e infradiafragmática, bem como infiltração óssea. Caracteriza-se, assim, estadio IVb. Paciente seguiu protocolo quimioterápico CHOEP de 6 ciclos e encaminhado para transplante de medula óssea em remissão.

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LYMPHOMA IN THE BASE OF THE TONGUE: A CASE REPORT IN AMAZON

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Lymphoma is the third most common malignant neoplasm in the world and accounts for 3 to 5% of malignant tumors. Lymphomas are B or T lymphocytic cell neoplasms that can be classified as Hodgkin's Lymphoma (LH) and Non-Hodgkin's Lymphoma. In Brazil, it is estimated that 10,000 new cases of NHL and 2,500 of HL are present each year, with a higher prevalence in men for both types. Lymph node location is very characteristic of LH, being rare outside this location. Meanwhile, extractdal is common in NHL, occurring in up to 30% of cases. The most common extranodal sites are the gastrointestinal tract, skin, subcutaneous tissue, and oral cavity. In the mouth, lymphomas may originate from the Waldeyer's ring lymph node or may be non-lymph node tissue, and tongue involvement is very rare, accounting for only 2% of lymphomas in the oral cavity. The NHL clinic is diverse, with general symptoms such as tiredness, weight loss, itching, night sweats, fever, in addition to bone pain and respiratory symptoms. On physical examination, the presence of painless adenomegaly in the neck, supraclavicular and axillary chains, and nodal or extranodal mass formation are observed. The study was carried out based on the medical records of a 38-year-old male patient, brown, rural worker, complaining of "fangs" or "spots" on the left pharyngeal wall in April 2017, five months before the diagnosis, that the patient associated with the presence of a fishbone, followed by progressively growing pre-auricular adenomegaly. Biopsy and IHC confirm high-grade non-Hodgkin's B-cell lymphoma. Computed tomography of the face and neck showed an irregularly defined expansive process with heterogeneous enhancement in the contrasting phase, located at the base of the tongue on the left, without cleavage planes with the pharyngeal mucosa and extending to the vallecula on the left, and also the presence of a lymph node increased in the left jugulo-carotid chain, level IIA, in close contact, but maintaining a cleavage plane with the left parotid gland. The patient was then treated with a chemotherapy regimen of 6 cycles of Rituximab, Cyclophosphamide, Vincristine and Doxorubicin (R-CHOP) every 21 days. At the end of this therapeutic phase, radiotherapy was started with a total dose of 40 GY in 20 fractions. Once this stage was reached, a new clinical evaluation revealed regression of the lesions, maintaining only the loss of taste. Radiologically, there was only an irregular lesion with a probable scarring character on the left side of the base of the tongue. Therefore, the treatment was carried out with outpatient follow-up for observation and control. It is concluded that there are still many difficulties in identifying and addressing not only lymphoma of the tongue, but also malignant and malignant lesions of the tongue in general. In the specific case of the lesion addressed in this study, it is observed that the lack of a database on the disease makes it difficult to establish a specific line of treatment. Despite this, the lines of treatment addressed in the cases reported, including this one, which includes cycles of chemotherapy followed by radiotherapy, have been shown to be effective as initial therapy in patients with this diagnosis.

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MACROGLOBULINEMIA DE WALDENSTRÖM APRESENTANDO-SE COMO LEUCEMIA DE CÉLULAS PLASMOCITÁRIAS: RELATO DE CASO

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Introdução: A macroglobulinemia de Waldenström é uma doença linfoproliferativa indolente caracterizada por produção monoclonal de IgM. A incidência é duas vezes maior em homens do que em mulheres e maior em brancos do que em negros. A medula óssea e os linfonodos são infiltrados por células B em diferentes estágios de maturação, notadamente pequenos linfócitos, linfoplasmócitos e plasmócitos. Anemia, linfadenopatia, hepatoesplenomegalia e sintomas de hiperviscosidade são algumas formas freqüentes de apresentação da doença. **Caso:** Paciente de 34 anos, negro com queixa de gengivorragia, fadiga, turvação visual, cefaléia e perda ponderal de 10 kg em um período de dois meses. Negava febre ou sudorese noturna. Ao exame físico, apresentava mucosas hipocoradas, discreta hiperplasia gengival, esplenomegalia (cerca de 8 cm do rebordo costal esquedo) e linfonodomegalia inguinal bilateral. O laboratório de admissão apontava Hb 6,8 g/dL, Ht 22,5%, Leucócitos totais de 32.400/mm^3 às custas de linfócitos e plaquetas 60.000/mm^3, proteína total de 11,9 g/dL, albumina 2,6 g/dL, LDH 388 U/L, uréia de 38 mg/dL e creatinina de 1,2 mg/dL, hepatograma e eletrólitos normais. Dosagem de imunoglobulinaIgM6120 mg/dL. A sorologia foi positiva para HBV. No esfregaço de sangue periférico, foi observadoanisocitose, presença de rouleaux, leucocitose às custas de células com citoplasma abundante, cromatina intermediária, algumas com nucléolos evidentes e ausência de grânulos; trombocitopenia. A imunofenotipagem por citometria de fluxo do sangue periférico evidenciou 69% de linfócitos B anômalos em 31 700 células/mm3analisadas. Essas células apresentavam expressão forte de CD19, CD20, CD79-B e CD 45; moderada de CD 22, CD 23, IgM e kappa; fraca de CD25 e CD11-C. A conclusão foi de doença linfoproliferativa B clonal para kappa. O exame histopatológico mostrou