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Poster Number: EP 063 Name: Dr Varsha P

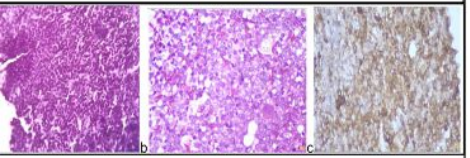
Title: UNMASKING THE RARE- DIAGNOSING PLASMABLASTIC LYMPHOMA THROUGH AUB

INTRODUCTION

Abnormal uterine bleeding(AUB) is one of the most common gynaecological complaints in reproductive age group women. It has variable impact on women's health and quality of life. Variety of structural and non structural causes have been ascribed to AUB. Presenting here with a case of plasmablastic neoplasm, a subtype of Non Hodgkin's lymphoma . Characterised by aggressive behaviour and poor prognosis.

OBJECTIVES

To present a unique case of abnormal uterine bleeding due to plasmablastic lymphoma , highlighting the importance of differential diagnosis and comprehensive evaluation to identify haematological malignancies in patients presenting with AUB.



Bone marrow biopsy reports a,b - marrow elements replaced by a packed, diffuse infiltrate of medium to large atypical lymphoid cells with large vesicular nuclei. c - CD138 positivity of marrow cells.

CASE STUDY

A 35 year old P1L1A2 presented with complaints of heavy menstrual bleeding since 3 months associated with easy fatigability. No history suggestive of bleeding diathesis.On admission Pallor (+) Pulse rate-110 bpm BP - 150/90 mmHg. P/S-bleeding(++)through os,clots+, no obvious lesions on cervix and vagina.P/V-uterus anteverted normal size, fornices free, non tender. USG-uterus normal size , ET-6mm,left adnexa normal, right ovary- simple ovarian cyst. PAP smear normal report (done 1 month prior for % WDPV)

INVESTIGATIONS

O+ve ;CBC- Hb-6.6g/dl,PCV-17.8%,platelet-39,000/microL,total count-6.15thousand/microL,DC- N-31%,L-60%,E-2%,M-7%; BT - 2min ,CT - 4 min
FBS,PPBS- WNL ; TSH-0.66micro IU/ml ; UPT- negative ; Serology - non reactive
Peripheral smear-severe normocytic normochromic anemia with severe thrombocytopenia
Bone marrow biopsy- Non Hodgkin's lymphoma
Immunohistochemistry-CD138 positive, CD20 negative,Ki 67- 70%proliferation- plasmablastic lymphoma
PET scan- hypermetabolic bilateral cervical, left pectoral and axillary lymphadenopathy . Diffuse hypermetabolism in spleen,axial and appendicular skeleton.

TREATMENT

Reference to hemato-oncologist. 4 pint PRBC and 4 pint RDP transfusion done.Patient was started on progesterone.
Chemotherapy-INJ ETOPOSIDE 50mg in 500ml NS over 24hrs; INJ DOXORUBICIN 10mg + INJ VINCRISTINE 0.4mg in 48 ml NS over 24 hrs; INJ CYCLOPHOSPHAMIDE 1000mg in 500ml NS over 1 hr - total 6 cycles.
Repeat PET scan showed disseminated involvement of all organs including uterus and ovaries.
Currently on chemotherapy with INJ GEMCITABINE 1400 mg in 250ml NS and INJ CISPLATIN 110 mg in 1000 ml NS over 2 hrs .
Patient received 3 pint PRBC and 3 pint RDP midway during chemotherapy.
Patient has had no bleeding PV since the initial correction of anemia and thrombocytopenia.

DISCUSSION

Plasmablastic lymphoma is a rare aggressive subtype of Non-Hodgkin's lymphoma with poor prognosis with CD20 negative phenotype. It is mostly seen in immunocompromised patients with HIV or sometimes post transplantation. About 35% cases have been noted in non immunocompromised patients. Most commonly involves oral cavity, can involve intestine, CNS. Rarely it involves uterus. The case is presented here for it's rarity- primary presenting complaint - AUB.

CONCLUSION

This case report entitles the need for high index of suspicion, detailed clinical examination and comprehensive multidisciplinary approach for evaluation of AUB.

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