final diagnosis was peripheral T-cell lymphoma (PTCL). The patient then went to Cancer Institute for further follow ups.

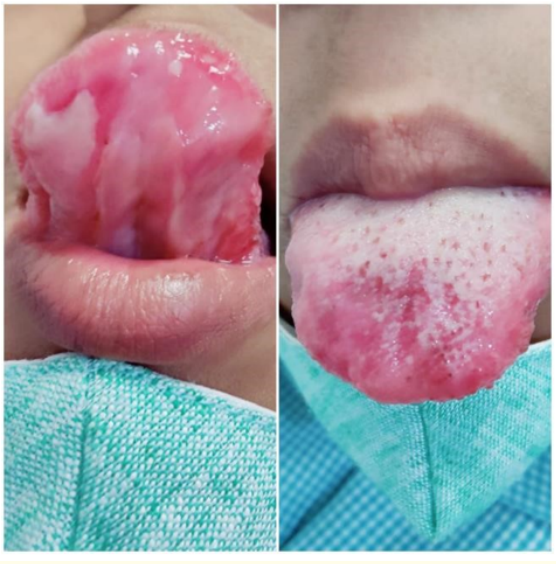

Figure 1: Pre operative photo showing the lesion.

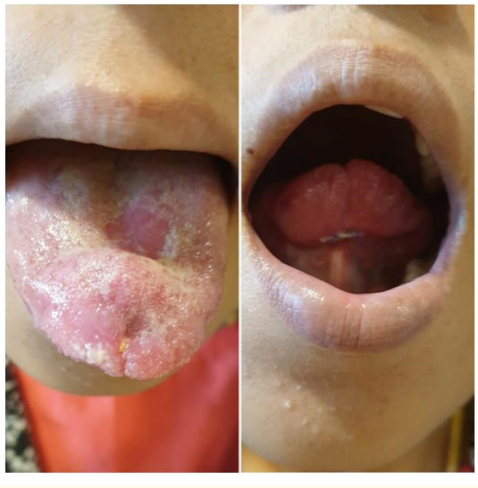

Figure 2: Post operative photo showing the operated site.

Discussion

About 20-30% of NHLs arise from extranodal sites [1]. Gastrointestinal tract is the most common extranodal region after which is the head and neck region. Lymphomas are the third most common malignant lesion seen in the oral cavity and account for 3-5% of the oral cavity malignancies [5]. B Cell Lymphomas are the most common type of primary NHL [3]. Most commonly involved sites are tonsils followed by palate, tongue, buccal mucosa and retromolar area [2]. Only a very small number of PTCLs of oral cavity have been reported till date [4]. Lavanya Karanam., *et al*. reported a similar case of T cell lymphoma at the base of tongue [14]. Madana., *et al*. [15] and Swetha Narla., *et al*. [16] each reported a case of T cell lymphoma presenting at the lateral border of tongue. Etiological factors of primary lymphomas of the oral cavity is still a dilemma. Risk factors associated with NHL are Primary or acquired immunodeficiency, autoimmune disease (Sjogren's syndrome, Coeliac disease, treatment with immunosuppressant drugs), infective agents such as herpetic virus, hepatitis C virus, Helicobacter pylori, exposure to chemical agents, hereditary factors, etc [6-8]. It is usually seen over the sixth decade of life [9]. The commonly noticed symptoms are pain, swelling and discomfort. Oral NHLs may mimic benign oro dental conditions and hence could be misdiagnosed [10]. Oral cavity lymphomas are quite sensitive to both chemotherapy and radiotherapy. Prognosis is totally dependent on the stage of the tumor, the aggressiveness of the cell type and the response to treatment [11]. Went., *et al*. reported that Ki67 is prognostically relevant [12]. New prognostic predictive scores include age >60 years, high LDH, poor performance status and Ki-67 >80% which are associated with poor prognosis. Wolvius., *et al*. reported median survival of 34 months with no difference in prognosis between patients with bone and soft tissue lymphoma [13].

Conclusion

NHL of the oral cavity is not a common disease and most of the cases reported are B-cell NHLs [1]. T Cell Lymphomas are extremely rare with only very few cases reported in the literature [4]. We have reported this case in view of the rarity of the disease, rarity of the site and presentation and the young age of the patient.

Bibliography

1. Cleary KR and Batsakis JG. "Sinonasal lymphomas". *Annals of Otology, Rhinology and Laryngology* 103 (1994): 911-914.

2. Slootweg P., *et al*. "Extra nodalnon Hodgkin's lymphoma of oral tissues". *Journal of Oral and Maxillofacial Surgery* 13 (1985): 85-92.

3. Kemp S., *et al*. "Oral non-Hodgkin's lymphoma: Review of the literature and World Health Organization classification with reference to 40 cases". *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology* 105 (2008): 194-201.

4. Jaffe ES. "Lymphoid lesions of the head and neck: A model of lymphocyte homing and lymphomagenesis". *Modern Pathology* 15 (2002): 255-263.

5. Griffin TJ., *et al*. "Non-Hodgkin's lymphoma: A case involving four third molar extraction sites". *Oral Surgery, Oral Medicine, Oral Pathology* 65 (1988): 671-674.

6. Franceschi S., *et al*. "Human cancer: Advances in theepidemiology of HIV associated non-Hodgkin's lymphoma and other lymphoidneoplasms". *International Journal of Cancer* 83 (1999): 481-485.

7. Fisher SG and Fisher RI. "The epidemiology of non-Hodgkin's lymphoma". *Oncogene* 23 (2004): 652434.

8. Müller AM., *et al*. "Epidemiology of non-Hodgkin's lymphoma (NHL): Trends, geographic distribution, andetiology". *Annals of Hematology* 84 (2005): 1-12.

9. Fukuda Y., *et al*. "Malignant lymphoma of the oral cavity: Clinicopathologic analysis of 20 cases". *Journal of Oral Pathology* 16 (1987): 8-12.

10. Wilson TG and Wright JM. "Non-Hodgkin's lymphoma of the gingiva: Review of the literature. Report of a case". *Journal of Periodontology* 57 (1986): 155-158.

11. Maheshwari G., *et al*. "Primary non-Hodgkin's lymphoma of the oral tongue". *Turkish Journal of Cancer* 31 (2001): 121-124.

12. Went P., *et al*. "Marker expression in peripheral T-cell lymphoma: A proposed clinical-pathologic prognostic score". *Journal of Clinical Oncology* 24 (2006): 2472-2479.

13. Wolvius EB., *et al*. "Primary extranodal non-Hodgkin lymphoma of the oral cavity. An analysis of 34 cases". *European Journal of Cancer Oral Oncology* 30B (1994): 121-125.

14. Lavanya Karanam., *et al*. "Primary Non-Hodgkin's Lymphoma of the Tongue: A Rare Presentation". *Journal of Dental and Allied Sciences* 5 (2016): 50-52.

15. Madana J., *et al*. "Primary extranodal T-Cell Non-Hodgkin's Lymphoma of the tongue". *Ear Nose Throat Journal* 91.1 (2012): E1-3.

16. Narla S., *et al*. "Peripheral T-cell lymphoma of tongue: Report of a rare case and review of literature". *Journal of Oral and Maxillofacial Pathology* 20 (2016): 332-333.