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**CC 8511**

**Ileal plasmablastic lymphoma presenting as intestinal occlusion in an HIV-negative patient with chronic lymphocytic leukemia**

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**Keywords:** Plasmablastic lymphoma. Intestinal occlusion. Chronic lymphocytic leukemia.

*Dear Editor,*

We report the case of a 56-year-old male with a history of chronic lymphocytic leukemia (CLL), RAI 0 and Binet Stage A in therapeutic abstention, who presented to the Emergency Department with a two-week history of low abdominal pain and constipation. Physical examination was unremarkable except for mild diffuse abdominal pain on palpation. Laboratory studies revealed lymphocytosis and anemia (Hb: 10.2 g/dl). An abdominal computed tomography (CT) scan showed a partial small bowel obstruction secondary to a proximal ileal neoplasm (Fig. 1A). The patient was treated with a nothing by mouth diet and total parenteral nutrition. An exploratory laparoscopy was performed with resection of a 20 cm section of the proximal ileum. The mass occupied the entire intestinal lumen. Biopsies revealed infiltration by large discohesive polygonal neoplastic cells with plasmablastic traits and expression of CD38,

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MUM1, CD79 and Ki67 (60 %). Other markers such as CD138, CD20, EBER, PAX5, CD79, CD23, cyclin D1, BCL2 and BCL6 were negative (Fig. 1B-D). These results were consistent with the diagnosis of plasmablastic lymphoma (PL). The patient underwent a good clinical evolution and was discharged from hospital seven days after admission.

## Discussion

PL is a rare and aggressive entity of non-Hodgkin lymphoma that was originally reported in the oral cavity and in the setting of an HIV infection (1). However, different reports have described this neoplasm in seronegative patients occurring at several other sites, including the gastrointestinal tract (2,3). CLL is a low-grade B-cell lymphoma usually manifesting with an indolent, prolonged clinical course. Transformation of CLL to a PL is rarely seen, six cases have been reported thus far and only two had gastrointestinal involvement (4,5). Further studies and a better understanding of the underlying biology and the clinicopathological characteristics will help us define prognosis and design better diagnostic and therapeutic strategies.

## References

1. Castillo JJ, Reagan JL. Plasmablastic lymphoma: a systematic review. ScientificWorldJournal 2011;11:687-96. DOI: 10.1100/tsw.2011.59

2. Marques I, Lagos A, Costa-Neves B. Gastric plasmablastic lymphoma in HIV-negative patient. Rev Esp Enferm Dig 2013;105(3):166-7. DOI: 10.4321/S1130-01082013000300008

3. Magalhães-Costa P, Bispo M, Matos L, et al. Jejunal plasmablastic lymphoma presenting as obscure overt gastrointestinal bleeding: diagnosis by wireless capsule endoscopy. Rev Esp Enferm Dig 2015;107(9):567-8.

4. Hatzimichael E, Papathanasiou K, Zerdes I, et al. Plasmablastic lymphoma with coexistence of chronic lymphocytic leukemia in an immunocompetent patient: a case report and mini-review. Case Rep Hematol 2017;2017:2861596. DOI: 10.1155/2017/2861596

5. Gasljevic G, Grat M, Kloboves Prevodnik V, et al. Chronic lymphocytic leukemia with divergent Richter's transformation into a clonally related classical Hodgkin's and

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ENFERMEDADES DIGESTIVAS
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plasmablastic lymphoma: a case report. Case Rep Oncol 2020;13(1):120-9. DOI: 10.1159/000505683

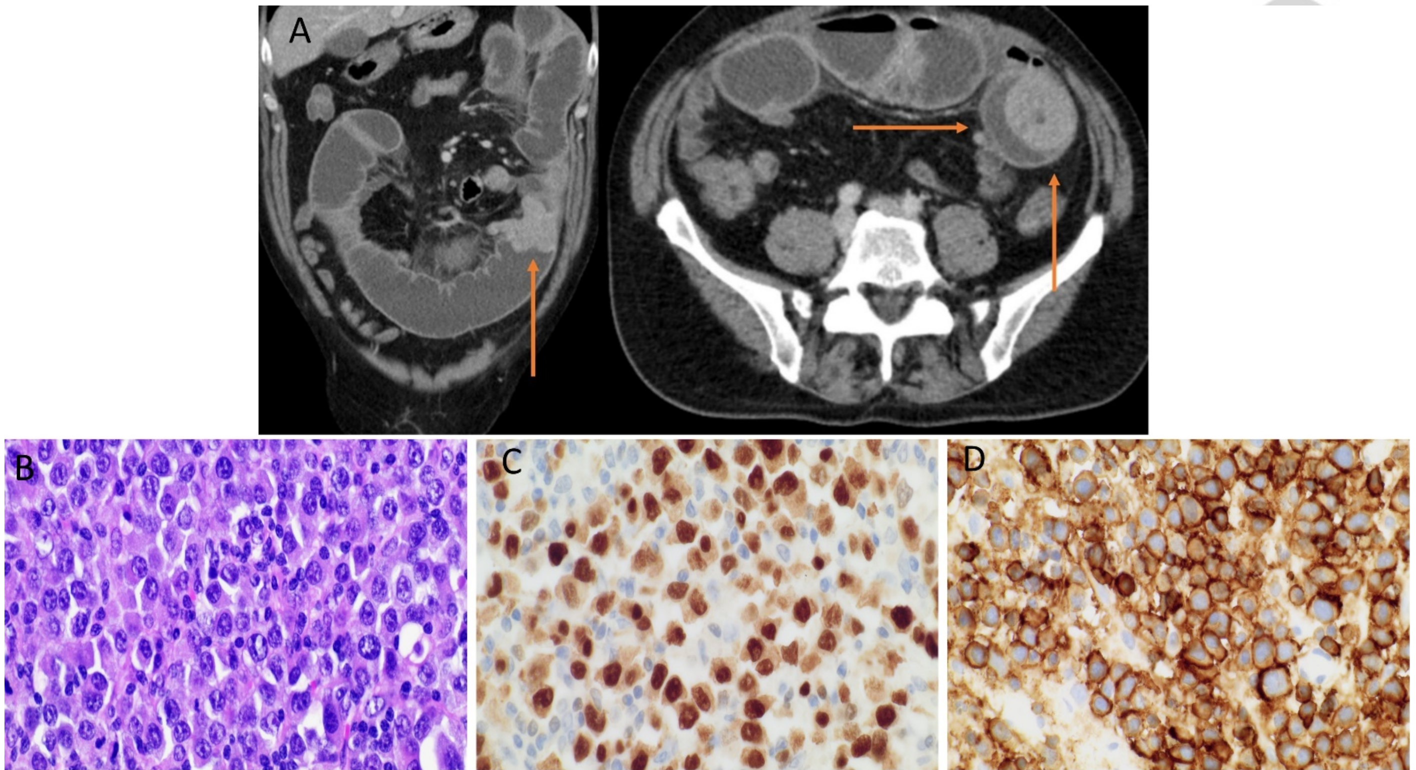


Fig. 1. A. Coronal and axial images of an abdominal computed tomography (CT) scan showing a small bowel occlusion secondary to a proximal ileal neoplasm. B. Hematoxylin and eosin section showing large polygonal cells with plasmacytic differentiation, prominent central nucleoli and eosinophilic cytoplasms (magnification x400). C. Positive for MUM1 (x400). D. Positive for CD38 (x400).

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