of chronic itching. Skin biopsy diagnosis was lichen planus. Further skin biopsies done in the year 2023 established mycosis fungoides with patch-stage disease. Thereafter, the disease evolved to involve lymph nodes within a year. Excisional biopsies of these lymph nodes showed dermatopathic lymphadenopathy, which later was transformed into T-cell lymphoid neoplasia indicating transformation into PTCL-NOS. Immunohistochemical analysis showed positivity for CD3+, CD4+, CD7+, GATA3+, and Ki-67 expression. CD30 was negative. In spite of first-line therapies administered, such as photopheresis, methotrexate, and PUVA, the disease further progressed, as indicated in the PET-CT scan with increased metabolic activity in multiple lymph nodes and cutaneous thickening. The patient was initiated with romidepsin—a histone deacetylase inhibitor—on salvage therapy for PTCL. The current follow-up represents clinical stability, with no development of new lesions or disease progression. **Discussion:** The case serves to underline the complex evolution as seen from mycosis fungoides to systemic PTCL and challenges in the management of refractory disease. Use of romidepsin underlines the potential of epigenetic therapies in the treatment of advanced T-cell lymphomas, especially in relapsed or refractory states. The patient's journey underlines the importance of early diagnosis, a multidisciplinary approach, and adaptive treatment strategy in the management of these aggressive lymphomas.

Keywords: Peripheral T-Cell Lymphoma, Mycosis Fungoides, Romidepsin, Epigenetic Therapy, PET-CT.

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INNOVATIVE MANAGEMENT OF REFRACTORY CLASSICAL HODGKIN LYMPHOMA WITH ATYPICAL HEPATIC PRESENTATION: A CASE STUDY

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Introduction: Classical Hodgkin Lymphoma (cHL) typically manifests through swollen lymph nodes, yet unusual cases do arise with atypical presentations. This report focuses on the management of a challenging case of refractory cHL, where the disease initially presented in the liver. The case underscores the effectiveness of a customized, multimodal treatment strategy. **Case Report:** A 59-year-old man was diagnosed with stage 4A cHL after a liver biopsy confirmed the disease. His initial PET-CT scans showed extensive involvement, with spread to cervical lymph nodes, nasopharyngeal and oropharyngeal regions, as well as diffuse splenic activity. The patient underwent six cycles of ABVD chemotherapy, but follow-up PET-CT scans revealed disease progression, confirming primary refractory status. Subsequently, he was given salvage therapy with BV-DHAP, followed by high-dose chemotherapy and an autologous stem cell transplant (ASCT). Post-ASCT PET-CT scans demonstrated a significant metabolic response, with near-complete resolution of previous lesions, though splenomegaly persisted. Currently, the patient is undergoing maintenance therapy with brentuximab vedotin and has completed seven cycles successfully. **Discussion:** This case illustrates key challenges in the treatment of refractory cHL, particularly with atypical liver involvement, stressing the importance of considering lymphoma in cases of unexplained liver lesions. When the standard ABVD regimen failed, prompt initiation of aggressive salvage therapy was crucial in halting disease progression. The role of serial PET-CT imaging was pivotal in monitoring treatment effectiveness and guiding further clinical decisions. The tailored combination of salvage chemotherapy, ASCT, and maintenance with brentuximab vedotin showcases the evolving strategies in handling refractory cHL. Despite a significant overall response, the persistence of splenomegaly post-ASCT highlights the need for vigilant follow-up. This case emphasizes the potential for successful remission in refractory cHL through personalized, comprehensive treatment approaches, while also recognizing the need for continued exploration of emerging therapies.

Keywords: Classical Hodgkin Lymphoma,Refractory cHL, Hepatic Involvement, Autologous Stem Cell Transplant, Personalized Treatment.

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MULTIPLE MYELOMA IN A PATIENT WITH SJOGREN'S SYNDROME: A CASE REPORT OF DIAGNOSTIC AND THERAPEUTIC CHALLENGES

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Introduction: MM is a hematologic malignancy characterized by the proliferation of a clone of plasma cells that ultimately causes organ damage and the production of abnormal proteins. Sjögren's syndrome rarely coexisted with MM, a chronic autoimmune disease affecting exocrine glands and presenting very unique diagnostic and management challenges to the physician. This case illustrates the therapeutic journey of a patient with coexisting MM and Sjögren's syndrome and points out the importance of care provided in a multidisciplinary fashion. **Case Report:** A 64-year-old female patient with a history of hypertension for 14 years and prostheses of both hips was referred to the rheumatology department with

dry eyes and joint pains. The presence of anti-SSA antibodies and diminished results of the Schirmer test supported the diagnosis of Sjögren's syndrome; thus, hydroxychloroquine and prescription of artificial tears were started. Symptomatic treatment was begun because the development of albumin and total protein inversion suggested plasma cell dyscrasia. Further work-up for immunofixation electrophoresis and bone marrow biopsy confirmed IgG lambda-positive MM. She was subsequently treated with VRD (bortezomib, lenalidomide, and dexamethasone), followed by an autologous BMT in May 2024. Post-transplant maintenance was given with lenalidomide. She also developed sensory neuropathy, which was managed with pregabalin, with no recurrence of MM on follow-up. **Discussion:** The case epitomizes the complex diagnostic interplay between MM and Sjögren's syndrome. Symptoms of fatigue and protein abnormalities can easily be attributed to an autoimmune condition, with a delayed diagnosis of MM. Multidisciplinary collaboration has been critical for management of comorbidities and assurance of timely diagnosis. The patient responded well to BMT and maintenance therapy, proving personalized care. Furthermore, long-term treatment shows the necessity of monitoring drug-induced neuropathy. This case report adds to the growing awareness of rare concomitant autoimmune disorders and hematologic malignancies, with a reminder for vigilance in complex presentations and the delivery of adaptive multidisciplinary care.

Keywords: Multiple Myeloma, Sjögren's Syndrome, Bone Marrow Transplantation, Lenalidomide, Neuropath.

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PRIMARY PALATAL ALK-NEGATIVE ANAPLASTIC LARGE CELL LYMPHOMA: RARITY TREATED SUCCESSFULLY WITH BRENTUXIMAB VEDOTIN

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Introduction: ALCL is an extremely rare T-cell non-Hodgkin lymphoma subtype made up of CD30-positive tumor cells, which are very aggressive. Though it most frequently involves lymph nodes and skin, less frequently, it affects other organs as well. Primary oral involvement, particularly of the palate, is highly uncommon. The paper reports a peculiar case of localized primary ALK-negative ALCL of the palate in a 73-year-old female patient treated successfully with brentuximab vedotin, pointing to the importance of identifying atypical presentations. **Case Report:** A 73-year-old female with a history of presenting a painless ulcer on her palate, which did not heal with local treatments for two months, presented to the otolaryngology clinic and underwent an incisional biopsy. Histopathological findings showed large atypical lymphoid cells with prominent nucleoli, consistent with ALCL. Immunohistochemical staining was positive for CD30 and negative for ALK; in addition, Epstein-Barr virus testing returned negative. PET-CT showed localized uptake of FDG in the palate, SUVmax 8.5, with no significant lymphadenopathy and no systemic involvement. Bone marrow biopsy showed normal hematopoiesis with no evidence of infiltration. The patient was diagnosed with primary breast ALK-negative ALCL and started on brentuximab vedotin. The patient went into complete remission after three cycles of therapy with no residual disease evident on follow-up imaging. **Discussion:** This case illustrates the need to consider ALCL in the differential diagnosis of atypical sites, such as the palate, when lesions fail to respond to conventional therapy. Early biopsy and a wide panel of immunohistochemical tests are crucial for accurate diagnosis. Due to the high recurrence rates as well as poor prognosis associated with ALK-negative ALCL, highly active targeted therapies include brentuximab vedotin. The complete remission attained in this patient underlines the promise of personalized therapies in dealing with rare malignancies. Awareness of such atypical presentations may help in early diagnoses and improve patient outcomes. This case further stresses that management of lymphoma with such unusual presentations may be effectively accomplished using an interdisciplinary approach.

Keywords: anaplastic large cell lymphoma, ALK-negative, CD30, brentuximab vedotin, palatal lymphoma.

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PRIMARY EXTRAMEDULLARY PLASMACYTOMA OF THE LYMPH NODES

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Introduction: Extramedullary plasmacytomas are rare malignant neoplasms that can arise in various organs; however, lymph node involvement is uncommon. The cervical lymph nodes are most frequently affected. We present the case of a 68-year-old female diagnosed with a primary extramedullary plasmacytoma involving multiple lymph nodes, primarily in the cervical region. **Case Report:** A 68-year-old female patient presented with a one-month history of progressive enlargement and painful swelling of the right subclavicular and cervical areas. Imaging revealed pathological lymphadenopathy, and excisional biopsy was performed from the right cervical level 5 lymph node. Histopathological analysis confirmed the diagnosis of a plasmacytoma. A subsequent bone marrow biopsy revealed normocellular marrow without any evidence of infiltration. Positron emission tomography-CT staging