

# Precursor B- Cell Lymphoblastic Lymphoma:

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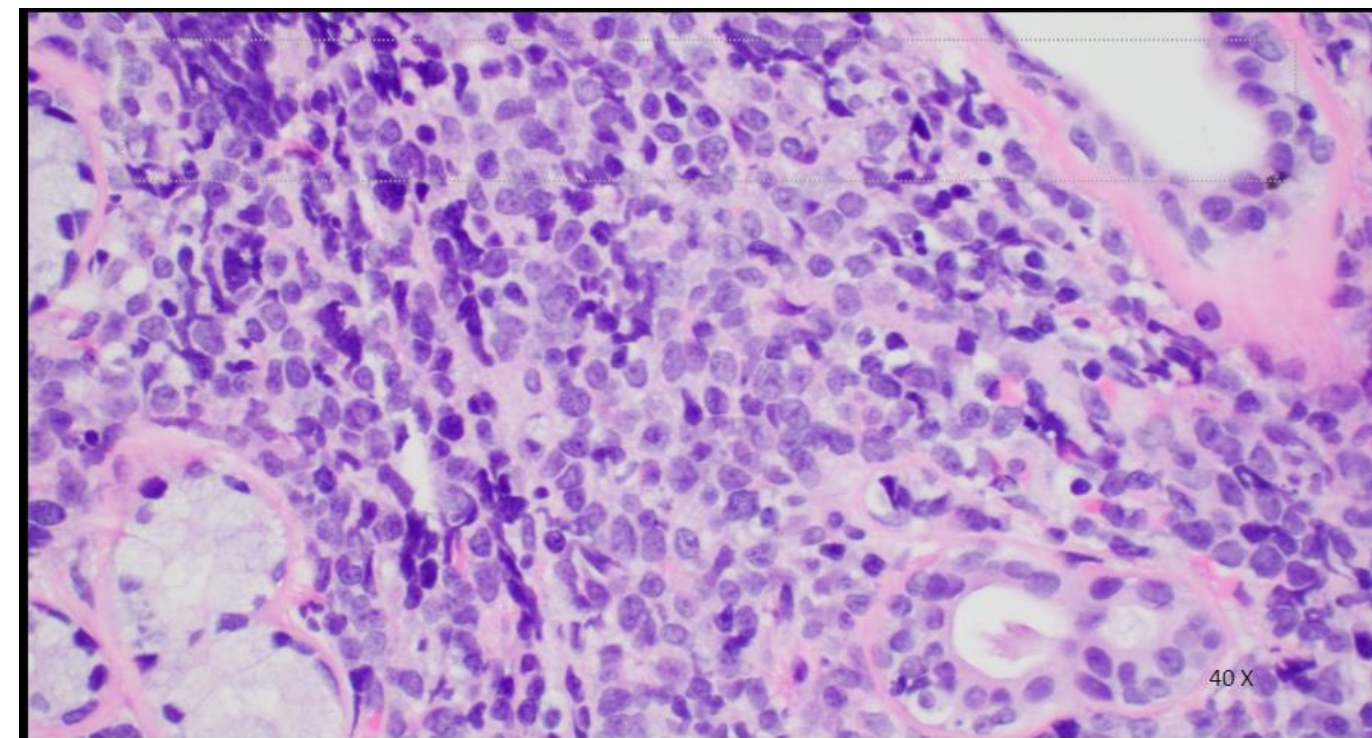
## Introduction

- Precursor B- cell Lymphoblastic Lymphoma (B-LBL) is a high grade malignancy characterized as neoplasm of precursor cells committed for B cell lineage.
- It is a rare subtype of non-Hodgkin Lymphoma and consists of about 10% of lymphoblastic lymphoma cases.
- Involvement of the oral cavity in middle aged woman is especially rare.

## Presentation

- 62 year old female with past medical history of Stage IIIB left breast cancer pT2N3a ER/PR positive, Her 2 neu negative s/p left lumpectomy with axillary node dissection s/p AACD, Abraxane, radiation to left breast on letrozole presented initially with left jaw swelling.

Figure 1. Left Posterior Mandibular biopsy demonstrates atypical lymphoid cells infiltrating into tissue parenchyma.



## Work-Up

- CAT scan of the neck demonstrated lesion in the left body of the mandible and mandibular symphysis.
- She underwent direct laryngoscopy with left mandibular biopsy, and pathology revealed aggressive B- cell lymphoma
- Immunohistochemistry (IHC) from biopsy was positive for PAX5, CD10 and TdT and negative for CD20.
- Based on morphological and phenotypic profile, B- lymphoblastic lymphoma was diagnosed.
- Bone marrow biopsy was negative for lymphoma.
- Staging with PET scan showed new uptake in thoracic and lumbar vertebra as well as in spleen.
- Repeat mandibular and lumbar spine biopsy with CT guidance revealed similar findings
- Molecular study (FISH) is positive for mutation for BCR-ABL.



Figure 2. CAT scan of the neck which demonstrated a destructive lytic lesion in the left body of the mandible and mandibular symphysis (5.5 x 3.9 x 3.9 cm). The mass was noted to distort the buccal and lingual cortical margins of the mandible. There was increased density in the fat of the left retromolar trigone.

## Outcome

Patient has completed 4 cycles of Hyper CVAD with intrathecal chemotherapy. However due to an increase in side effects, dosage was reduced. Patient is beginning stem cell transplant evaluation at Upenn.

## Discussion

- This case highlights a unique presentation of B-LBL in a different demographic with a rare presentation.
- B-LBL is typically suspected in a child with painless lymphadenopathy in the setting of unexplained cytopenias, fatigue, infections, easy or spontaneous bruising/bleeding.

## Conclusion

It is rare for B-LBL to present in the oral cavity without blood or bone marrow involvement. This case emphasizes the importance of recognizing rare presentations of aggressive malignancies.

## References

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