Case 6

Antoine de Mascarel

- 62 year-old man
- Left pulmonary mass, 2 cm in diameter
- Right cervical lymphadenopathy which is biopsied
Diagnosis?
What other antibodies?
cd5 - , cd2 - , cd7 - , Tia1- , Perforine -
1: tumour
2: control +
3: control -
Case 6

Diagnosis

Plasmablastic lymphoma with aberrant cd3 positivity in an immunocompetent man
Left pulmonary mass
Plasmablastic Lymphoma

- WHO: Diffuse proliferation of large neoplastic cells most of which resemble B 1B but in which all tumor cells have the immunophenotype of plasma cells.
  - Category includes cases with and without morphologic plasmacytic differentiation (latter originally described in the oral cavity in HIV+ patients).
Plasmablastic Lymphoma

- Uncommon, 50 years (broad distribution)
- Etiology: immunodeficiency: HIV++, iatrogenic (autoimmunity disease, post transplant), elderly
- Cells EBV+ (majority)
- Oral cavity++, sinonasal cavity, orbit, skin, bone, digestive tract, lymph nodes (rare)
- Stage III or IV
- Very aggressive, death < 1 year
Plasmablastic Lymphoma

- cd45 -, cd20 -, cd79a ±, cd138 +, cd30 ±, EMA +, Ig+
- Genotype B
- Often EBV+ (EBER+, LMP1 +)
- Differential diagnosis:
  - DLBCL / BL
  - reactive plasmocytosis
14 B-cell neoplasms with aberrant T-cell Ag expression show plasmacytic differentiation
- 10 DLBCL (3 nodal, 7 extranodal)
- 3 plasmacytomas (all extranodal)
- 1 follicular lymphoma 3A
- 8/14 : cd20+
- 12/14 : cd3+
- 2/12 : EBV+
- 14/14 : IgH clonal

(Mayo Clinic, USCAP, Boston, 2009)
M, 61 year-old, nasal obstruction
Plasmablastic lymphoma, HIV-
M, 39 ans, HIV+, cavum tumor
Plasmablastic lymphoma, HIV+