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Objective: Evaluate clinical and epidemiological characteristics of patients with primary gastric lymphoma (PGL) within the PELÉ study. **Methods:** PELÉ is a multicenter study that aimed to collect information from patients with B cell primary extranodal lymphoma, in several hematological reference centers in Brazil. The data presented here is from the retrospective cohort of patients with PGL. This cohort is still collecting data, with several other centers awaiting ethics committee approval. Staging was done according to the Lugano classification of gastrointestinal tract lymphomas: stage I (confined to stomach), stage II (adjacent nodal involvement) and stage III (with other organs involved). Cases were collected from the last 15 years (2009 to 2024). **Results:** We evaluated 40 patients. Median age at diagnosis was 64 years-old (range 35-90), 55% were males and 72% of white skin color. Diffuse large B-cell lymphoma (DLBCL) was the diagnosis in 77.5% of cases and the remaining was extranodal marginal zone lymphoma (MALT). B symptoms occurred in 32% of cases and 15% had bulky disease. IPI was available in 31 cases with 20 patients (64%) as low-risk, 10 patients (32%) as low-intermediate and 1 patient as high-risk. Forty percent of patients were stage I, 27.5% stage II, 15% stage III and in 17.5% there were no complete information regarding the clinical stage. RCHOP was the main treatment choice (67.5% of patients), followed by RCVP (7.5%) and RminiCHOP (5%). Radiotherapy was done in 5 patients (12.5%), as consolidation of treatment in 3 cases and as second-line in 2 patients. Complete remission (CR) was achieved in 55% of patients, but in 22.5% of cases there were missing information about treatment response. Within the MALT lymphomas (9 patients), antibiotic therapy was the sole treatment in 4 patients. In 3 of those patients there was a response by GELA response criteria (2 residual responsive disease and 1 complete histological remission). Seven patients (17.5%) had confirmed relapse of the lymphoma, but none died. On the other hand, 4 patients died due to causes non-related to the lymphoma. The median follow-up was 35 months (range 1.3-194). **Discussion:** This cohort of PGL patients treated in Brazilian centers showed similar age and sex distribution compared to other cohorts of DLBCL. The population of the study were mainly of good prognosis, considering IPI, stage and presence of bulky disease. The CR rate was lower than expected from historical data. Patients with MALT lymphoma treated with antibiotics showed histological response in most cases, in line with the international literature. **Conclusion:** : The small sample size, short median follow-up and high proportion of cases with missing data are limitations of this study. The only deaths within the study period of observation were of causes non-related to lymphoma, even with 7 confirmed relapses. This points to an overall good prognosis, maybe related to the characteristics of the population.

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LINFOMA DE CÉLULAS T/NK EXTRANODAL SUBTIPO NASAL PRIMÁRIO DE TESTÍCULO: UM RELATO DE CASO

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Introdução: Os Linfomas de Células T/NK extranodal são um subtipo raro e agressivo de linfoma associado com o vírus Epstein-Barr, correspondendo a menos de 2% dos casos de Linfomas T. Sua prevalência é maior na Ásia e América Latina. A apresentação mais frequente se dá em trato aerodigestivo superior, sendo a cavidade nasal o sítio mais comum de envolvimento. Além desta região, sítios preferenciais incluem a pele, partes moles e testículos. **Apresentação do caso:** Aqui reportamos o caso do paciente R.P.S, 26 anos que apresentava história de aumento de volume testicular associado a sinais flogísticos bilateralmente além de perda ponderal de 8Kg nos últimos 4 meses. Foi submetido em julho de 2023 inicialmente à orquiectomia unilateral cuja análise imunohistoquímica foi positiva para os marcadores CD3, CD4, CD5, CD8, TIA1, Granzyma B e BCL-2. O estadiamento por Tomografias com contraste sugeria doença apenas em testículos, sendo estadio IEB pela classificação Ann Arbor. Programou-se inicialmente tratamento local com radioterapia. No entanto, a presença de testículo contralateral acometido levou à volumosa progressão local de tumoração e deiscência de ferida operatória. A fim de reduzir risco de infecção secundária, instituiu-se COP citorredutor até cicatrização completa e seguiu-se tratamento com protocolo SMILE por 4 ciclos. Paciente evoluiu clinicamente favorável, com cicatrização completa de orquiectomia e segunda abordagem para ressecção higiênica e avaliação ao final de tratamento por PET CT com FDG evidenciou resposta completa. No entanto, após 6 meses livre de tratamento, houve recidiva de doença em pele com lesões nodulares difusas principalmente em membros inferiores, que progrediram rapidamente para nódulos com ulceração central além de grande acometimento de estado geral. Foi submetido a protocolo de resgate GDP e aguarda no momento avaliação de resposta. Caso atinja segunda remissão, será encaminhamento para avaliação de consolidação de tratamento com transplante de medula óssea. **Discussão:** Os linfomas de células T-NK Extranodal subtipo Nasal ocorre mais frequentemente em adultos com mediana de idade entre 44 a 54 anos. A frequente associação com Vírus Epstein-Barr sugere o papel patogênico deste vírus e a quantificação da carga de DNA viral é um biomarcador fidedigno de carga tumoral. Há associação da manifestação testicular com maior agressividade de comportamento e frequentemente refratariedade ou progressão precoce. O estadiamento por Tomografia Computadorizada com emissão de pósitrons (PET-CT) é muito útil pela avidez deste subtipo de Linfoma ao FDG. Para a correta definição de linfoma NK não nasal primário testicular, deve-se associar PET CT à biópsia de orofaringe, visto que é amparado em literatura que a maioria, senão todos, os casos de Linfoma T/NK extranodal são associados à manifestação nasal oculta inicial. O tratamento

nos estadiamentos iniciais, I e II, inclui quimioterapia associada a radioterapia em sequência. Os protocolos contendo L-asparaginase são os mais eficazes. O transplante de medula óssea está indicado nos casos avançados ou recidivados após remissão. **Conclusão:** Foi relatado um caso com manifestação testicular de linfoma de células T/NK nasal. A despeito do estadiamento inicial, o tratamento envolveu terapia sistêmica avançada devido às complicações pós cirúrgicas o impossibilitando de submeter-se à radioterapia sequencial. Caso haja segunda remissão, o transplante de medula pode ser consolidação viável.

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CLINICAL PROFILE AND SURVIVAL IN PATIENTS WITH HIGH-GRADE NON-HODGKIN LYMPHOMA

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Objectives: This study aims to compare clinical parameters and outcomes between patients with high grade non-Hodgkin lymphomas undergoing intensive chemotherapy schedules. **Material and methods:** This cross-sectional study included patients diagnosed with High grade non-hogdkin lymphomas (HGNHL) and Burkitt's lymphoma (BL) treated at Hospital Geral de Fortaleza. The treatment regimen was R-CODOX-M/R-IVAC. Data were collected on various clinical parameters, including age, time to chemotherapy, haemoglobin (Hb), white blood cell count (Wbc), neutrophils (Neut), lymphocytes (Linf), platelet count (Plaq), creatinine (Cr), urea (Ur), and lactate dehydrogenase (LDH). Variables were summarised using medians and interquartile ranges (IQR). Comparisons between groups were evaluated using non-parametric tests, specifically the Mann-Whitney U-test, with p-values < 0.05 considered statistically significant. Overall survival (OS) was assessed using the Kaplan-Meier method, with a 95% confidence interval and p-values < 0.05 deemed statistically significant. **Results:** Between 2021 and 2024, 11 patients were diagnosed with high-grade non-Hodgkin lymphoma. The median age of the patients was 26 years, with an interquartile range (IQR) from 25.0 to 44.5 years. The time from diagnosis to admission at the Hospital Geral de Fortaleza (Time_dx_to_hgf) varied considerably, with a median of 19 days and an IQR from -10.5 to 36.5 days, indicating a wide range of delays and some instances of early intervention. The time from diagnosis to the initiation of treatment (Time_dx_treat) had a median of 48 days, with an IQR from 29.5 to 66.5 days, reflecting the varied timelines in starting therapy. The number of hospitalisations (N_internation) had a median of 3, with an IQR from 2.00 to 4.50, indicating the frequency of inpatient care required for these patients. The follow-up time in months (Time_months) showed a median of 9.33 months, with an IQR from 5.38 to 15.7 months, highlighting the duration over which these patients were monitored. The OS was 27.5% in two years, with no difference between HIV positive patients (p-value > 0,05). **Discussion:** The analysis reveals significant variability in clinical presentation and timing of treatment among patients with high-grade non-Hodgkin lymphoma and Burkitt lymphoma. Despite the urgent need for prompt intervention in these high-proliferative lymphomas, the median time to treatment initiation was 48 days, suggesting delays that could negatively impact outcomes. The overall survival rate of 27.5% at two years underscores the aggressive nature of these diseases. The lack of significant differences in survival between HIV-positive and HIV-negative patients indicates that timely and intensive treatment is crucial for all patients, regardless of HIV status. The study highlights the necessity for immediate and aggressive therapy to improve survival rates in these high-grade lymphomas. **Conclusion:** There are considerable variability in clinical presentation and timing of treatment among patients with high-grade lymphoma and Burkitt lymphoma. The time to iniate treatment was extremely harmful and this group of high proliferative lymphoma must start intensive treatment as soon as possible.

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LINFOMA DIFUSO DE GRANDES CÉLULAS B EM PACIENTE COM HISTÓRICO DE PÚRPURA TROMBOCITOPÊNICA TROMBÓTICA – RELATO DE CASO

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Objetivo: Relatar caso de paciente com diagnóstico de Linfoma Difuso de Grandes Células B (LDGCB) com histórico de Púrpura trombocitopênica trombótica (PTT). **Relato de caso:** Paciente do sexo feminino, 44 anos, com diagnóstico de PTT em 2016. Realizou diversos tratamentos, sendo eles: plasmaférese (total de 37 sessões, primeira em 01/12/2016 e última em 13/01/2017), vincristina, N-acetilcisteína, prednisona (término em fevereiro de 2017) e Rituximabe (total de 4 aplicações de 100 mg, última em 19/01/2017). Em remissão desde 15/01/2017 e mantendo consultas anuais no Hemocentro/Unicamp. Em maio de 2024, relatou surgimento de linfonodomegalias em região cervical e inguinal, associado a dor torácica aos esforços e disfagia. Realizou tomografias de tórax e abdome, que identificaram adenomegalias mediastinais, inguinais, em cadeias ilíacas, além de massa mal delimitada em cabeça de pâncreas. Evoluiu com perda ponderal de 15 kg, edema facial (tratado como reação alérgica), estridor laríngeo e tosse seca. Nova tomografia confirmou compressão traqueal por linfonodos mediastinais. Biópsia de linfonodo inguinal esquerdo compatível com Linfoma Não Hodgkin Difuso de Grandes células B (CD20 positivo difuso, CD3 positivo em linfócitos pequenos, Bcl6 positivo focal em menos de 30% das células, MUM1 positivo em parte da neoplasia, Bcl2 positivo difuso na neoplasia, Ki67 positivo em cerca de 90% da