Lymphoma

OP 8

VITREORETINAL INVOLVEMENT IN NASAL CAVITY B-CELL LYMPHOMA: A RARE FORM OF RELAPSE

Songül Beskisiz Dönen *, Vehbi Demircan, Abdullah Karakuş, Mehmet Orhan Ayyıldız

Dicle Üniversitesi Tıp Fakültesi, Hematoloji Bilim Dalı

INTRODUCTION: Non-Hodgkin lymphomas are malignant neoplasms of lymphoid tissue, and a subset present with extranodal involvement. The head and neck region represents one of the clinically relevant localizations. Sinonasal B-cell lymphomas are a rare subtype, most often manifesting as diffuse large B-cell lymphoma (DLBCL), and typically show aggressive clinical behavior. Relapses most frequently involve cervical lymph nodes, the orbit, and the central nervous system. Ocular involvement is rare, usually presenting as orbital masses or ocular adnexal lymphoma. Vitreoretinal infiltration is even more unusual and has been described only infrequently. In this case report, we present an elderly male patient with nasal cavity B-cell lymphoma who developed relapse with vitreoretinal involvement, aiming to emphasize the diagnostic and therapeutic aspects of this rare condition. **CASE PRESENTATION:** A 71-year-old male was diagnosed three years earlier with nasal cavity B-cell lymphoma. Bone marrow biopsy at diagnosis showed no systemic involvement. He received four cycles of R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) and achieved complete remission. Three years later, he presented with decreased vision in the left eye. Orbital MRI showed tortuosity of the optic nerve and slight widening of the perioptic space (Figure 1). Cranial MRI revealed only age-related changes. Cytology and flow cytometry of vitreous fluid demonstrated CD20 and CD79a positivity with high proliferative activity, consistent with B-cell neoplasia. PET-CT revealed limited FDG uptake (SUVmax 5.02) in the anterior aspect of the left orbit (Figure 2), with no additional systemic involvement. Based on his disease history, systemic high-dose methotrexate combined with cytarabine and intrathecal therapy was initiated. Radiotherapy was also considered. He was referred to another specialized center for possible intravitreal chemotherapy. Despite systemic treatment, follow-up revealed that the patient had died. **DISCUSSION AND CONCLUSION:** Sinonasal B-cell lymphomas are uncommon, most often exhibiting DLBCL histology with aggressive clinical features. Relapses most frequently involve cervical nodes, orbital structures, or the central nervous system. Although orbital disease is recognized, vitreoretinal infiltration is exceedingly rare and has been reported in less than 5% of cases in large series. Diagnosis is challenging, as ocular involvement may present with non-specific symptoms such as visual impairment or vitreous opacities, requiring cytology, immunophenotyping, and immunohistochemistry of vitreous samples for confirmation. Therapeutic options include systemic high-dose methotrexate and cytarabine, with intrathecal therapy commonly added for central nervous system prophylaxis. Radiotherapy may contribute to local control in orbital disease. Intravitreal chemotherapy has also been described, most often with methotrexate, and rituximab has been used in selected cases. The prognosis of ocular involvement is poor, with median survival reported between 12 and 36 months and a high risk of central nervous system relapse. This case illustrates that vitreous infiltration may represent a relapse manifestation of sinonasal B-cell lymphoma and highlights the importance of careful evaluation of ocular symptoms in such patients.

https://doi.org/10.1016/j.htct.2025.106118

OP 9

THERAPEUTIC CHALLENGE IN HISTIOCYTIC SARCOMA: A CASE REPORT OF NIVOLUMAB ADDITION TO THE ICE PROTOCOL

Ali Turunç *, Berrak Çağla Şenol Arslan, Ayşegül Ezgi Çetin, Birol Güvenç

Cukurova University

Introduction: Histiocytic sarcoma (HS) is an exceptionally rare and aggressive hematopoietic malignancy, representing less than 1% of hematologic neoplasms [1]. No standardized therapeutic regimen exists; patients are often treated with lymphoma-like regimens such as CHOP or ICE, with limited efficacy and median survival of approximately six months [2,1]. Recent advances in molecular pathology have revealed recurrent BRAF^V600E mutations, ALK rearrangements, and PD-L1 expression, providing new diagnostic and therapeutic implications [3]. Case-based evidence suggests that PD-1 inhibitors may induce durable responses in select patients with PD-L1–positive HS [4,5]. **Case Presentation:** A 28-year-old male presented with abdominal pain and swelling. Imaging demonstrated a large intra-abdominal mass with peritoneal implants. Histopathology confirmed HS, positive for CD45, CD163, and CD14, with a Ki-67 index of 80%. Bone marrow biopsy was normocellular. Molecular analysis excluded BRAF and ALK alterations but demonstrated PD-L1 expression with a tumor proportion score (TPS) of 1–49% and a combined positive score (CPS) of 35%. The patient was started on ICE chemotherapy (ifosfamide, carboplatin, etoposide). Following biomarker analysis, nivolumab was introduced beginning with the second cycle. The treatment was well tolerated, and subsequent PET-CT demonstrated marked metabolic regression with clinical improvement. Follow-up abdominal imaging confirmed complete radiological response, with disappearance of the initially described mesenteric mass. **Conclusion:** Discussion HS poses a therapeutic challenge because of its aggressive course and lack of standardized therapy [2,1]. Conventional chemotherapy regimens have limited durability, and reported responses are often transient. The presence of PD-L1 expression provided a rationale for incorporating a PD-1 inhibitor, even at moderate expression levels, consistent with emerging literature [4]. Previous case reports have demonstrated clinical benefit from