demonstrated further lymph node involvement in the right cervical, subclavicular, supraclavicular, axillary, and mediastinal regions. **Discussion:** This case was classified as a primary extramedullary plasmacytoma of the lymph nodes, given the absence of multiple myeloma markers in the bone marrow and immunoelectrophoretic studies. Lymph node plasmacytomas are exceedingly rare, comprising approximately 2% of all extramedullary plasmacytomas. Clinically, these patients often present with localized masses and minimal systemic symptoms. While recurrence is possible, primary lymph node plasmacytomas rarely progress to multiple myeloma and are associated with a more favorable prognosis than other solitary extramedullary plasmacytomas. The distinct clinical behavior of these lesions suggests that they may represent a unique subset of plasmacytomas with a lower risk of transformation into multiple myeloma. Most patients respond well to surgical excision, with minimal risk of recurrence or progression, even in the absence of adjuvant therapy. Although some patients develop osseous plasmacytomas, none have progressed to multiple myeloma in reported series.

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MANAGEMENT OF CHEMOTHERAPY-RESISTANT GASTRIC DIFFUSE LARGE B-CELL LYMPHOMA: A CASE REPORT

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Introduction: Diffuse large B-cell lymphoma (DLBCL) is the most common subtype of non-Hodgkin lymphoma, often affecting extranodal sites like the stomach. While R-CHOP chemotherapy is the standard treatment, some patients fail to respond, requiring alternative approaches. In this report, we describe a case of gastric DLBCL in a 68-year-old man who became resistant to R-CHOP but achieved remission with R-DHAP. **Case Report:** A 68-year-old man came to the hospital with symptoms of persistent indigestion. After undergoing an endoscopic biopsy in October 2020, he was diagnosed with high-grade gastric diffuse large B-cell lymphoma. A PET-CT scan revealed a large mass in his stomach. He started R-CHOP chemotherapy, completing eight cycles. However, after five cycles, imaging showed remaining disease in the stomach, along with new lesions in the left lung. Despite ongoing treatment, a biopsy after the sixth cycle confirmed that the lymphoma was still active. The situation worsened—his disease had become resistant to R-CHOP. In response, his treatment shifted to R-DHAP chemotherapy. After just two cycles, an endoscopic biopsy revealed no active lymphoma, and only signs of chronic atrophic gastritis remained. PET-CT scans over the following months showed no recurrence of lymphoma. However, in March 2023, a PET-CT showed some hypermetabolic lymph nodes in the cervical region, but these had regressed significantly compared to previous scans. As of October 2024, the patient continues to be closely monitored and remains asymptomatic. **Discussion:** This case highlights the challenges faced when dealing with chemotherapy-resistant DLBCL. It emphasizes the need to pivot quickly to alternative therapies, like R-DHAP, when first-line treatments fail. The successful response in this patient demonstrates that adjusting treatment strategies can make a significant difference in outcomes. Additionally, it shows the importance of long-term follow-up, especially with extranodal lymphomas, where the risk of relapse is ongoing.

Keywords: Diffuse large B-cell lymphoma, R-CHOP, Chemotherapy resistance, R-DHAP, Gastric lymphoma.

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SYSTEMIC NODULAR SCLEROSING HODGKIN LYMPHOMA WITH UNUSUAL HEPATIC AND GASTRIC INVOLVEMENT: A CASE REPORT

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Introduction: Hodgkin lymphoma (HL) is typically known for presenting as enlarged lymph nodes, but occasionally, it takes an unexpected turn, spreading to less common locations. In this report, we dive into a rare case of nodular sclerosing Hodgkin lymphoma, where the disease had aggressively spread, invading the liver and stomach—locations rarely associated with HL. **Case Report:** A 40-year-old woman came to the clinic with persistent back pain, trouble walking, and noticeable weight loss. At first, these symptoms seemed to point to a spinal issue, prompting an L4 kyphoplasty. However, things quickly worsened, and her condition began to deteriorate. A PET-CT scan soon revealed troubling results—multiple areas of hypermetabolic activity across her lymph nodes and bones, which were now lighting up with disease. A biopsy of the inguinal lymph node confirmed the diagnosis: classical Hodgkin lymphoma, nodular sclerosing type. Treatment started with Brentuximab vedotin paired with the AVD regimen (Adriamycin, Vinblastine, and Dacarbazine), but complications arose. During therapy, she developed a painful perianal abscess,