escápulas, esterno, clavícula esquerda, esterno, arcos costais bilaterais e corpos vertebrais torácicos. Em serviço externo, realizada biópsia excisional de linfonodo cervical com diagnóstico inicial de Histiocitose de células de Langerhans. Após revisão, evidenciou-se neoplasia maligna sarcomatoide com expressão de marcadores de linhagem histiocitária ocupando cerca de 70% da amostra e LDGCB ocupando aproximadamente 30% do fragmento, com positividade difusa para os marcadores CD 43, CD20, PAX5 e CD79a, e negatividade para EBV. Instituídos 2 ciclos de R-CHOP para tratamento inicial de neoplasia hematológica, sem melhora do quadro clínico. Durante a internação a paciente apresentou Insuficiência Respiratória Aguda secundária à sepse de foco pulmonar, evoluindo a óbito. **Conclusão:** Descrevemos uma apresentação incomum de tumores de colisão constituídos por Sarcoma Histiocítico e LDGCB, com diagnóstico patológico difícil. Representam uma rara condição clínica, com escassa literatura a respeito do tratamento e prognóstico. Faz-se necessário a realização de mais estudos para elucidação de sua fisiopatologia e para compreensão do tratamento mais adequado.

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USE OF PHOTOPHERESIS THERAPY IN THE TREATMENT OF MYCOSIS FUNGOIDES WITH MEDULLARY INFILTRATE: CASE REPORT FROM A SPECIALIZED CENTER

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Introduction: Mycosis fungoides is a rare, slowly evolving lymphoproliferative neoplasm and a variant of cutaneous T-cell non-Hodgkin lymphoma that can present with medullary infiltration in advanced stages. Treating this condition is challenging, especially in patients with comorbidities who do not respond well to conventional therapies. Photopheresis therapy has emerged as an effective, well-tolerated, and immunomodulatory approach that is particularly useful in refractory cases. **Case report:** We present the case of a 62-year-old obese, diabetic, and dyslipidemic white female patient with a history of reduced mobility due to plantar hyperkeratosis with fissures and pain upon walking, as well as significant tooth loss, which led to low self-esteem, physical weakness, and emotional distress. Her condition began in 2007 with an initial diagnosis of generalized atopic dermatitis. She was treated with corticosteroids for nine years. Following several biopsies and a myelogram, cutaneous T-cell non- Hodgkin lymphoma/mycosis fungoides with medullary infiltration (Sézary syndrome) was confirmed. The patient was initially treated with interferon-alpha, but treatment was discontinued due to its unavailability. She then received chemotherapy using the CHOP protocol. In May 2022, she began weekly photopheresis therapy, totaling 48 sessions per year, in conjunction with brentuximab vedotin administered every 21 days for 16 cycles. After three months of treatment, significant improvements in symptoms were observed, including regression of pruritus, reduction of skin desquamation, improvement of atopic dermatitis, relief of plantar fissures and pain while walking, recovery of self-esteem, and improvement of physical and emotional weakness. Treatment was temporarily interrupted between October and November 2023 due to prolonged clinical hospitalization related to a Permcath catheter infection and congestive heart failure. Treatment resumed with a positive response and no serious complications. **Conclusion:** The presented clinical experience demonstrates the efficacy and safety of photopheresis therapy in treating advanced mycosis fungoides with spinal cord infiltration, particularly in patients with multiple comorbidities who have not responded to previous therapies. The significant improvement in cutaneous and systemic symptoms and quality of life reinforces the importance of an individualized therapeutic approach in specialized centers and contributes to advancing clinical practices in cutaneous lymphomas.

Reference:

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EFICÁCIA E TOXICIDADE DA TERAPIA COM CÉLULAS CAR-T EM PACIENTES IDOSOS COM LINFOMA DIFUSO DE GRANDES CÉLULAS B REFRATÁRIO: REVISÃO SISTEMÁTICA

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Introdução: O linfoma difuso de grandes células B (DLBCL) é o subtipo mais frequente de linfoma não Hodgkin agressivo, representando cerca de 30-40% dos casos. Apesar dos avanços no tratamento, aproximadamente 30% dos pacientes apresentam doença refratária ou recidivante após terapia de primeira linha. A terapia com células T com receptor de antígeno quimérico (CAR-T) emergiu como uma opção inovadora, direcionada contra o antígeno CD19, demonstrando respostas rigorosas em pacientes previamente sem