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AIDS-related Burkitt's lymphoma presenting multiple nodules in the pancreas

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Abbreviations:

AIDS: acquired immune deficiency syndrome

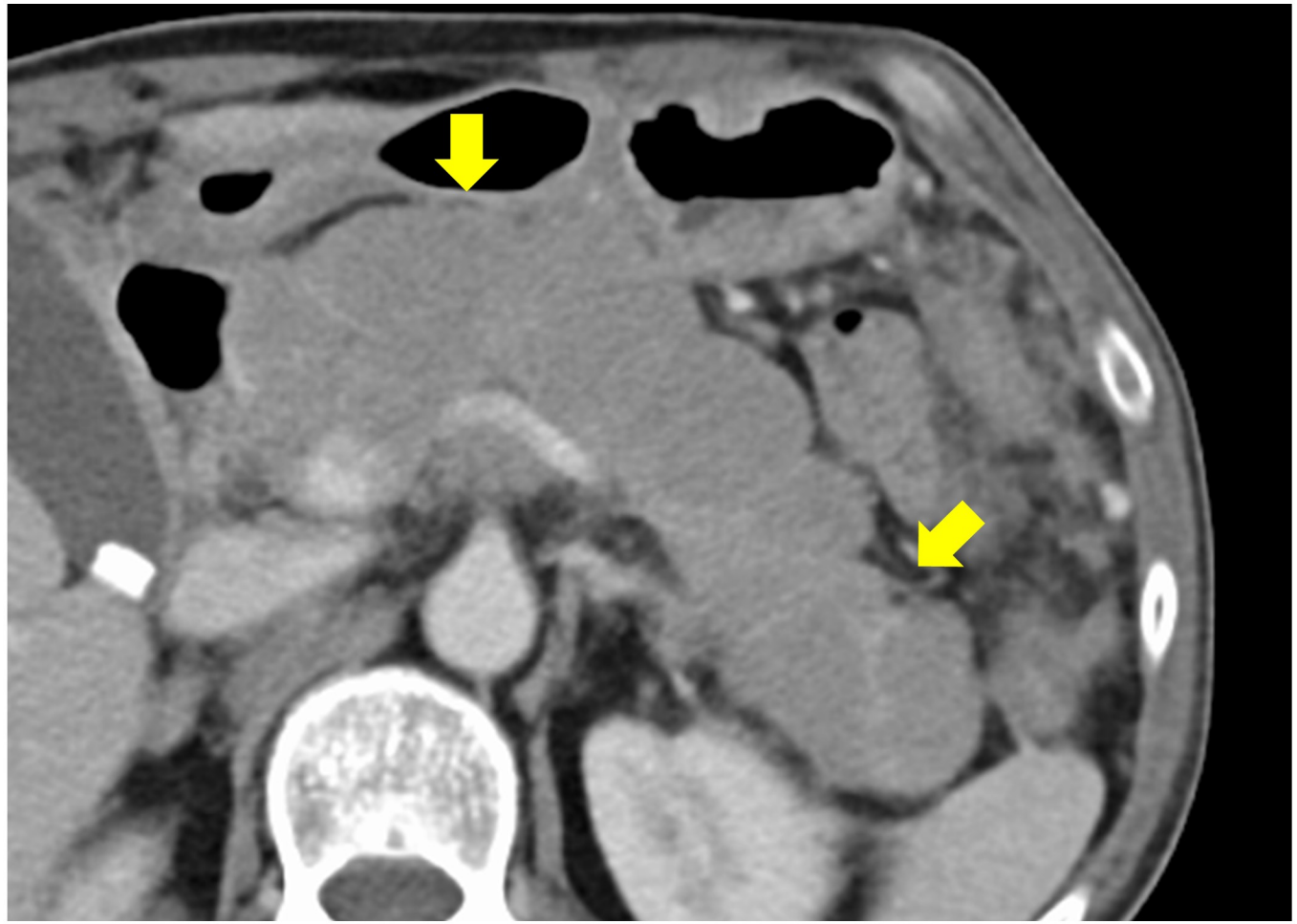
cART: combination antiretroviral therapy

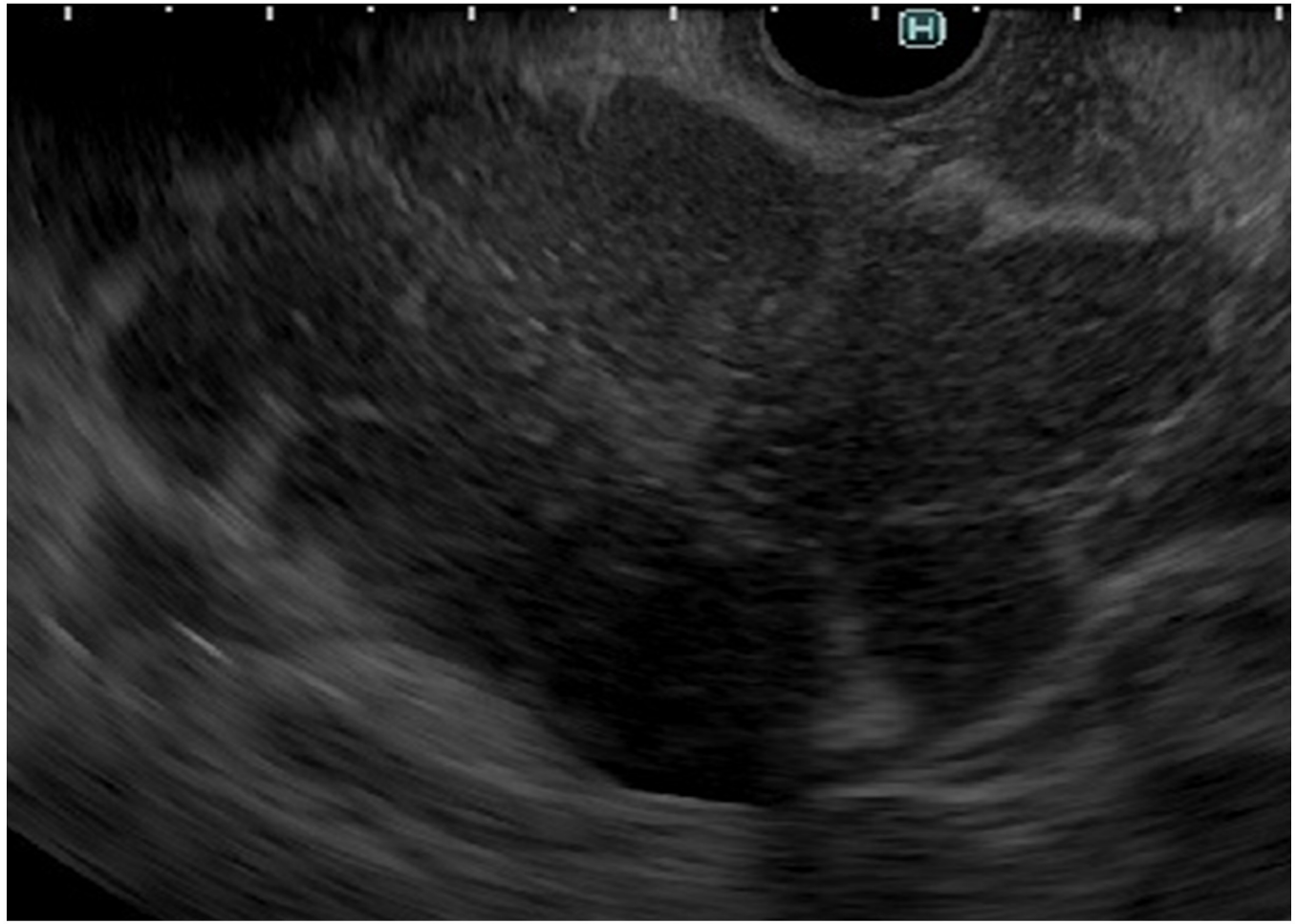
CT: Computed tomography

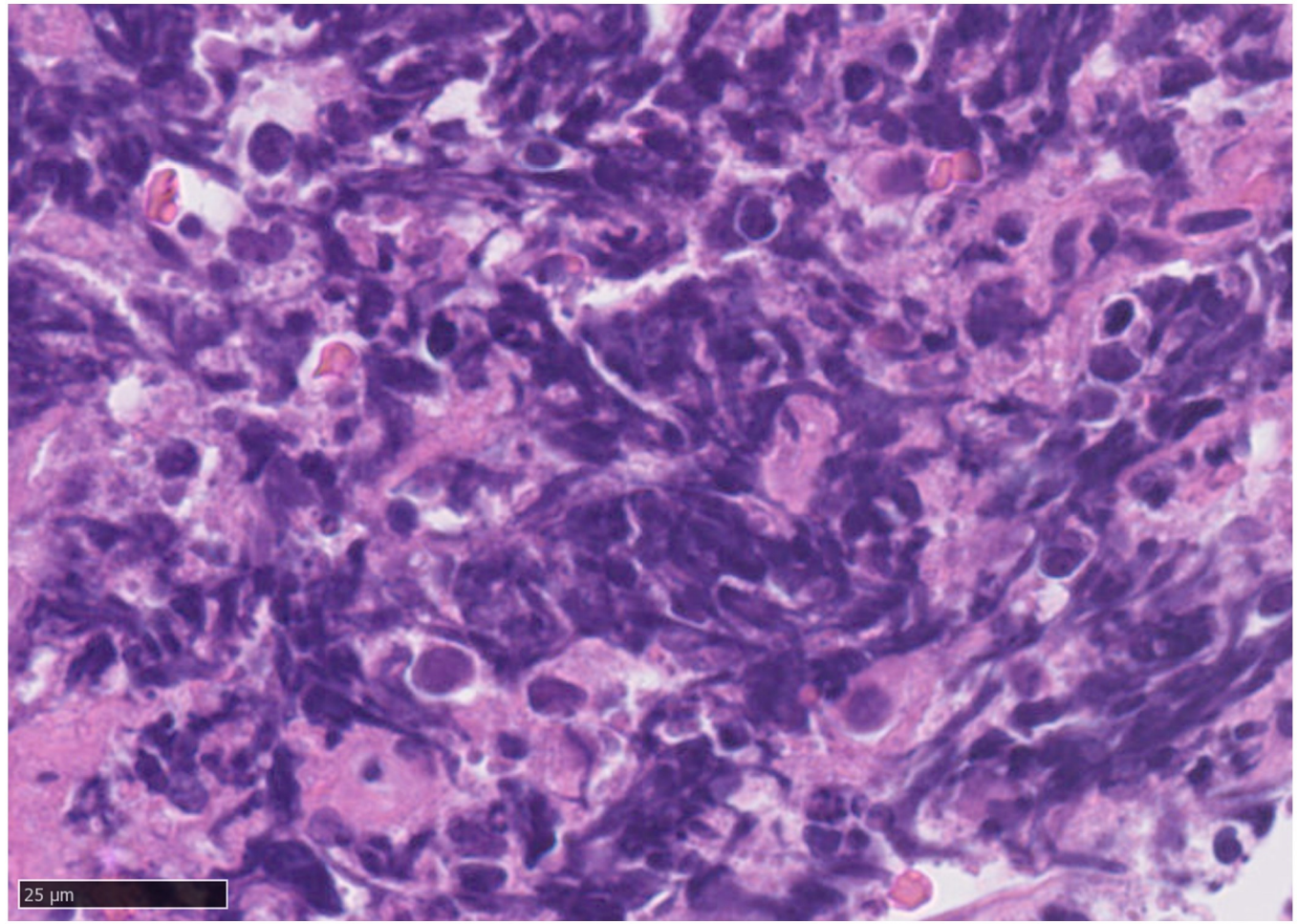
EUS: endoscopic ultrasonography

sIL-2R: soluble interleukin-2 receptor

A 60-year-old man being treated with combination antiretroviral therapy (cART) for acquired immune deficiency syndrome (AIDS) with suspected pancreatic tumor on computed tomography (CT) was referred to our department. He had general malaise, but no other symptom. Laboratory data were as follows: leukocyte count 1700 /μL (normal range, 3300–8600 /μL), CD4 cell count 86 /μL, lactate dehydrogenase 838 U/L (124–222 U/L), pancreatic amylase 123 U/L (16–52 U/L). Serum soluble interleukin-2 receptor (sIL-2R), used as a diagnostic and prognostic marker for malignant lymphoma, was 2739 U/mL (121–613 U/mL). Abdominal contrast-enhanced CT revealed multiple hypo-vascular nodules in the entire pancreas (Figure A). Endoscopic ultrasonography (EUS) revealed multiple hypoechoic nodules in the entire pancreas (Figure B). EUS-guided fine needle aspiration biopsy from the pancreatic nodule was performed. Histological examination revealed the infiltration of malignant lymphocytes (Figure C). These atypical lymphocytes were positive for CD20, CD10, BCL-6, and negative for BCL-2. Ki-67 displayed a proliferation index >95%. FISH showed c-MYC gene rearrangement. Based on these findings, the diagnosis was AIDS-related Burkitt's lymphoma (BL). CHOP (cyclophosphamide, hydroxydaunorubicin, oncovin and prednisone) chemotherapy was started with continued cART. He had a complete response and was still alive with no sign of recurrence at 9 months after chemotherapy (Figure D).



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