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Images in Clinical Hematology

Supraglottic primary B-cell lymphoma by fluorine-18 fluorodeoxyglucose positron emission tomography-computed tomography (18F-FDG-PET/CT)



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An 82-year-old male presented with dysphagia to solids and liquids, weight loss, odynophagia and left cervical pain for two months. Fever or night sweats were not reported. An otorhinolaryngological examination revealed permeable nostrils, free cavum, erythema of the arytenoid mucosa, and a suspicion of a malignant lesion in the left arytenoepiglottic fold. No lymphadenopathy of significant size was palpable. Biopsy showed neoplastic cells with positive immunohistochemical pattern for LCA, Bcl-2, Bcl-6, Epstein–Barr virus (EBV), CD5, CD30, CD10, cyclin D1 and MUM1, allowing the diagnosis of diffuse large B-cell lymphoma of germinal center origin. Moderately high Ki-67 labeling (60%) indicated a malignant nature of the tumor.

Fluorine-18 fluorodeoxyglucose positron emission tomography-computed tomography (18F-FDG-PET/CT) revealed a hypermetabolic lesion resulting in left transmural thickening of the larynx with slight displacement of the midline (Figure 1).

Primary laryngeal lymphomas are an extremely rare entity representing less than 1% of all extranodal lymphomas with reported male and left-sided predominance, and location mainly supraglottic.^{1,2} A definite diagnosis can only be obtained by immunohistochemistry, as the radiological findings are similar to primary squamous cell laryngeal cancers.³

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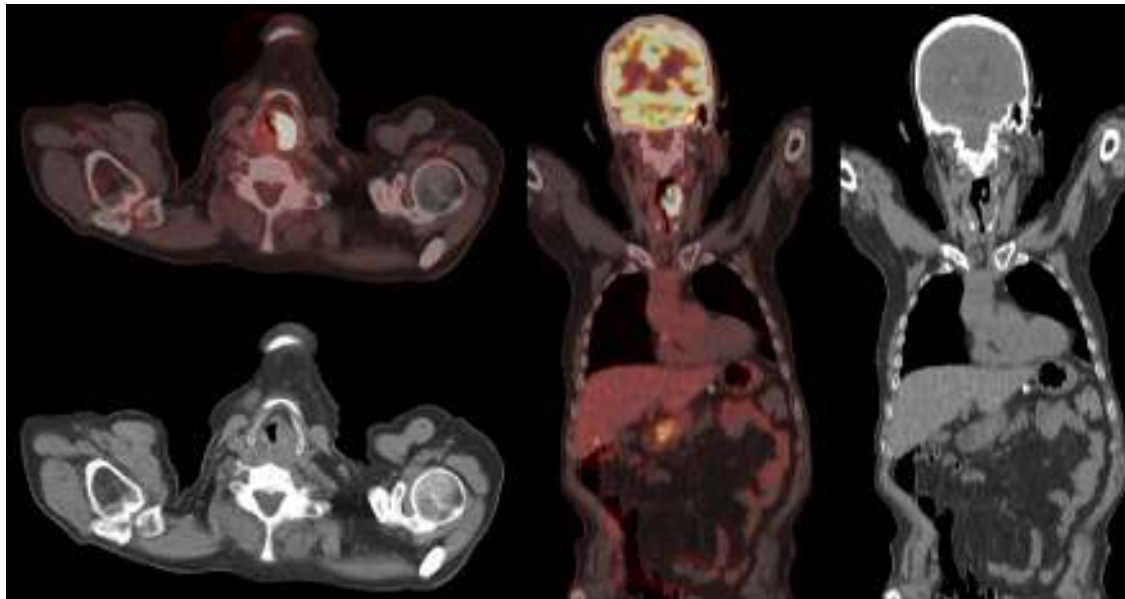


Figure 1 – Initial staging using fluorine-18 fluorodeoxyglucose positron emission tomography-computed tomography (18F-FDG-PET/CT) revealed a hypermetabolic lesion with high rate of cell proliferation that extended from the base of the tongue to the left vocal cord, resulting in transmurular thickening and slight displacement of the midline (axial and coronal views) with SUVmax: 37.3 (SUV mediastinum: 2.8). An additional hypermetabolic focus left of the transverse processes of D3 and two abdominal para-aortic lymphadenopathies were also observed.

Conflicts of interest

The authors declare no conflicts of interest.

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