LYMPHOMA OF THE CERVIX

(A Case Report)

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Introduction

The primary extranodal malignant lymphoma is very well known entity and it can involve any organ of the body. It has been described in the organs such as kidney, intestine, breast, testis, nervous system, ovaries, etc. Primary malignant lymphoma of female genital organs is extremely rare. Only 13 authentic cases of primary malignant lymphoma of uterus have been described so far. Because of its being a rarity it is worthwhile to report this case.

CASE REPORT

A 50 years, multiparous female, was admitted in K. R. Hospital for blood stained vaginal discharge, backache and lower abdominal pain of about 3 months' duration. She was a healthy looking woman. She did not appear anaemic. There was no hepatosplenomegaly. A large irregular ulcerated growth was seen on the cervix on speculum examination. Uterus and fallopian tubes were normal. A small biopsy was taken and sent for histopathological examination with the clinical diagnosis of squamous cell carcinoma of cervix. This biopsy revealed diffusely arranged round cells resembling lymphocytes and a tentative diagnosis of primary lymphoma of cervix was made and she was adviced thorough check up for evidence of lymphadenopathy and a careful blood examination for any abnormal cells. Subsequent clinical examination did not show any lymphadenopathy and blood examination findings were normal with no immature or abnormal cells in the peripheral blood. Chest skiagram showed clear lung fields with no mediastinal lymph node enlargement. After a week a second larger biopsy was taken from the cervix.

The patient refused operation and she was treated by deep X-ray therapy. A course of 3000r was given in about 4 weeks with good results and was then discharged. She was well at the time of discharge. After about 10 months she again fell ill and died at home. During this period she never reported at the hospital and the cause of death could not be ascertained.

Histopathology

Macroscopic features: The biopsy material consisted of several fleshy soft bits of tissue, the largest measured 2.5 x 2.5 x 1.2 cm. Cut surface showed a few small haemorrhagic spots otherwise it was homogeneous in appearance.

Microscopic Findings

The sections were stained by H. and E. xstain, Van-Gieson's stain, P.T.A.H., and reticulin staining method. The biopsy material consisted of both ecto as well as endocervical tissue. The stratified squamous epithelium was slightly thickened otherwise it was normal and intact. It was found to be stretching over the tumour from which it was separated by a band of subepithelial tissue. The subepithelial tissue was densely infiltrated by chronic inflammatory cells. The tumour characteristically showed monomorphic round cells resembling mature lymphocytes (Fig. 1). The nuclei were round and darkly stained. The cytoplasm was very scanty and indistinct. A few mitotic figures were seen. These tumour cells were diffusely infiltrating the deeper portion of the subepithelial tissue and the endocervical tissue. (Fig. 2). The endocervical glands were surrounded and

separated by tumour cells otherwise they were intact and normal (Fig. 3). The intervening stroma was replaced by tumour cells. The tumour was composed of predominantly well differentiated neoplastic lymphocytic cells but some areas showed more cellular pleomorphism consisting of mixture of well differentiated and primitive neoplastic lymphocytic cells and cells resembling reticulum cells. In some areas there was a indistinct follicular pattern (Fig. 1). The follicles were large, irregular in shape and packed together with very little interfollicular tissue. Areas of haemorrhage and necrosis were also seen. Gomori's reticulin staining showed pericellular reticular fibre. Histological diagnosis of primary extranodal malignant lymphoma, well differentiated lymphocytic type was made.

Discussion

Extranodal malignant lymphoma has now been established as a distinct clinicopathological entity and their separation from nodal counterpart is justified because of their difference in biological behaviour, prognosis and approach to therapy (Gandagule *et al*, 1976). Existence of such entity is still debatable.

The involvement of female genitalia by malignant lymphoma can be classified into several patterns (Ober and Tovell, 1969).

1. Established malignant lymphoma in which secondary deposit occurs in female genitalia.
2. Asymptomatic leukaemic infiltration of female genitalia.
3. Generalised malignant lymphoma in which involvement of female genitalia is a presenting clinical picture.
4. Apparent primary site of extranodal lymphoma.

The incidence of involvement of female genitalia in first 3 groups varies from series to series. Hann (1952) found involvement of genital tract in 4% of their cases of lymphoma. Sugrabaker and Craver (1940) found only 1 case of genital involvement out of 196 cases of lymphoma. Jackson and Parker (1947) found involvement of genitalia in 3 out of 59 cases, Naumann (1947) in 3 out of 86 cases. Rosenberg *et al* (1961) reported 5 cases out of 1,269 cases of lymphoma.

A primary malignant lymphoma of the cervix has to be differentiated from round cell anaplastic carcinoma, poorly differentiated leiomyosarcoma involving the cervix, the lymphatic leukaemia with secondary deposit in the cervix. The chief histological point of differentiation from all these lesions, apart from cytology, is that the lymphoma is clearly an infiltration. Thus in the cases reported in the literature and in our case the tumour cells have been found diffusely infiltrating in between and around the endocervical glands separating them quite widely. There was no connection of the tumour cells with the surface epithelium or endocervical gland. The reticulin staining further differentiated the carcinoma from sarcoma. It is very difficult to differentiate from secondary deposit of lymphatic leukaemia and lymphosarcoma. The clinical findings and normal blood examination findings can exclude these two.

There is much controversy about its histogenesis. It is possible that it arises from the lymphoid follicles which have been described beneath the cervical epithelium or deep in the stroma in half of the adult cervix (Krantz and Philips, 1962). Ewing (1928) and Herting and Gore (1960) believe that the chronic infection appeares to be concerned in the formation of simple lymphoma.

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Summary

A case of primary extranodal malignant lymphoma of the cervix uteri is presented. The clinical and pathological findings are described.

References

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See Figs. on Art Paper XI-XII