■ S-451 ■

Rectal Large B cell lymphoma after use of mesalazine and thiopurine treatment in Ulcerative colitis

Division of Hematology and Oncology, Department of Internal Medicine,
Soonchunhyang University Seoul Hospital, Seoul, Korea

*Jae Hee Han, Kyoung Ha Kim, Nam Su Lee, Jong-Ho Won, and Hee Sook Park

Colorectal cancer or Malignant intestinal lymphoma after treatment ulcerative colitis has been reported. Association with Colorectal cancer and Ulcerative colitis are more clear than it between lymphoma and Ulcerative colitis. Although it is controversial that relationship between lymphoma with Ulcerative colitis after immunosuppressive treatment or not, there are many cases reported lymphoma after immunosuppressive treatment for UC using thiopurine or anti-tumor necrosis factor. We report a case of malignant lymphoma after immunosuppressive treatment with 10 years Ulcerative colitis. A 62-year-old woman was diagnosed with ulcerative colitis and treated with mesalazine, prednisone, for 7 years and with azathiopirine for 3 years. Total proctocolectomy and ileostomy was performed due to rectal perforation. The resection specimen contained an area of Diffuse large B-cell lymphoma (DLBCL) and identified as positive for CD20 and CD30 and negative for CD3. Bone marrow biospy was done and bone marrow involvement is negative. 1 month after operation, we started R-CHOP therapy and 2nd cylce was done.

■ S-452 ■

Highly intensive chemotherapy and HAART-treated patient with HIV-associated Plasmablastic lymphoma

Department of Internal Medicine, Chungbuk National University Hospital

*Ji-won Jeong, Yeong-min Oh, Keun-mo Kim, Sung-Nam Lim, Hye-Suk Han, Ki Hyeong Lee,
Hye-Won Jung, Seung Taik Kim

Plasmablastic lymphoma (PBL) is a very aggressive variant of diffuse large B-cell lymphoma initially described in the oral cavity of human immunodeficiency virus (HIV)-infected individuals. PBL has a poor prognosis with a high rate of relapse and death. It is important to note that there is no established standard of care for PBL as it is unknown if the outcome of patients with PBL has improved in the highly active antiretroviral therapy (HAART) era. In a recent study of patients with HIV-positive PBL treated with chemotherapy, the use of HAART was associated with a statistical trend toward improved survival. We report a case of PBL in a stomach of a 44-year-old man with HIV infection. The patient was diagnosed with HIV infection 1 month previously and received gastroscopy with epigastric pain. On gastroscopy a friable ulcerofungating mass was observed and biopsy showed a large cell lymphoma with plasmacytic differentiation with diffusely positive for CD79a, CD138, and CD10 and partially positive for CD38. Based on these findings, a diagnosis of stage IE PBL was made. He was treated with highly intensive chemotherapy (ESHAP: etoposide, methyprednisolone, cytarabine, and cisplatin) and highly active HAART concurrently. After 2 courses of chemotherapy a complete remission (CR) was achieved and 2 courses of consolidation treatment was administered consecutively. Therapy-related toxicity was tolerable, however G-CSF was used to recovery hematologic toxicity, especially grade 3 to 4 neutropenia. The patient has remained in CR for 16 months after high intensity chemotherapy. An important aspect of the initial treatment of PBL is the use of chemotherapy. In this case we used more intensive regimen compared to conventional CHOP/CHOP-like regimen with HAART. Considering poor survival of CHOP chemotherapy, HAART with highly intensive chemotherapy are recommended.