



# **Germans Trias i Pujol** Hospital

**DPTO. DE ANATOMÍA PATOLÓGICA**

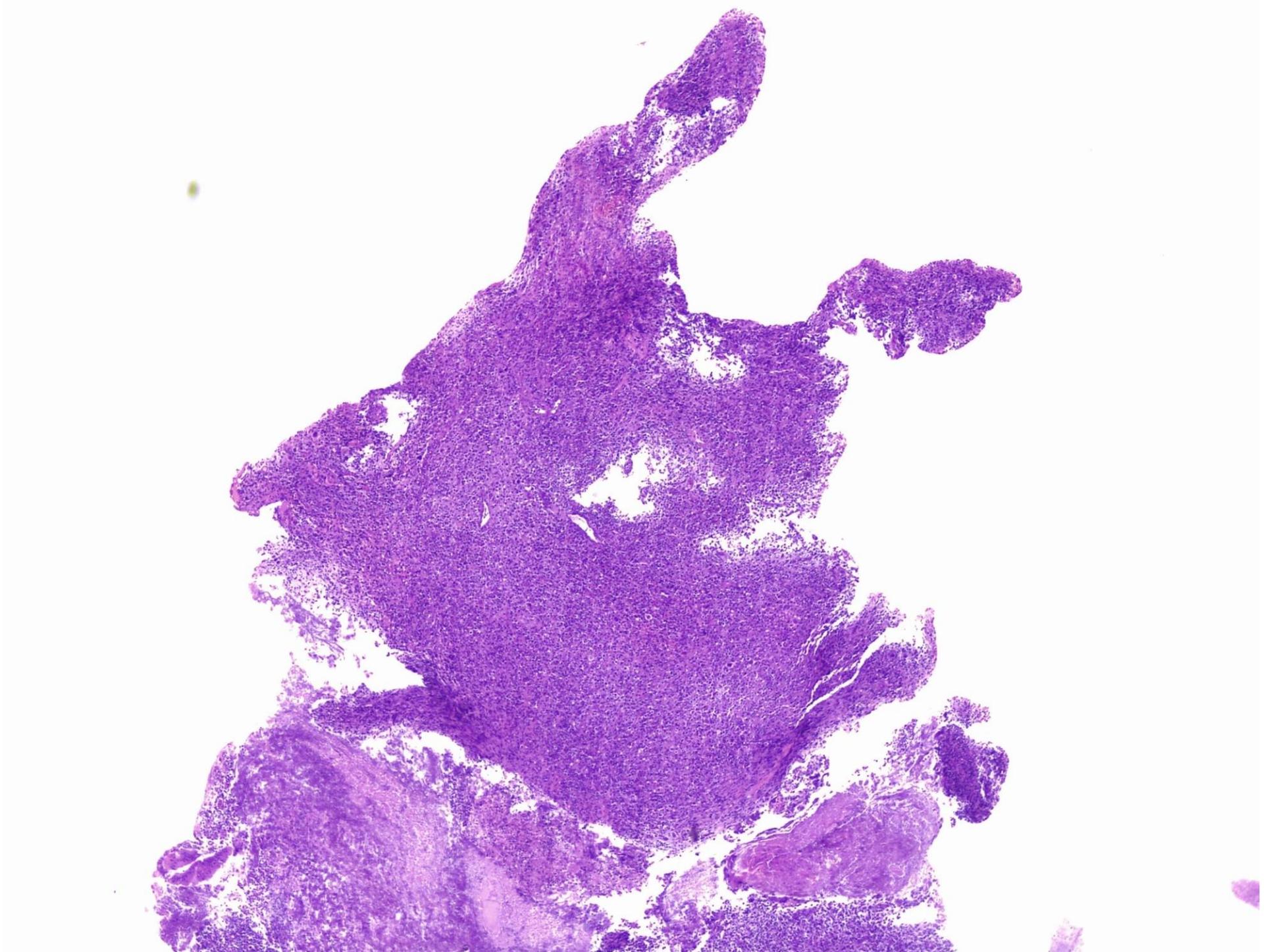
*Dr. Edwin Mejía*

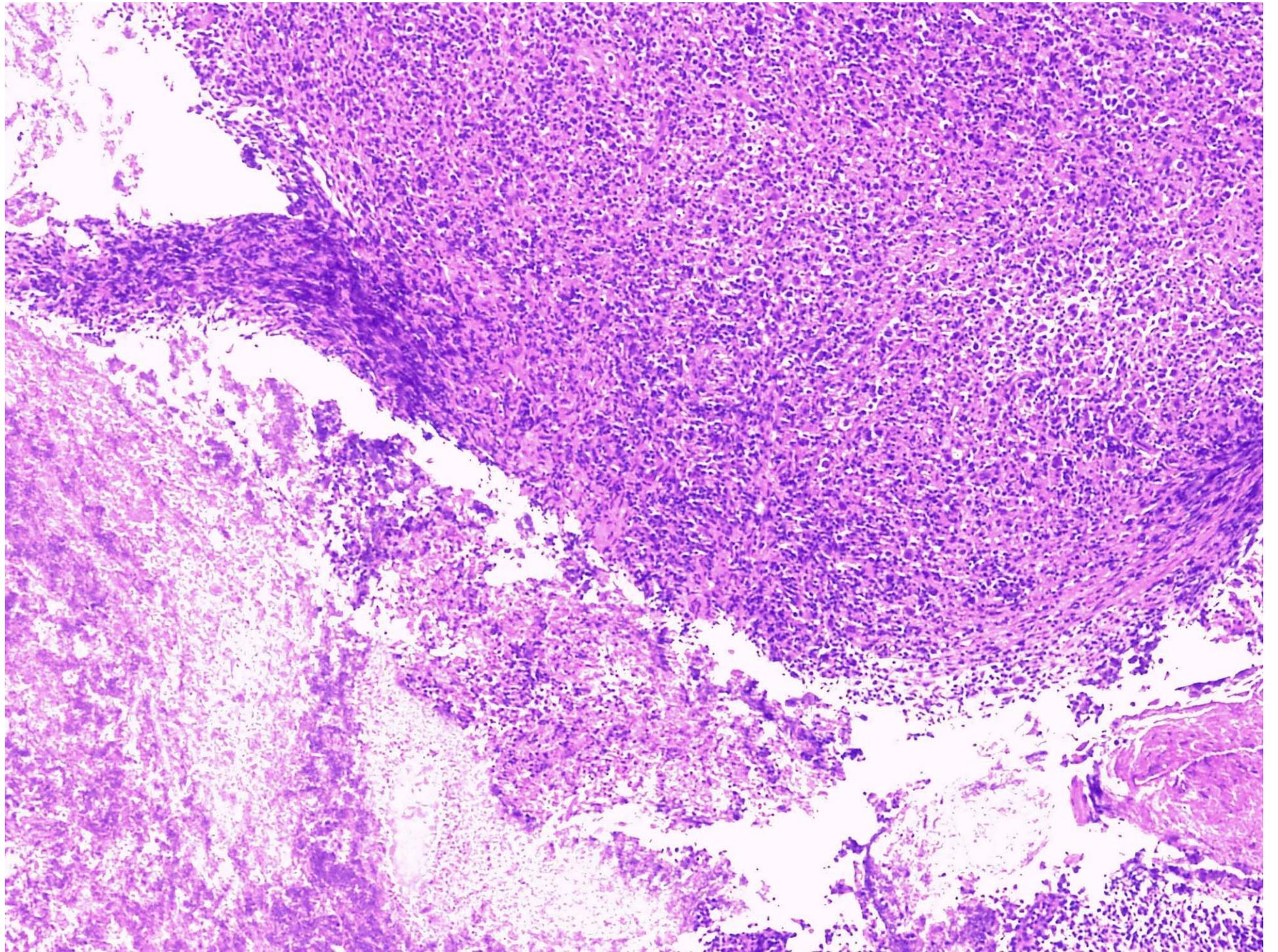
## RESUMEN HISTORIA CLÍNICA

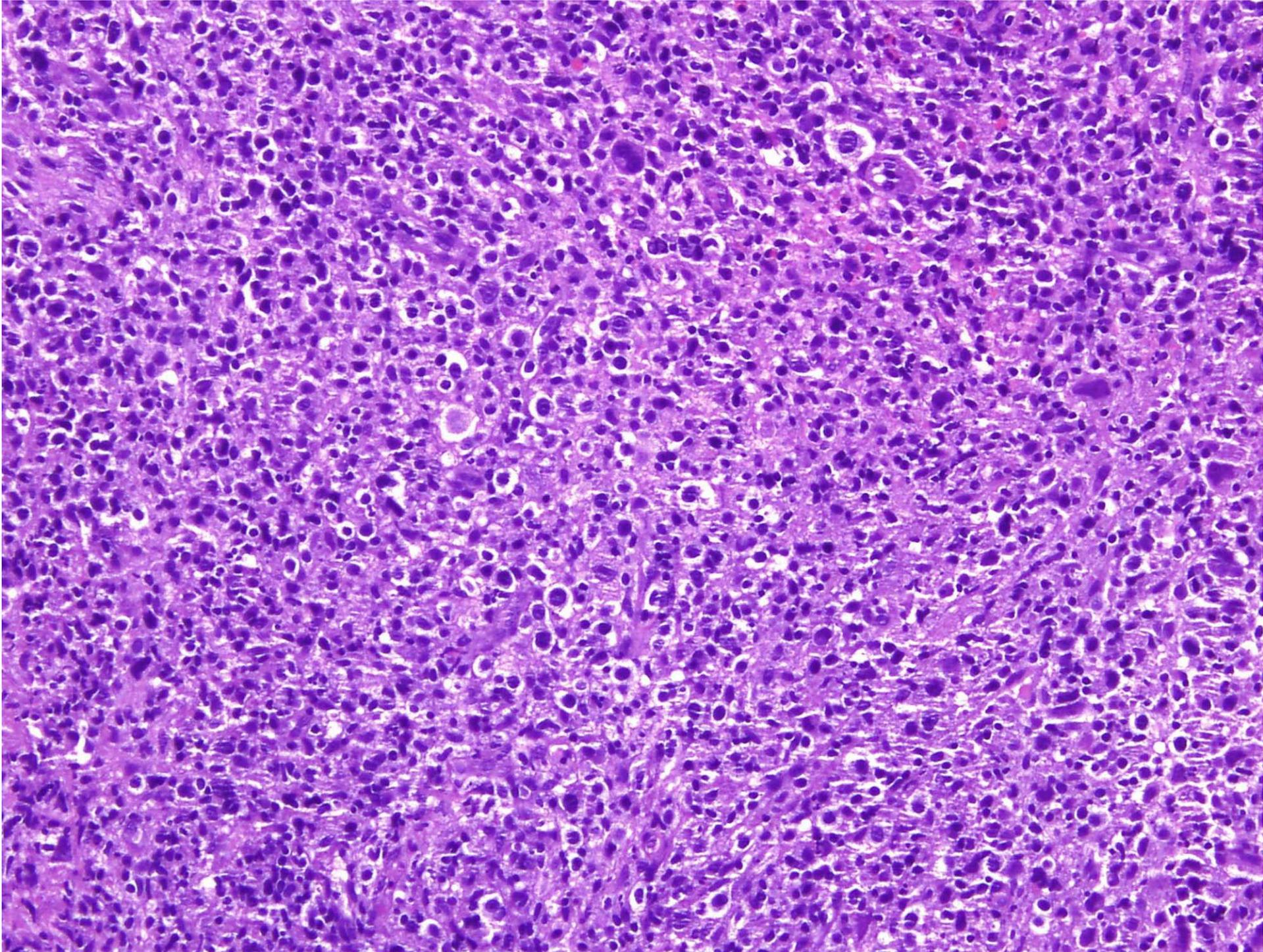
- Mujer de 66 años, sin hábitos tóxicos ni antecedentes patológicos de interés.
- **Clínica** digestiva de unos 6 meses de evolución con epigastralgia y pirosis, astenia, anorexia, acolia y pérdida de peso de unos 10 Kg.
- **Examen físico:** Normal. Sin tumoraciones ni adenopatías palpables.
- **Pruebas complementarias:**
  - **Hemograma:** Leucocitos  $8,30 \times 10^9$  /L (79%N, 14%L, 6%M, 1%Eo); Hb104 g/L, VCM 69,3 fl., plaquetas  $397 \times 10^9$ /L; VSG 31 mm.
  - **Bioquímica:** PCR 60,22 mg/L. Resto de los parámetros analizados, incluyendo LDH, dentro de los rangos de la normalidad.
  - **Marcadores tumorales:** CEA, CA 125, CA 19-9 y Beta 2 microglobulina dentro de rangos normales.

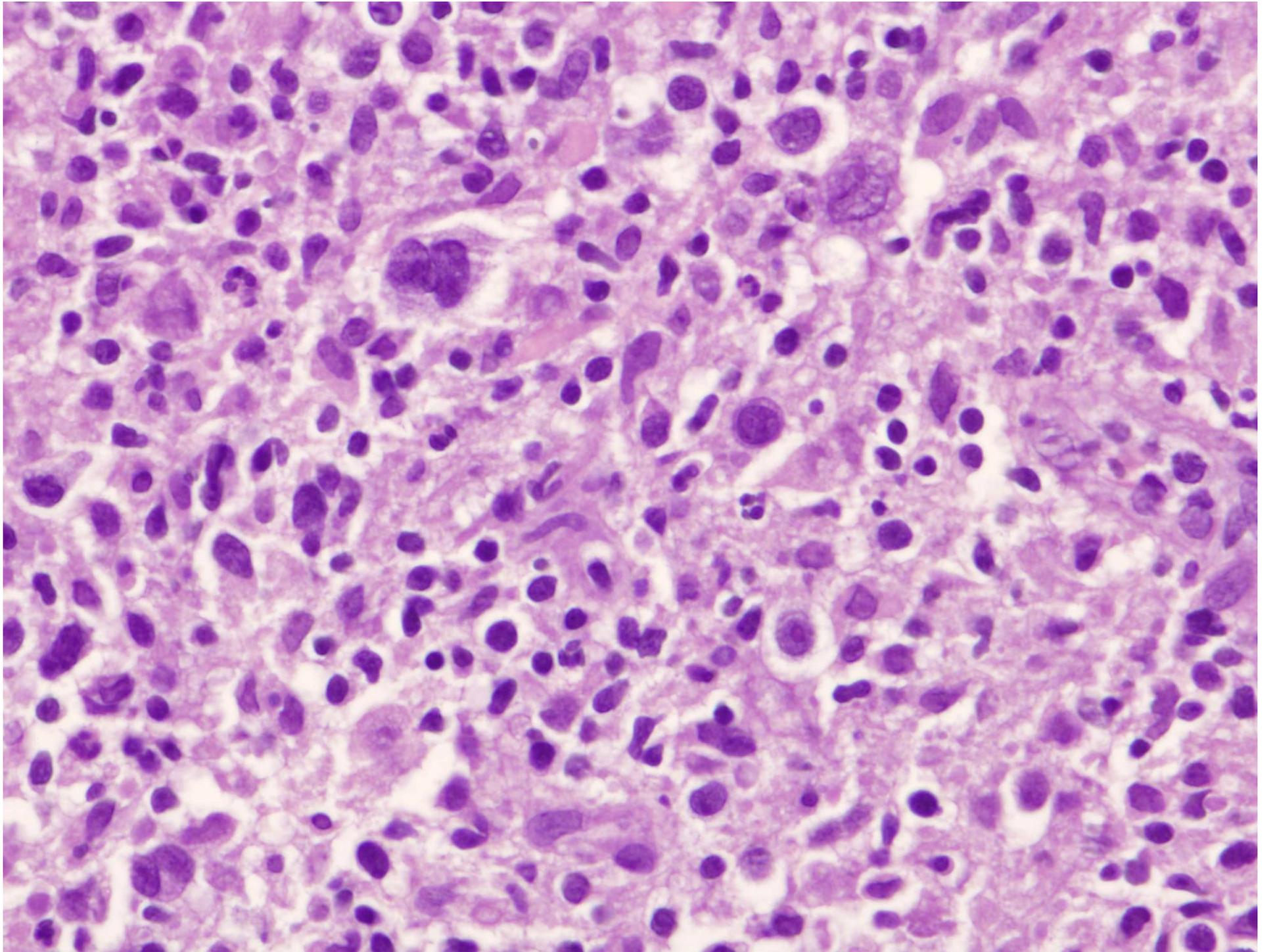
- **Fibrogastroscoopia:** Neoformación gástrica ulcerada en cara posterior, antro e incisura, que respeta el píloro. Resto normal.

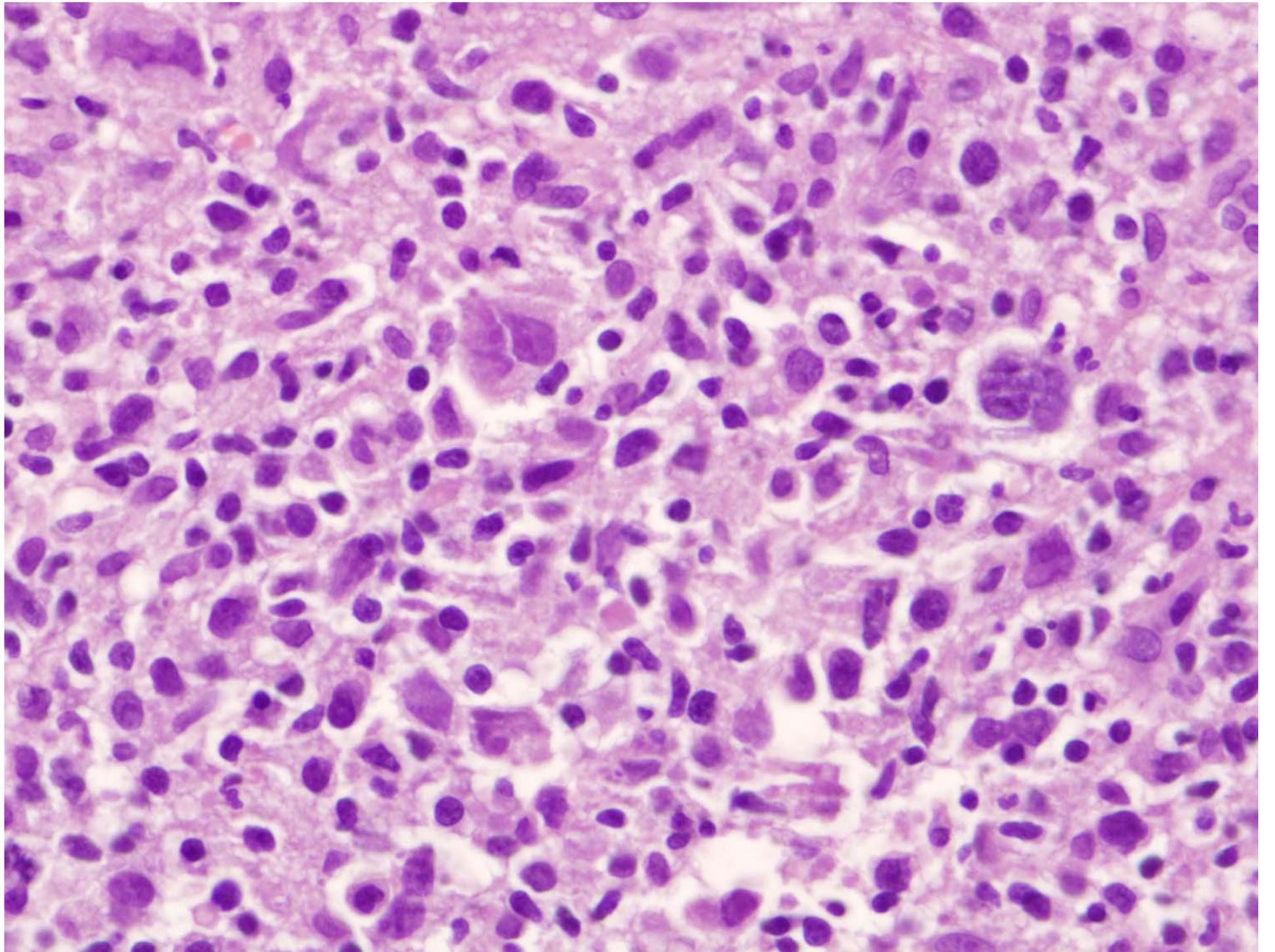
- **TC de tórax y abdomen:** Engrosamiento mural global e irregular de antro gástrico, con captación heterogénea de contraste, compatible con neoformación gástrica. Adenopatías de tamaño significativo, una junto al tronco celíaco (11 mm) y varias en mesocolon transversal (hasta 10 mm). Resto de la exploración normal.

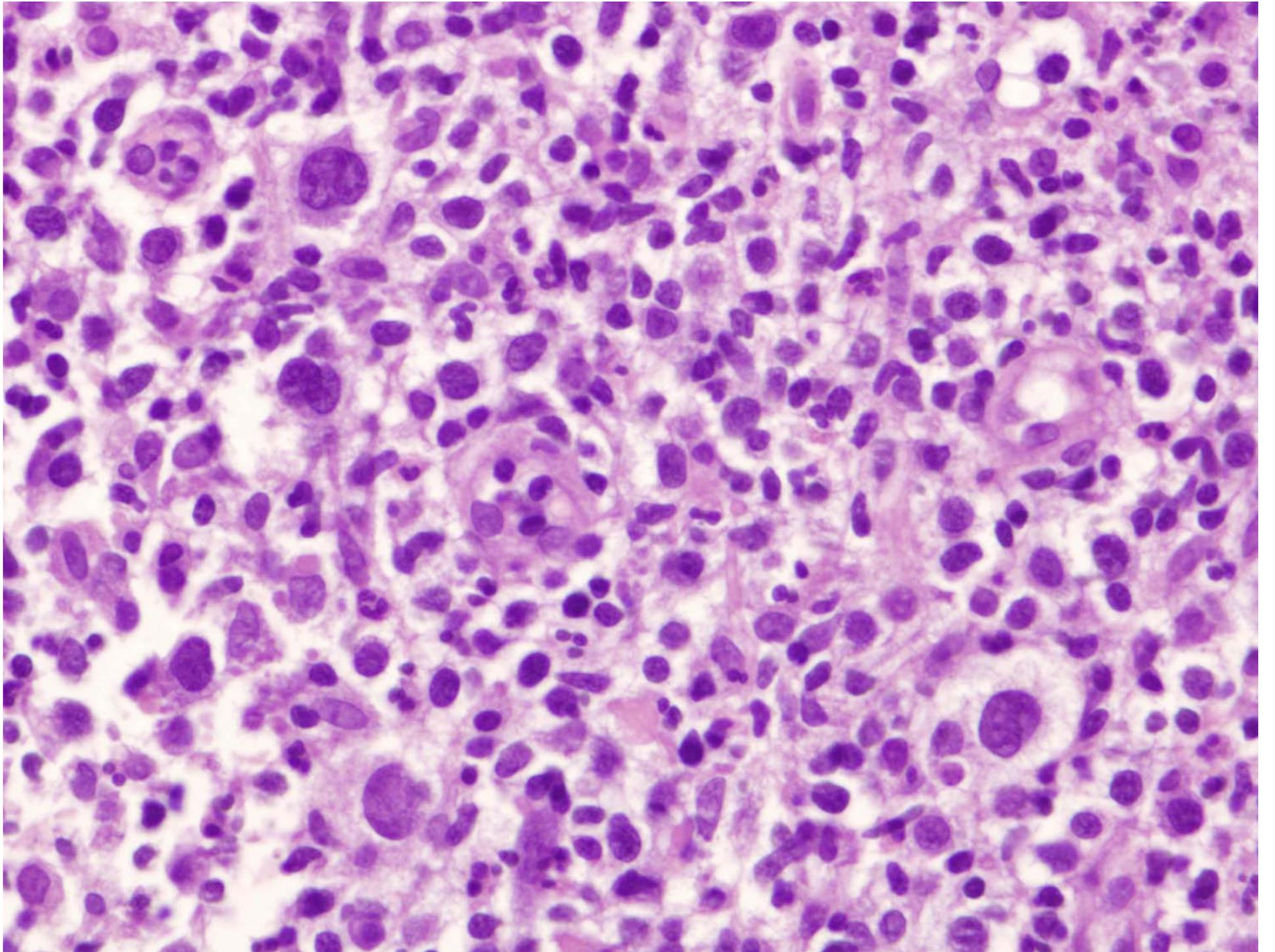


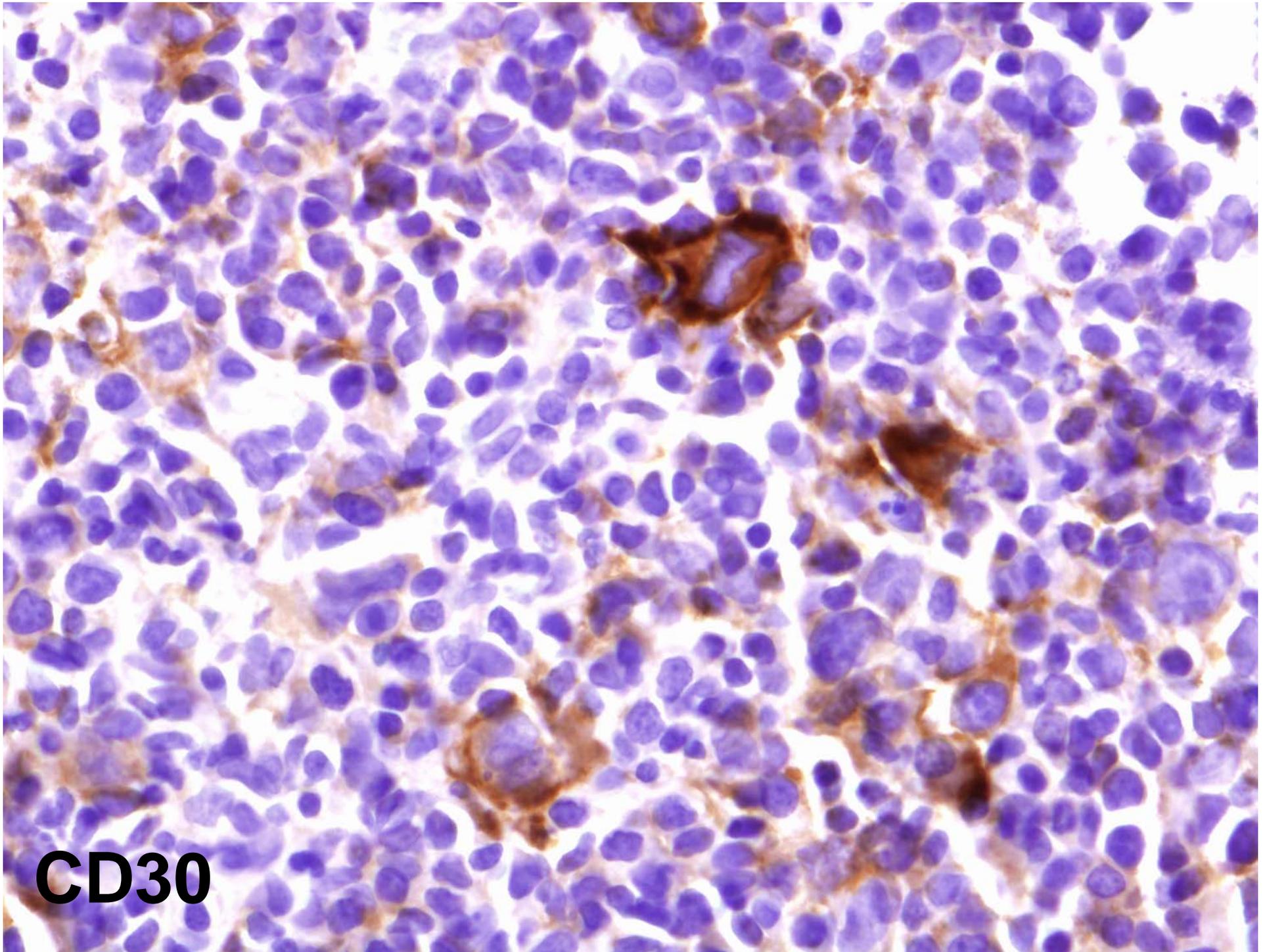


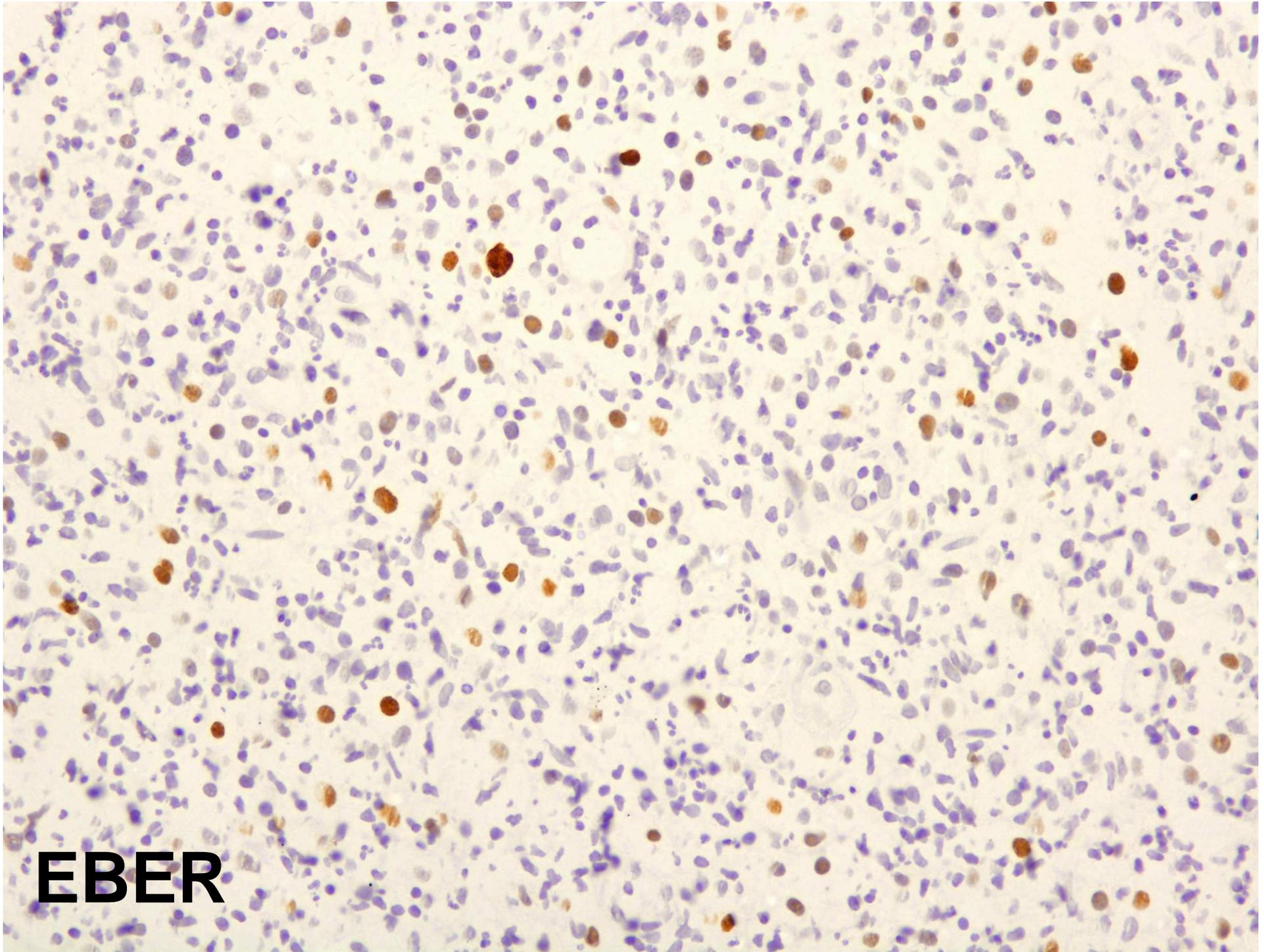




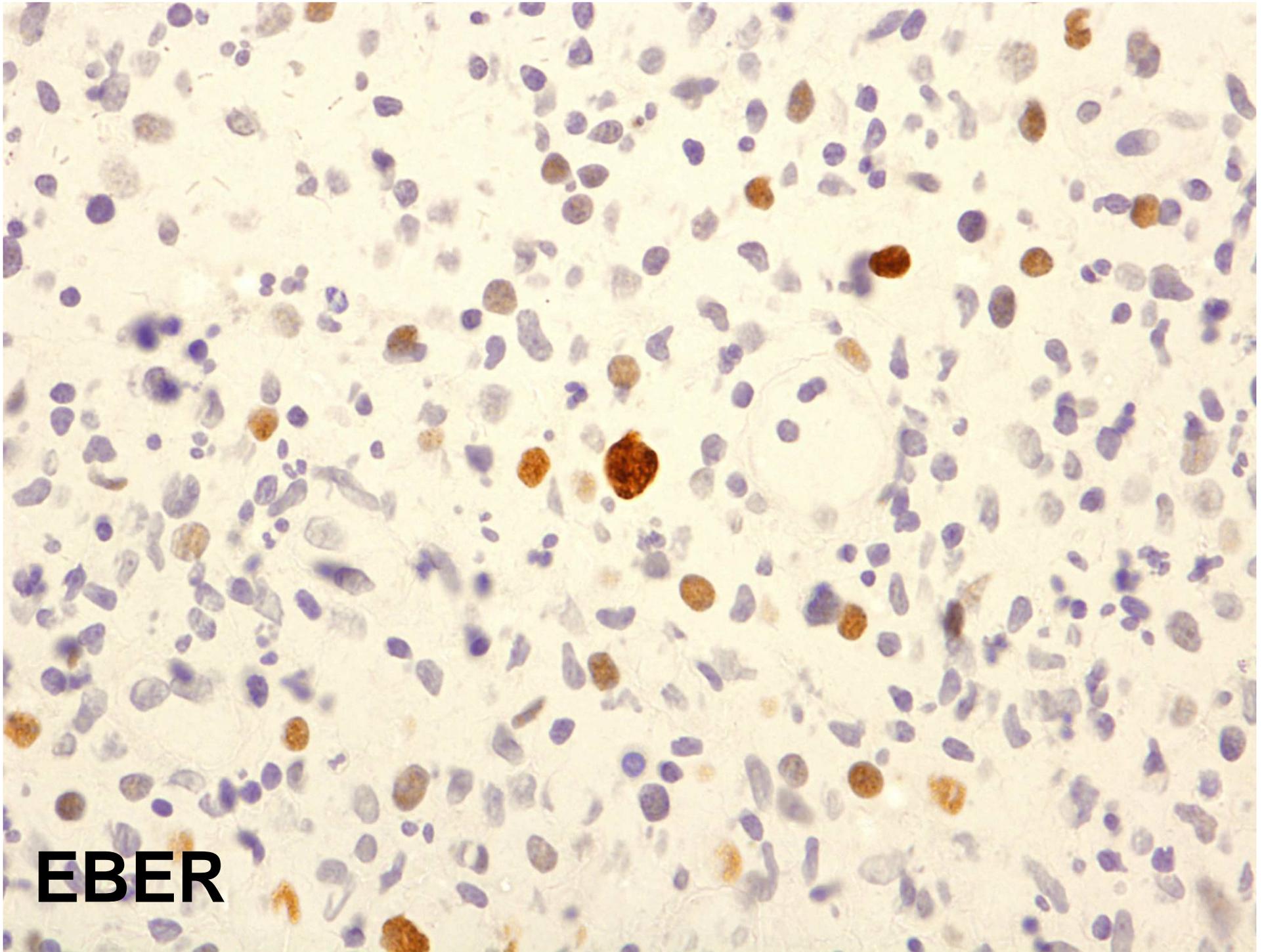




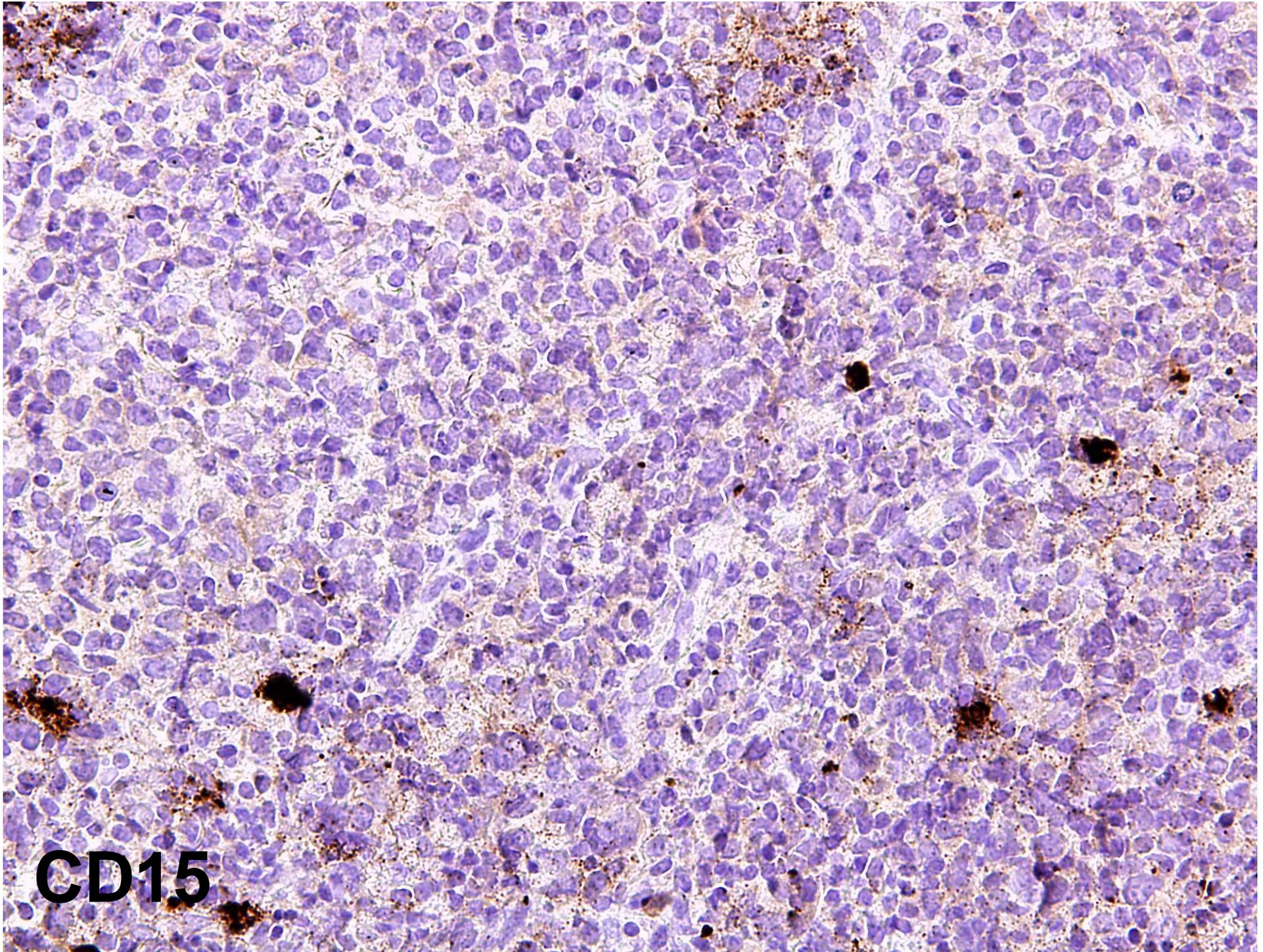




**EBER**



**EBER**



**CD15**

# LINFOMA DE HODGKIN

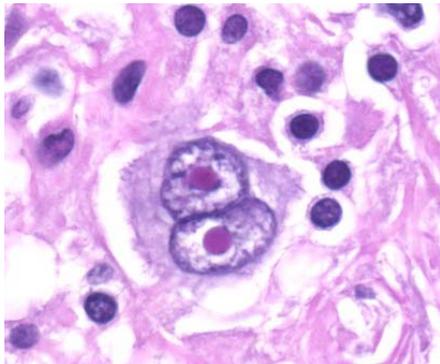
- CD15 NEGATIVO



- ESTÓMAGO



Cél. Hodgkin-like



## Linfomas no-Hodgkin de células B

LDCGB-Rico en células T e histiocitos

LDCGB asociado a la edad

LLC

Granulomatosis linfomatoide

## Linfomas no-Hodgkin de células T

Linfoma Angioinmunoblástico de células T

Leucemia/Linfoma de células T del adulto

Linfoma T periférico

Linfoma anaplásico de células grandes

## SLPC asociados a inmunodeficiencia

HIV

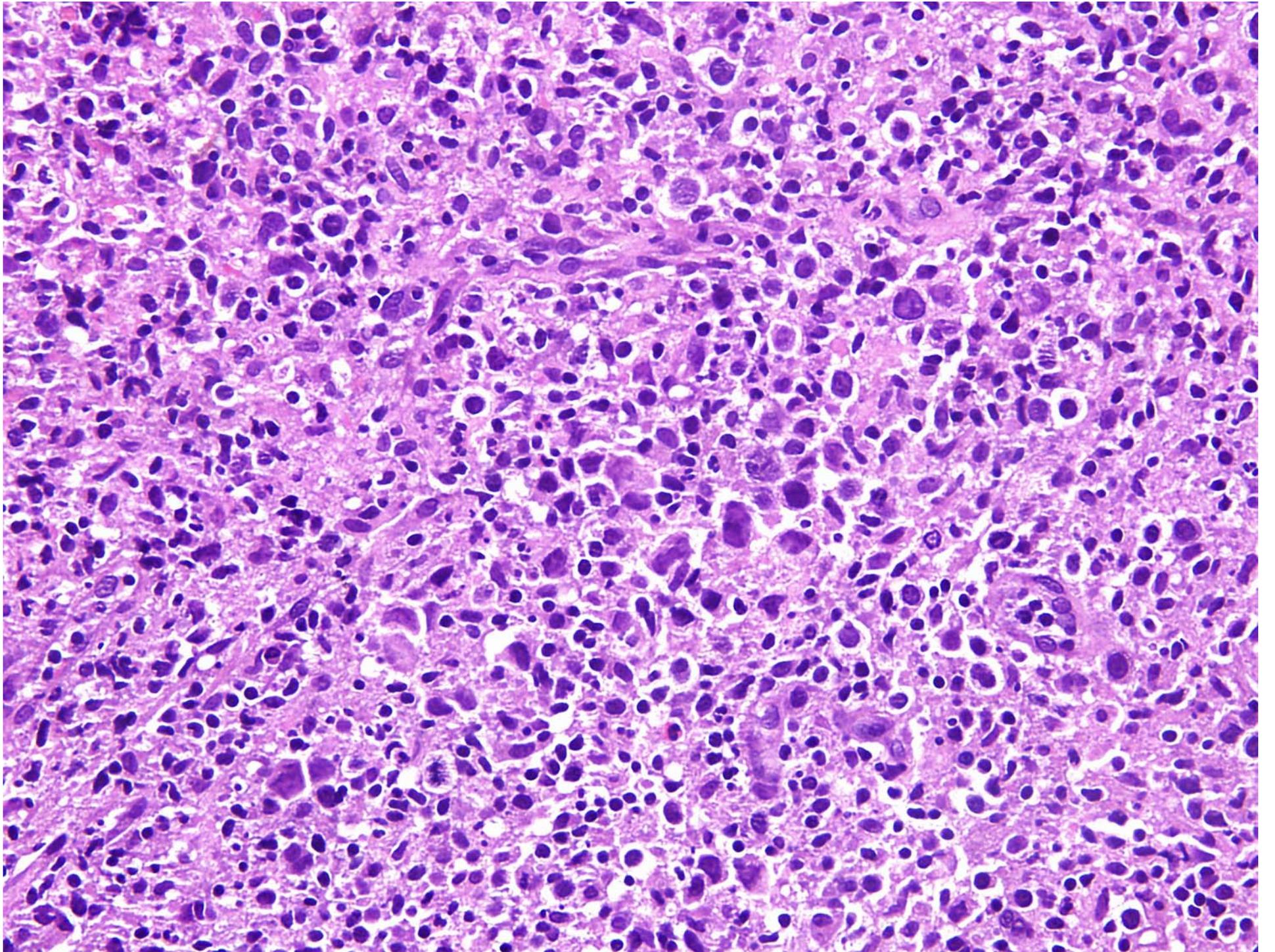
Post-trasplante

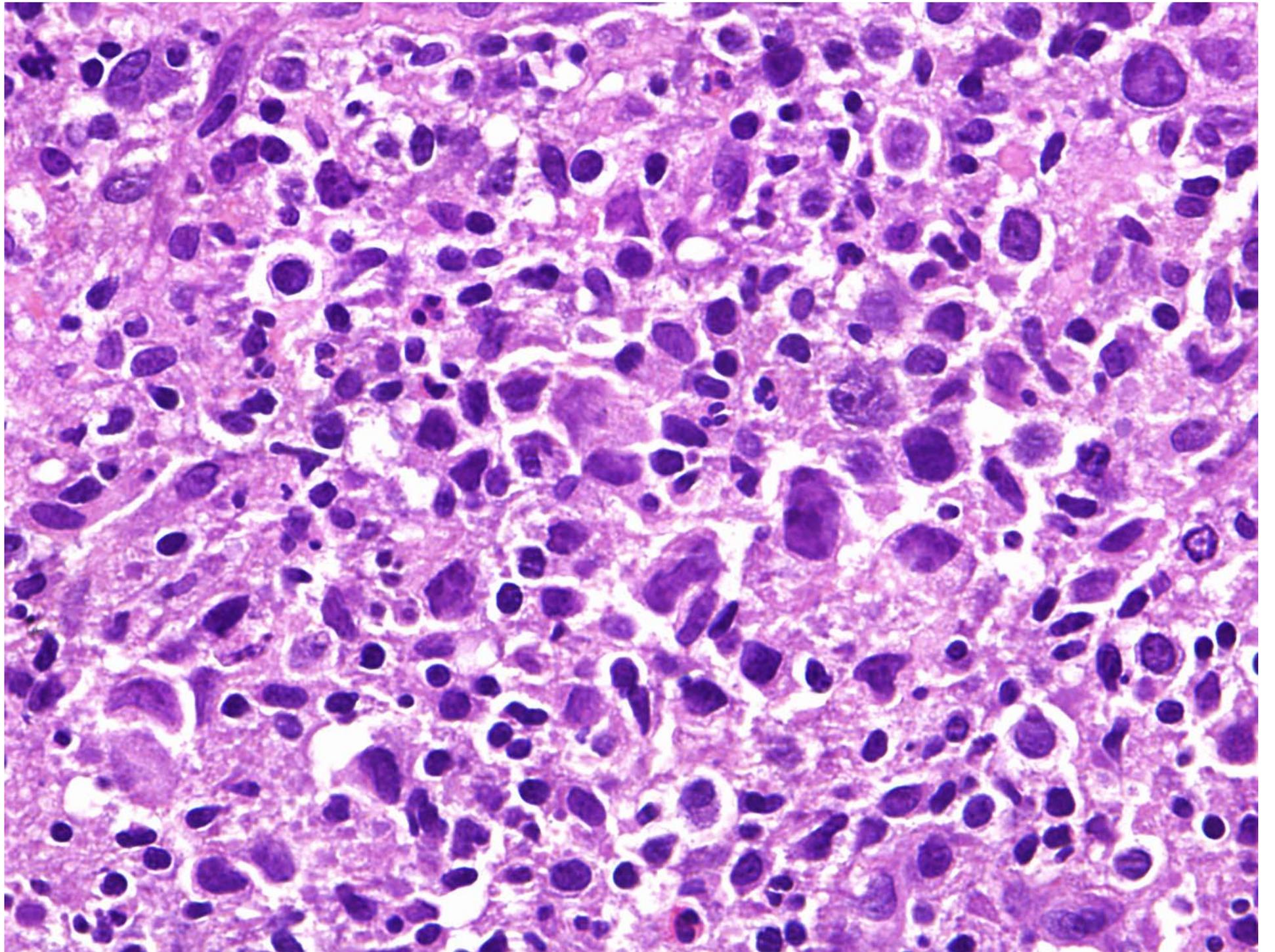
Fármacos (metotrexate)

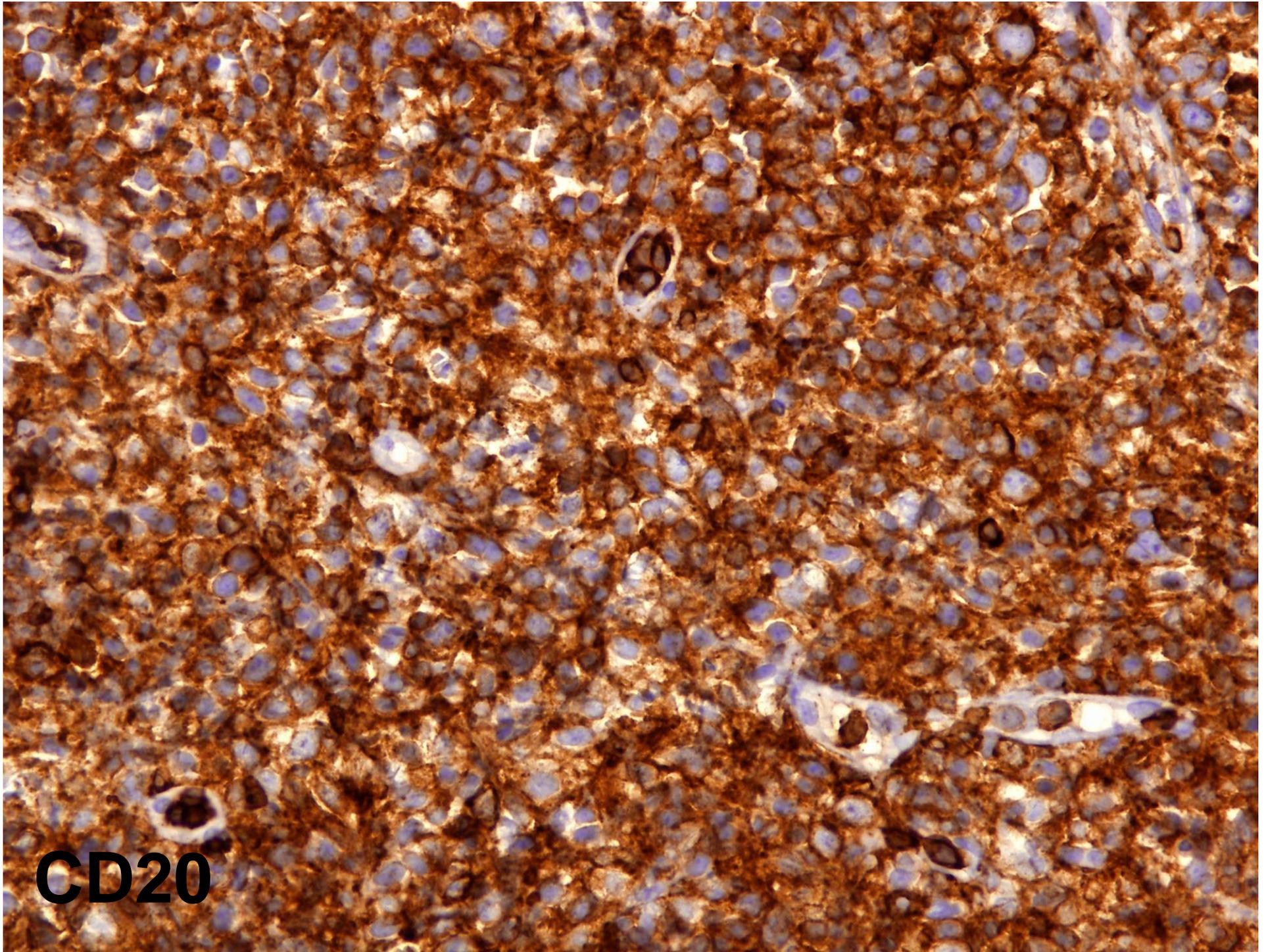
Úlcera mucocutánea

## Linfadenitis reactivas

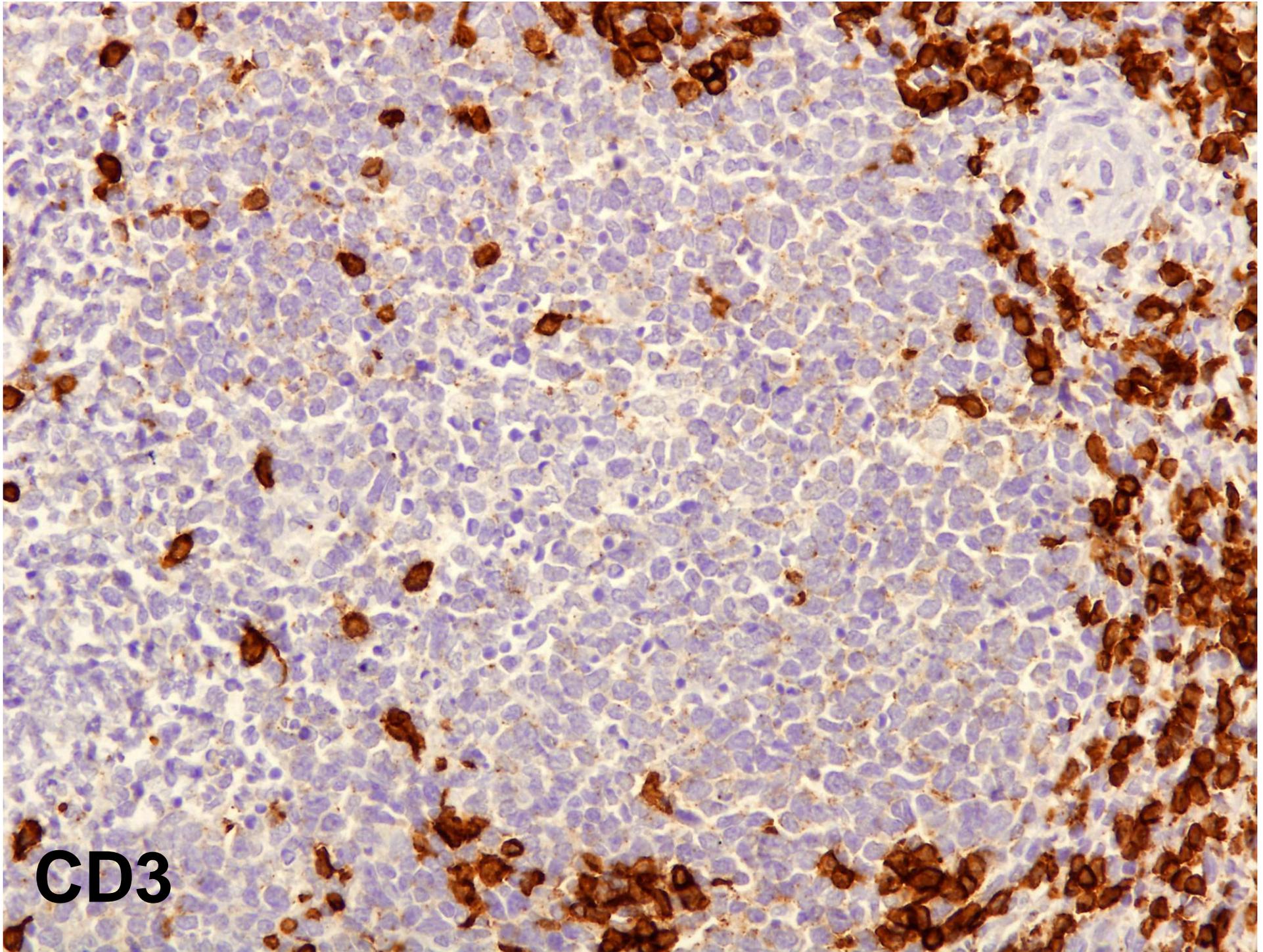
Mononucleosis infecciosa

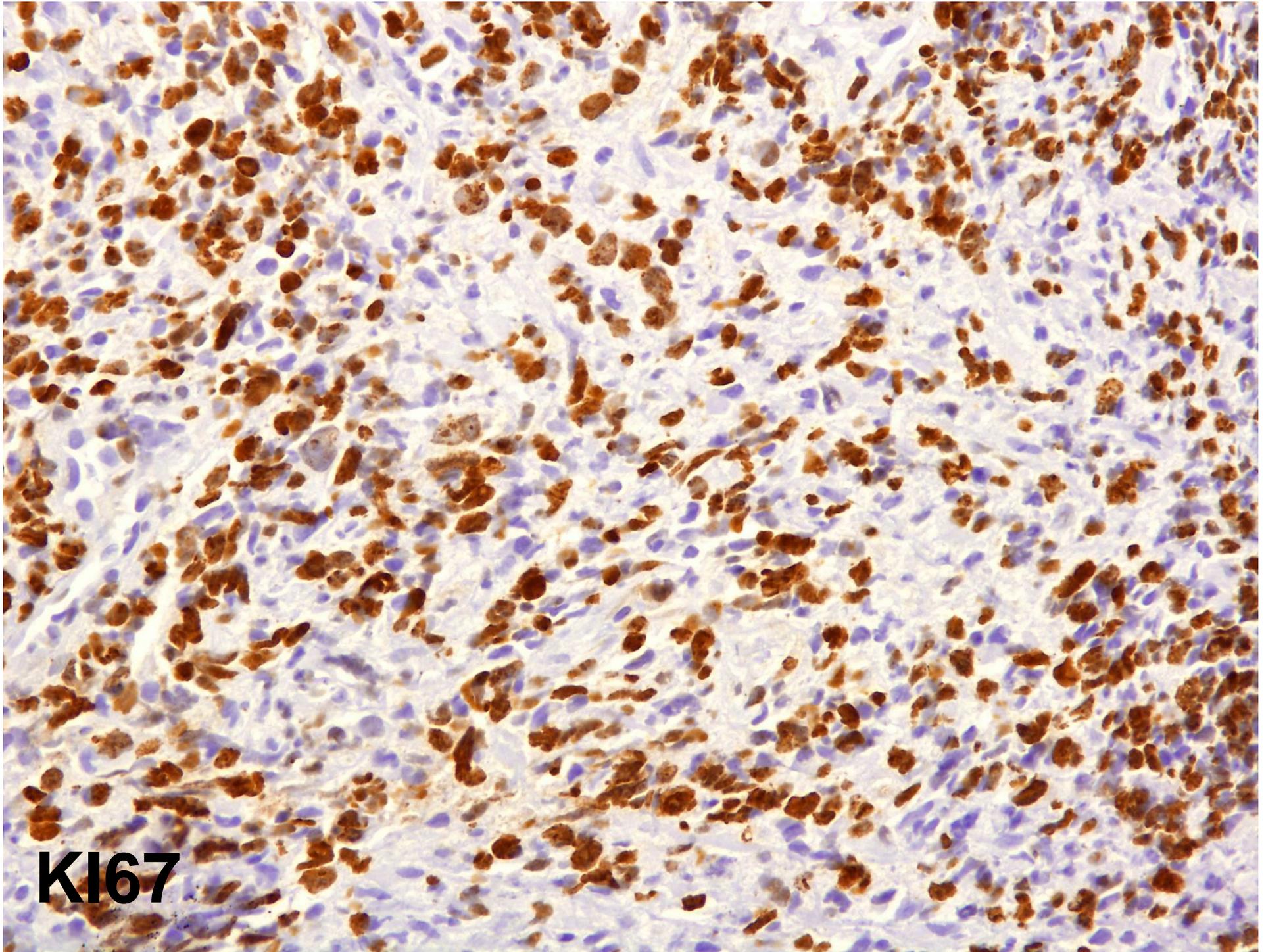




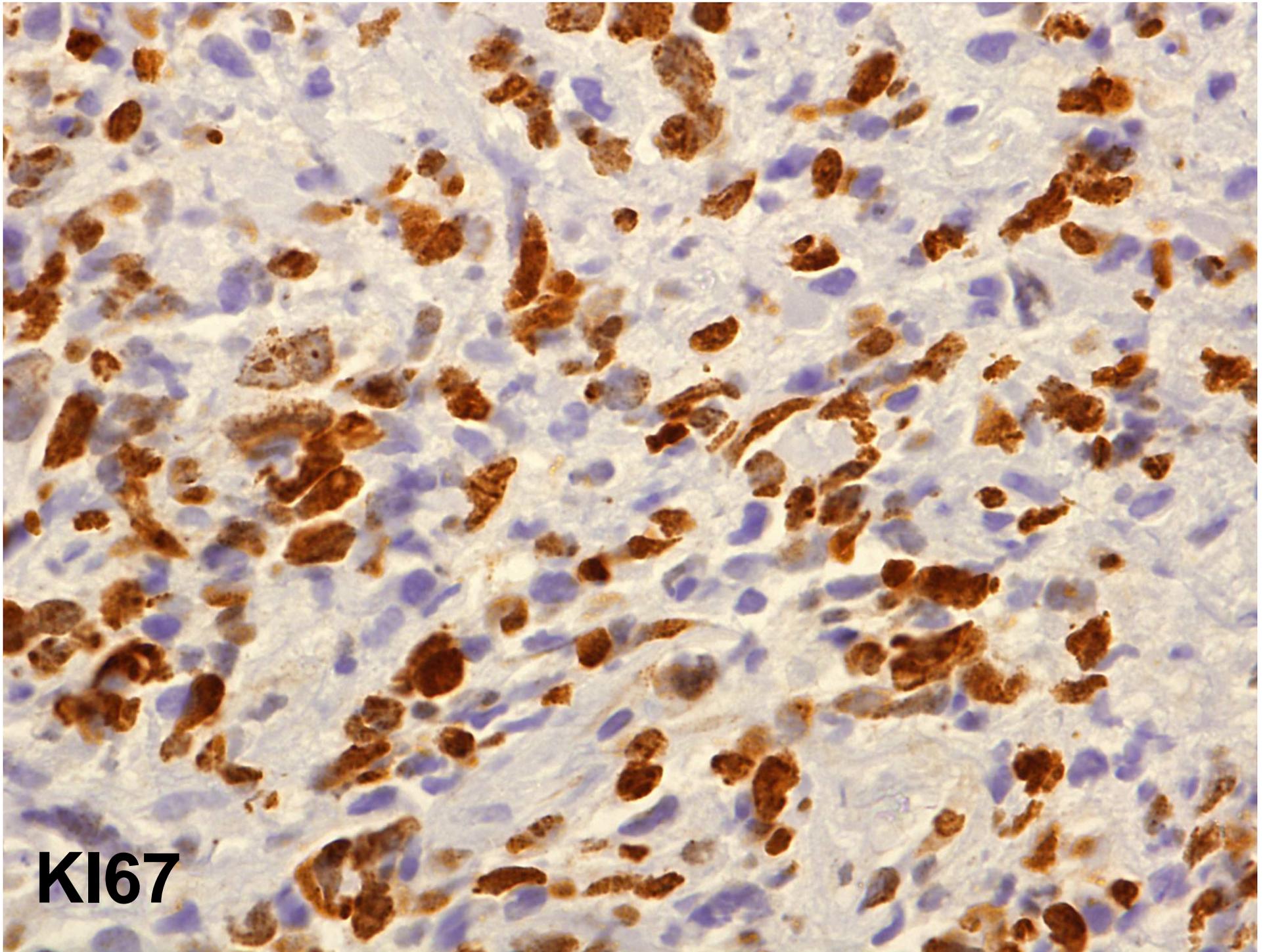


**CD20**

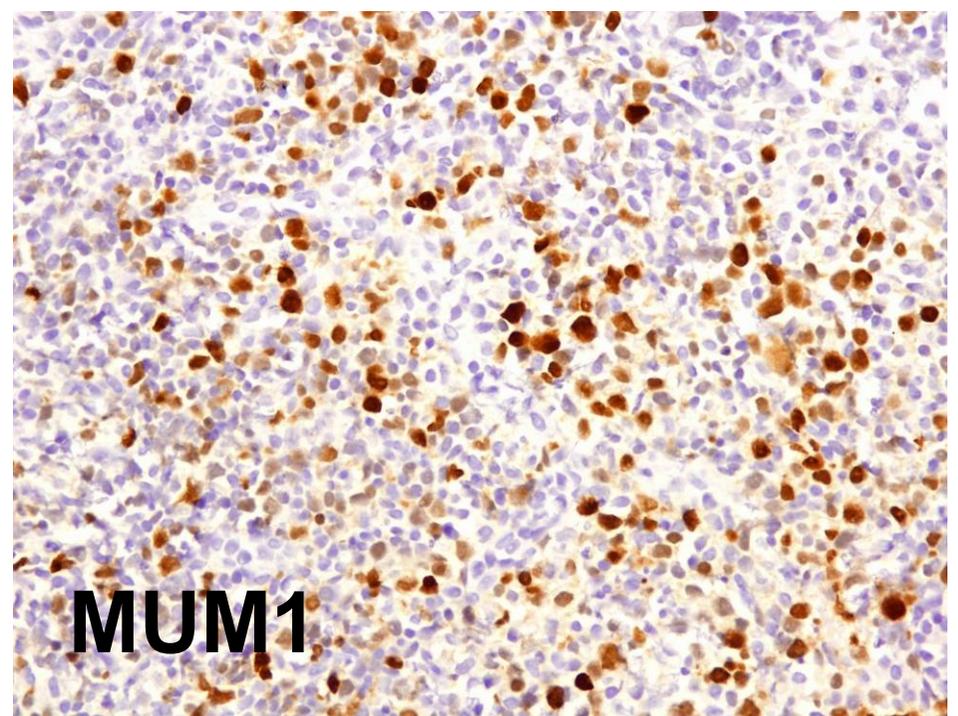
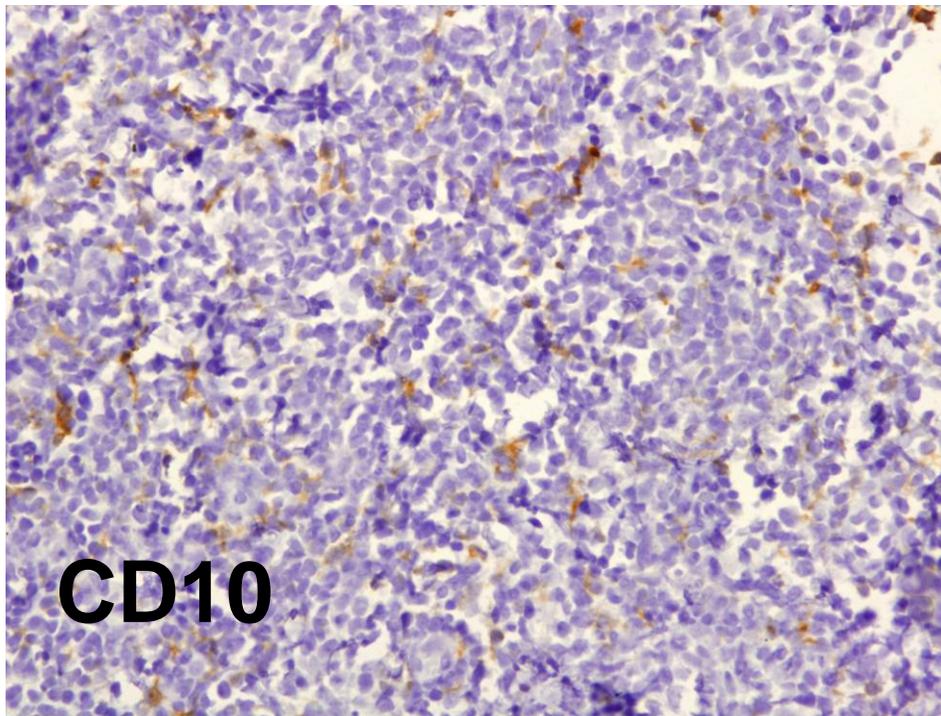
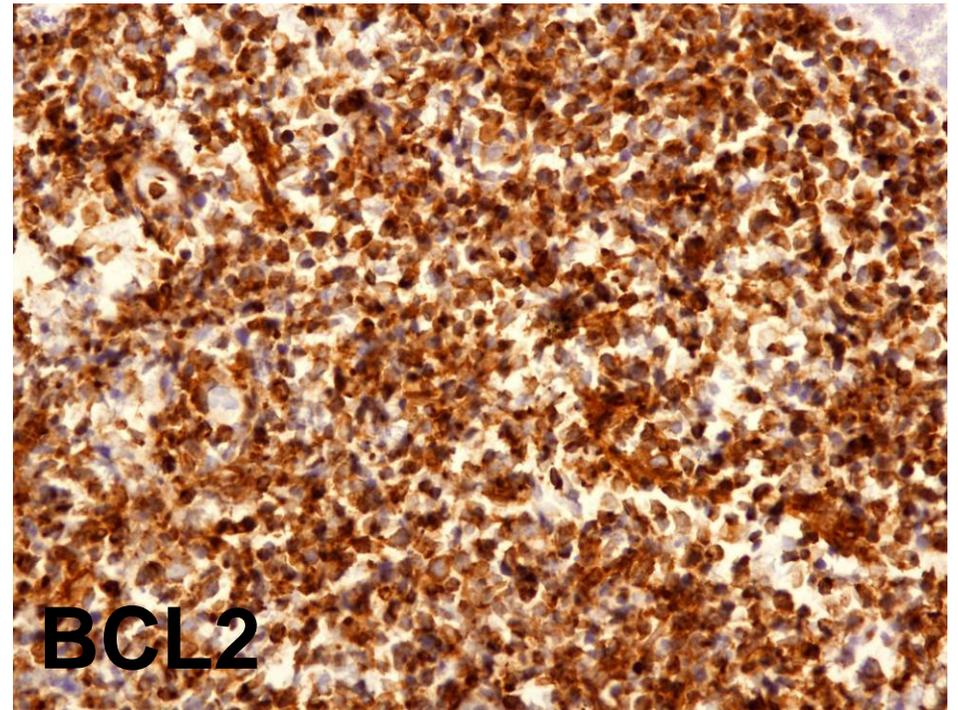
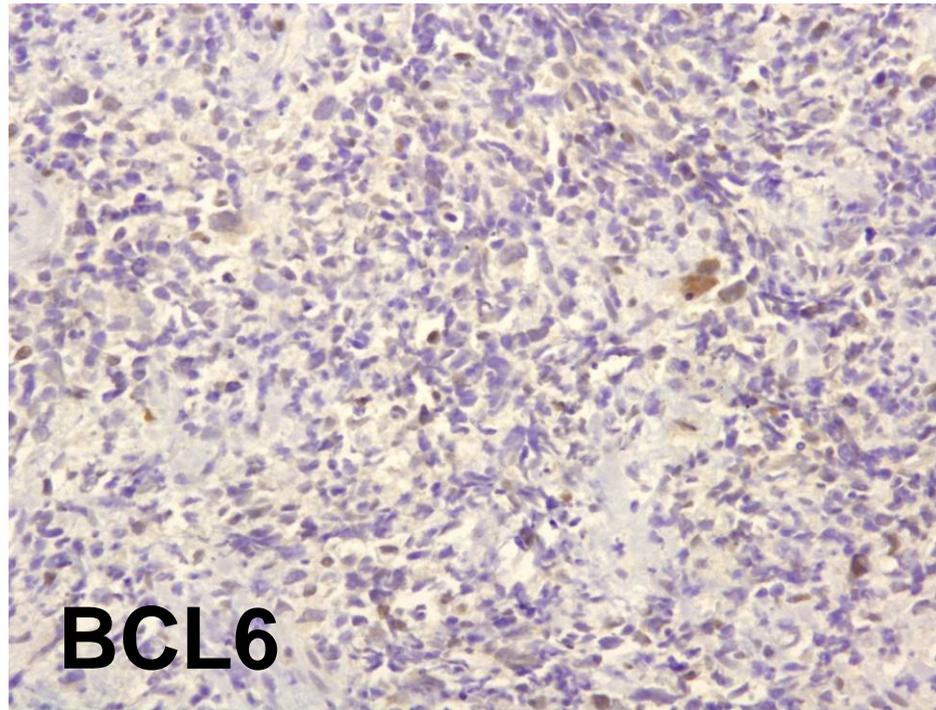




**KI67**



**KI67**



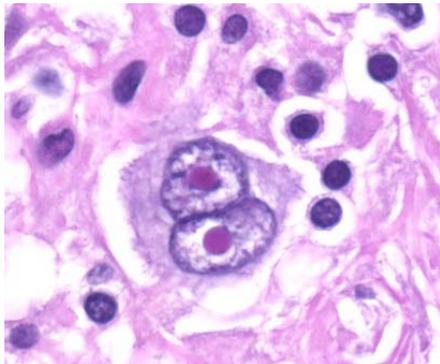
# **LINFOMA B DIFUSO DE CÉLULAS GRANDES**

+



- CÉLULAS DE HODGKIN / REED-STEMBERG

Cél. Hodgkin-like



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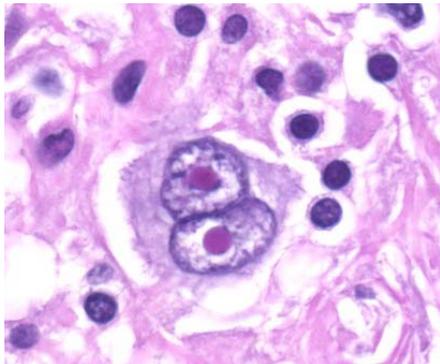
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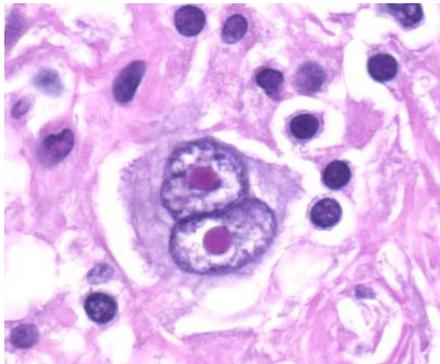
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**Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr + (del anciano / elderly / senil)**

## Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr + (del anciano / elderly / senil)

### WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues

Edited by Steven H. Swerdlow, Elias Campo, Nancy Lee Harris, Elaine S. Jaffe,  
Stefano A. Pileri, Harald Stein, Jürgen Thiele, James W. Vardiman

#### Diffuse large B-cell lymphoma, not otherwise specified (NOS)

##### Common morphologic variants

- Centroblastic
- Immunoblastic
- Anaplastic

##### Rare morphologic variants

##### Molecular subgroups

- Germinal centre B-cell-like (GCB)
- Activated B-cell-like (ABC)

##### Immunohistochemical subgroups

- CD5-positive DLBCL
- Germinal centre B-cell-like (GCB)
- Non-germinal centre B-cell-like (non-GCB)

#### Diffuse large B-cell lymphoma subtypes

- T-cell/histiocyte-rich large B-cell lymphoma
- Primary DLBCL of the CNS
- Primary cutaneous DLBCL, leg type
- EBV positive DLBCL of the elderly

#### Other lymphomas of large B cells

- Primary mediastinal (thymic) large B-cell lymphoma
- Intravascular large B-cell lymphoma
- DLBCL associated with chronic inflammation
- Lymphomatoid granulomatosis
- ALK-positive LBCL
- Plasmablastic lymphoma
- Large B-cell lymphoma arising in HHV8-associated multicentric Castlemans disease
- Primary effusion lymphoma

#### Borderline cases

- B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma
- B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma

## Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr + (del anciano / elderly / senil)

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### **EPIDEMIOLOGÍA:**

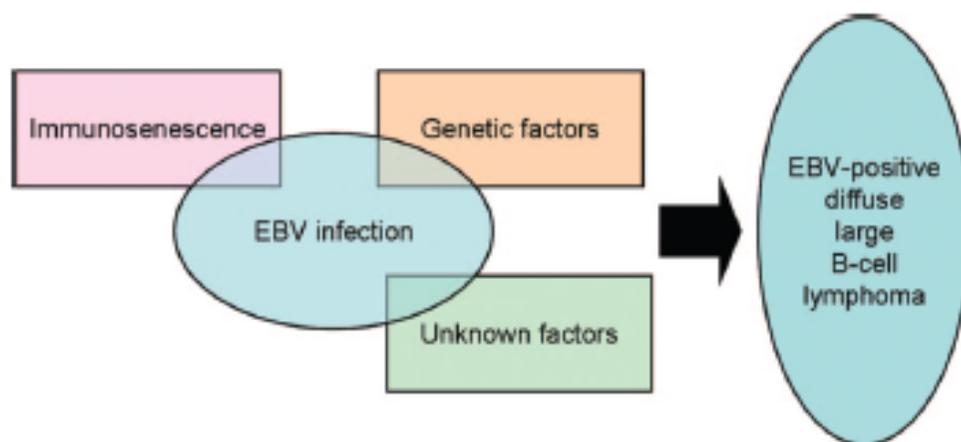
- Frecuente en países asiáticos
- Asociado al EBV
- Sin inmunodeficiencia ni linfoma previo
- Edad media 71 años (45-92 años)  
+90 años = 20-25%
- Varón-mujer: 1.4:1

## Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr + (del anciano / elderly / senil)

### ETIOLOGÍA:

- Asociado al EBV

- Edad



**Table 1.** EBV incidence in different lymphoproliferative disorders

Lymphoma subtype	Percentage of EBV incidence
Hodgkin lymphoma	
developed countries	30%–50%
developing countries	~100%
Burkitt lymphoma	
endemic	100%
sporadic	15%–20%
Post-transplant lymphoproliferative disorder	
<1 year	73%–100%
>5 years	34%–80%
Diffuse large B-cell lymphoma, NOS	9%–15%
Primary CNS lymphoma (non-HIV)	9%–14%
<b>EBV-positive DLBCL of the elderly</b>	<b>100%</b>
NK/T-cell lymphoma	100%
Lymphomatoid granulomatosis	100%
HIV/AIDS-related lymphomas	
primary CNS lymphoma	100%
diffuse large B-cell lymphoma	80%
Burkitt lymphoma	30%–50%
primary effusion lymphoma	70%
plasmablastic lymphoma	60%

## Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr + (del anciano / elderly / senil)

- EXTRAGANGLIONARES (70%)

Piel, pulmón, amígdala y estómago

## SITIOS FRECUENTES DE AFECTACIÓN:

- CON O SIN ADENOPATÍAS

- ADENOPÁTICO EXCLUSIVAMENTE (30%)

## CLÍNICA:

- Variada

## Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr + (del anciano / elderly / senil)

### **MORFOLOGÍA:**

- Subtipo polimorfo
  - \*Célula grande tipo RE
  - \*Necrosis
- Subtipo de célula grande

**Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr +  
(del anciano / elderly / senil)**

## INMUNOFENOTIPO

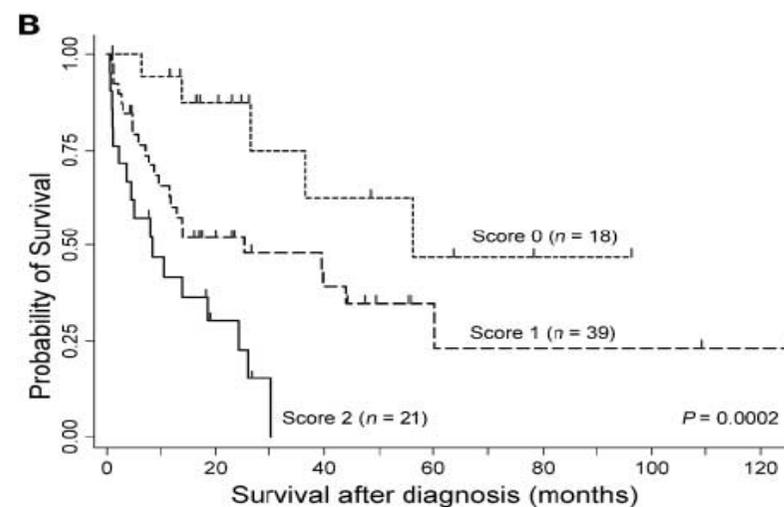
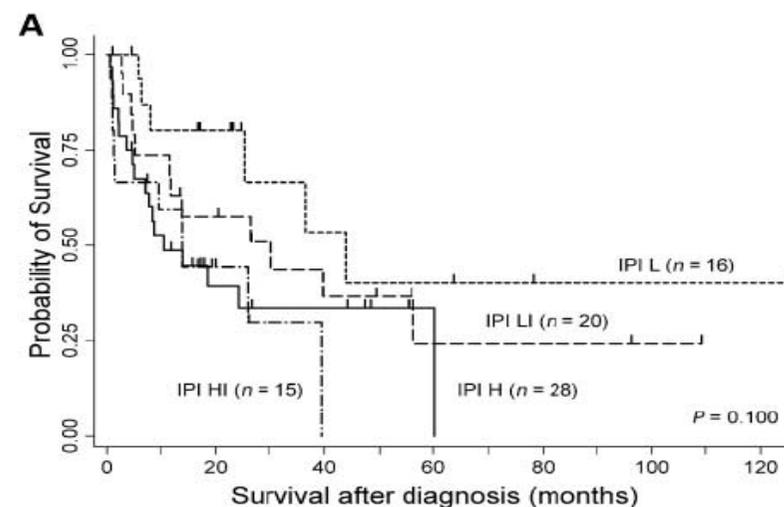
MARCADOR	CD20 CD79	CD10	BCL6	BCL2	MUM 1	CD30	CD15	EBER	KI 67
POSITIVO	+			+	+	+(CG)		+	↑
NEGATIVO		-	-				-		

Linfoma de células grandes B difuso asociado a la edad, virus de Epstein Barr + (del anciano / elderly / senil)

## PRONÓSTICO Y FACTORES PREDICTIVOS

- Edad superior a 70 años
- Presencia de síntomas B

0	1	2
56m	25m	9m





GRACIAS..

Rio Chapare-Cochabamba  
Bolivia