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CASE REPORT- CD3 AND CD20 NEGATIVE EXTRAMEDULLARY NON-HODGINS'S LYMPHOMA

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Abstract: -

Introduction: -One type of cancer is Hodgkin's Disease affects the Blood vessel and body tissue in the body part (1). If cancer progresses. Cancer is one type of condition that has occurred our body system's immune power is weak and it can't tolerate any fight condition(2). In non-Hodgkin lymphoma so, conditions are present rare just like eosinophilia and intractable pruritus(3). Diagnostic and therapeutic decisions remain a challenge in such patients.

PATIENT HISTORY: -A 19 Years old male was admitted to the Neurosurgery ward on dated 17 August 2022 with her chief complaint of H/o Swelling over the high parietal region in the last 5 months, Fatig and , weight loss. Then some investigation did any finalized the provisional diagnosis HIGH PARITAL SOL SCALP SWELLING. The vital sign was PR-90/MIN, BP-110/70MMHG, RR-20/MIN and he is taking Tab.levipil 500mg.

THE MAIN DIAGNOSIS, THERAPEUTIC INTERVENTION AND OUTCOMES: After the physical examination, neurological examination, peripheral smear, CT scan head, Investigation report, MRI Brain, CT chest doctor diagnosed the NON-HODGINS'S LYMPHOMA.Patient was treated with IV fluids-NS, RL, DNS, tab. levipil 500 mg, Tab.pantop 40 mg, Tab PCM 500 mg. Patient was done the surgery-high parietal craniotomy with excision of SOL.

CONCLUSION: Timely treatment and management in medically and surgically of disease.

KEYWORDS: - Non-Hodgins's lymphoma, lymphocytes, White blood cell

INTRODUCTION:

As like name indicated lymphoma in that mostly involve lymphatic tissue, just as lymph node and spleen (4).The Hodgkin's lymphoma as one of the lymphoid neoplasm.(5).The Hodgkin's lymphoma are classified the nodular sclerosis(6). The CNS are involved in neoplastic lesion in the lymphatic system is mostly commonly observe in case of non-Hodgkin lymphomas(7).

Solid tumour are lymphomas of the immune system and included 14% of all head & neck metastatic tumour(8). In lymphoma having wide range of histological actualization and clinical aspect at presentation, which can make interpretation difficult(9). Lymphomas are a different level of carcinomas arising lymphocytes(10).

The prevalence rates are mostly significantly common cancers US(11).In 2023 the American cancer society estimated the non-Hodgkin's lymphoma are 80,550 people are affected and in those 44,880 males and 35,670 females will be diagnosed (12). The overall age structuralised risk NHL was 6.7 among men and 4.7 among women, risk factor of NHL FOR men &women respectively.(12).

PATIENT INFORMATION

Patient specific information: A 19-year-old male admitted in 17 August 2022 with her chief complaint H/o Swelling over high parietal region in the last 5 months, Fatigue, weight loss. Then some investigation done any finalized the provisional diagnosis high partial sol scalp swelling. The 1st MRI was done and impression was neoplastic diploid space mass in left posterior bone causing its expansion & cortical destruction with underlying dural involvement, causing bulking on left posterior para-sagittal parietal with loss of intervening fat planes as described. Multiple similar smaller intra-diploid lesions seen in bilateral parietal bones causing adjacent cortical thinning.

Parameters	Result	Reference Range
Creatinine	1.09mg/dl	0.7-1.2 mg/dL
Protein	9.32gm/dl	6.6-8.3 gm/dL
Albumin	3.71gm/dl	3.5-5.2 gm/dL
Globulin	5.61gm/dl	2.9-3.1 gm/dL
Bilirubin (T)	0.41mg/dl	0.3-1.2 mg/dL
Bilirubin (C)	0.30mg/dl	<0.2 mg/dL
ALT	10 IU/L	<50IU/L

Urea	22mg/DL	17-43 mg/dL
Creatinine	1.05 mg/dL	136-146 mEq/L

CT scan of Head was done and impression is -Thickening and enhancement of Dural layer of left parietal layer of left parietal region with involvement of Dural reflection along the posterior 1/3rd of superior sagittal sinus with few calcific foci within, likely? residual. Suggested MRI brain with perfusion study for further evaluation.

- Dural involvement with multiple small intra-diploid lesions in bilateral frontal & bilateral parietal bones causing adjacent cortical thinning? Calvarias metastasis.
- Minimal subdural haemorrhage along falx and right tentorium cerebella.
- Extracranial soft tissue swelling with subcutaneous emphysema in bilateral parieto-occipital regions.

Haematological test	Result
Hb	9.1
RBC	5.35
WBC	4.4
PLT	254
PCV	30.8
MCV	58
MCH	17.0
MCHC	29.6

-After the surgery was done- **Surgery high craniotomy with excision of sol.**

-In that find **the intervention**- Under all aseptic precautions under GA in prone position. Vertical midline incision taken over swelling and deepened. E/D Sweeling presentation the bone flap. It is separate from surrounding tissue burr made over surrounding and bone flap cup. Sweeling separated from bone and underlying structure and excised completely ELO 3-4 cm Dural tear over high parietal region and 2-L blood loss. Dural tear closed with precranial graft and 4-10 proline suture haemostasis achieved closure done 1 layer.

Romovac drain no 16 kept in subcutaneous plane sterile antiseptic dressing was done procedure.

- Then specimen (excised left parietal lesion with surrounding bony flap) was tested.

- Gross description:

1. Received specimen labelled as parietal bony lesion measuring 11x9x4 cm.
2. External surface shown presence of elevated globular bony lesion over parietal bone measuring 7.5x6x3.5cm.
3. Base of the tissue shows presence of soft tissue with attached meningeal part.
4. Soft tissue appears to be infiltrating to parietal bone at the base.
5. (A, B, C, D) Tumour with attached meanings.
6. (E, F, G, H) Tumour with attached margins.

- Microscopic description:

1. 20/9/2022
2. NHL diffuses large cell type.

   24/09/2022
3. We have also undertaken CD20 and CD3 Immunostaining.
4. And, final diagnosed the CD3 and CD20 Negative extramurally non-Hodgkin's lymphoma.

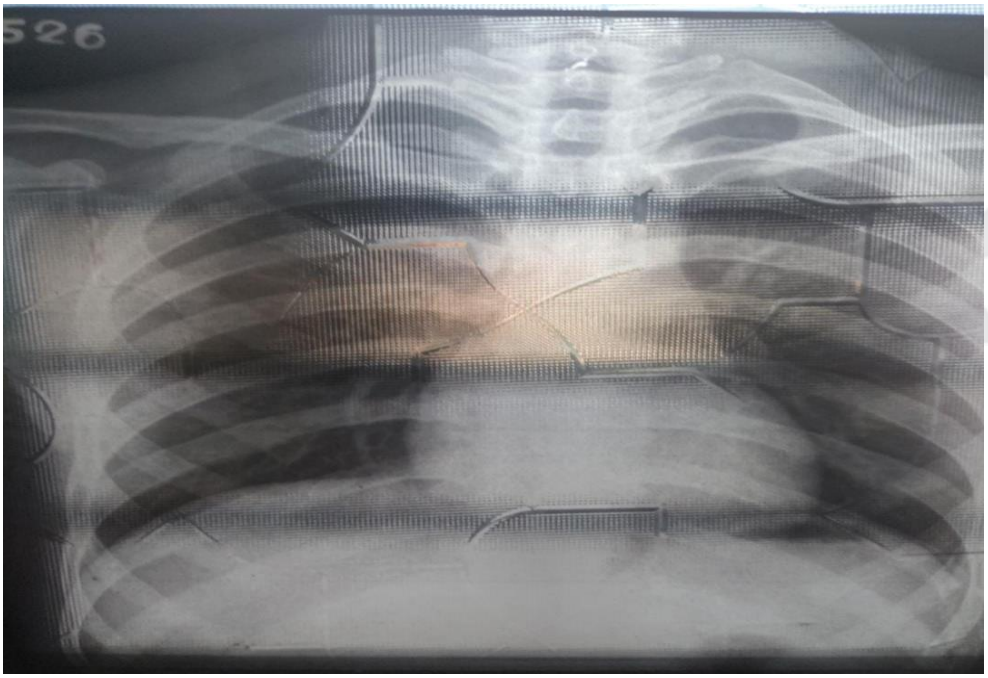

Fig 01: Chest X-ray

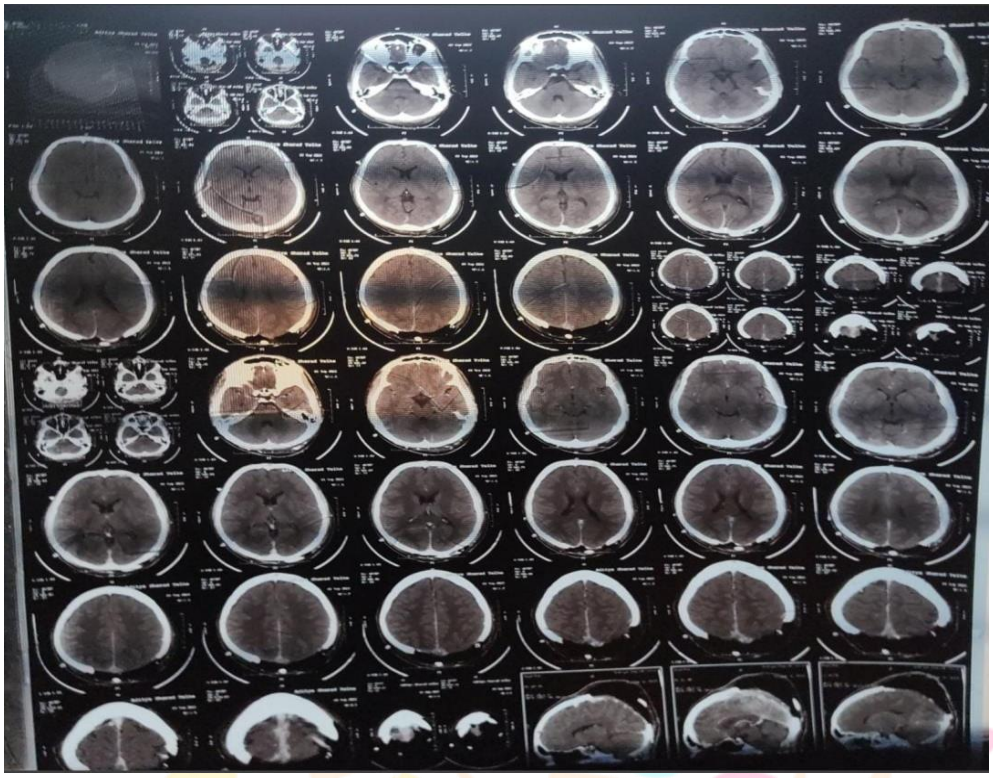

Fig 02: CT-SCAN HEAD

IMPRESSION- Ill-defined axial soft tissue density lesion of approximate size 4.8x4.3x3.8 cm in diploic space of left parasagittal posture partial bone. Primary neoplastic mass in left parietal bone with secondary calvaria metastasis.

Discussion: - They are usually a type of cancer. The mostly CD20 negative NHL are compared approximately the chances of organ outside of the lymph node called extra nodal involvement, Morphology of organ are atypical, Destructiveness behavior.

In this study, the male 19-year-old was diagnosed the CD$ and CD20 NHL, firstly his head see only bulging like structure then after routine investigation and MRI, CT SCAN, CHEST X-RAY and other diagnostic test was taken and find out the diagnosis. The surgery was done and send the sample in lab for further examination and some impressions are find out.

Conclusion: - Before concluded the positive agent of this such condition occur due to brain infection, any abnormality in brain, and mostly unknown cause. But if the patient is taken the immunosuppressant drug so also may be chances to getting suffered.

In this study, the positive agent is unknown, no past any history of genetic, surgery or any chronic disease.

Additional Information: -

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