processos autoimunes que ocorrem na mucosa. Essa patologia pode estar associada a várias outras afecções, principalmente as que alteram o sistema imunológico como o HIV, retocolite ulcerativa, doença de Crohn e doença celíaca. Para fazer a distinção entre linfomas primários do cólon e aqueles com envolvimento secundário utilizam-se os Critérios de Dawson, que consistem em: radiografia de tórax normal, ausência de hepatoesplenomegalia ou linfadenopatia superficial, leucograma normal (sem evidências de processo leucêmico) e massa tumoral intestinal com linfadenopatia exclusivamente regional. Podem ocorrer dificuldades em situações de linfomas primários que já se disseminaram, preenchendo os critérios anteriores, exceto para a esplenomegalia e infiltração medular leves. **Conclusão:** Sendo assim, deve-se cogitar a hipótese de linfoma no diagnóstico diferencial de neoplasias do cólon e ter a devida preocupação com seu estadiamento e tratamento. Igualmente, muitas das lesões podem corresponder a linfomas, sendo a utilização da imuno-histoquímica essencial a fim de caracterizar precisamente a lesão e permitir sua abordagem correta.

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AN UPDATED OF PERIPHERAL T-CELL LYMPHOMA PATIENTS REGISTRY OF T-CELL BRAZIL PROJECT: A PROSPECTIVE COHORT ANALYSIS

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Objectives: T-cell Brazil project started in April 2017 focusing to collecting epidemiological and clinical data from the most frequent subtypes of PTCL, as an ambispective study collected diagnosis data from January 2015 to December 2022. Our goals were to obtain the frequency of subtypes and the clinical and biology characteristic from five Brazilian regions; besides to have a routine pathological revision and to evaluate the Overall Survival (OS), Progression-Free Survival (PFS) in 5 years of follow-up. **Method:** After 39 centers were approved by their Ethical Committee, they registered their cases using the REDcap Platform by Vanderbilt, being 63% public centers. Here, It was just analyzed a Prospective Cohort (PC), with diagnosis date from April 2017 to December 2022, a total of 461 cases. Descriptive analyses, Kaplan-Meier method, Log-Rank test to compare groups and Cox Regression to identify risk factor for OS using IBM-SPSS software v.24. **Results:** The median age was 52 years (18-92); 58% male; Almost 72% had advanced stages, 25% ECOG $\geq$ 2; the distribution of main subtypes was: 30% PTCL-NOS; 18% ALCL, ALK-; 14% ATL; 13% ENKTL-NT; 10.5% AITL; 5% ALCL, ALK+; 9.5% others. A median of follow up of 22 months (0-73), 55% pts were alive and 24-month PFS and OS were 36% and 49%, respectively. OS by main subtypes was 69% ALCL, ALK+; 61% ALCL, ALK; 50% PTCL-NOS; 44% ENKTL-NT; 41% AITL; 27% ATL. Cox regression showed ATL (HR 1.6, $p = 0.008$), ECOG $\geq$ 2 (HR 1.86, $p < 0.0001$) and Ann Arbor Stage III-IV (HR 2.06, $p < 0.0001$) as bad prognosis for OS; whereas for PFS were ATL (HR 1.9, $p < 0.0001$); ECOG$\geq$ 2 (HR 1.53, $p = 0.002$); Ann Arbor Stage III-IV (HR 1.75, $p = 0.001$) and B symptoms (HR 1.36, $p = 0.02$). Discussion: PTCL make up approximately 10-15% of lymphoid malignancies and its frequency varies geographically. In Brazil, mainly due to its vast dimension, data collection has limitations and is subject to bias. This is the first experience cover all over the country, focusing also an educational and of interchanging experience network among the multidisciplinary health team in Brazil. **Conclusions:** Our initial target of 500 pts exceeded, hence the number of prospective cohort is getting close, because we are in a consistency data phase and probably more cases will be available after that. So, it is possible to make analyzes with PC. ATL and ENKTL-NT subtype presented more frequent of all, different of the Occidental countries, but similar with recent data from American Latin.

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ATYPICAL PRESENTATION OF MANTLE CELL LYMPHOMA AS SISTER MARY JOSEPH'S NODULE

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Introduction: Mantle cell lymphoma is an uncommon subtype of B-cell lymphoma, affecting more predominantly men. The most frequent presentation is the classic form, also called nodal. In this variant, lymphadenopathy is common, and splenomegaly may also occur. Peripheral blood involvement is often observed in this disease, presenting as small and medium-sized pleomorphic lymphoid cells with irregular nuclear contours. The absolute lymphocyte count may also be increased. However, presentation as a Sister Mary Joseph's nodule is quite uncommon in this lymphoma. **Case report:** A 57-year-old man, previously hypertensive, reports swelling in the umbilical region, weight loss, fever and night sweats. He presented to an emergency department, where anemia was identified and a hypothesis of umbilical hernia was made. He reports that over the months, the condition progressed, with worsening of the umbilical nodular lesion, reaching 6.6 cm, with erythema and ulceration. In addition, he also refers a progressive increase in abdominal volume, due to the appearance of ascites and splenomegaly, as well as generalized lymph node enlargement. In this context, he was referred to our service for a hematology consultation. In the initial exams, a normocytic normochromic anemia (Hb 7.7 g/dL) was observed, as well as leukocytosis (12160 cells), at the expense of 56% of lymphocytes (in the automated counter). In the peripheral blood smear, pleomorphic lymphoid cells were identified. CT scans were performed, which showed bilateral pleural effusion; multiple abdominal and pelvic retroperitoneal lymph node enlargement, as well as mesenteric lymph node enlargement, in addition to homogeneous splenomegaly and moderate ascites. Signs of diffuse peritoneal thickening were also observed, notably in the lesser omentum. The PET Scan confirmed an increased uptake both in the mesentery and in the umbilical region. **Discussion:** Sister Mary Joseph's nodule occurs in several neoplasms that course with metastatic intra-abdominal disease. However, its occurrence as a signal from mantle cell lymphoma is quite rare, and this is the third description found after reviewing the literature. According to a series of cases with 68 patients, this finding occurs mainly with pancreatic (17.7%), gastric (17.7%), ovarian (16.2%), colonic (10.2%) and endometrial (8.8%). Hematological tumors account for only 7.4% of cases. Extranodal involvement by mantle cell lymphoma occurs mainly in the gastrointestinal tract, in up to about 15% of cases, with colonic involvement being the most prevalent, followed by gastric involvement. In endoscopic findings, the classic description is as lymphomatoid polyposis, although isolated polyps, masses and even intact mucosa with microscopic confirmation can also be found. About the prognostic impact of this finding, a retrospective analysis of 64 patients with gastrointestinal involvement in mantle cell lymphomas showed a statistical trend towards greater recurrence of the disease in this subgroup. Therefore, the predilection for gastrointestinal tract involvement by this subtype of NHL could explain the unusual clinical finding of this patient. **Conclusion:** Sister Mary Joseph's nodule, although not a common topography, should be considered in the differential diagnosis and staging of mantle cell lymphomas.

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