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Primary Mediastinal T-Cell Lymphoma in Pregnancy

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Lymphoblastic lymphoma (LL) is a rare disease, comprising about 2% of all Non-Hodgkin lymphomas (NHLs) in adults. It is a highly aggressive subtype of lymphoma. The estimated general incidence of NHL during pregnancy is 8/1.000.000 pregnancies. Thus LL during pregnancy is an extremely rare event. We present mediastinal LL case of a 21 year old 21 weeks pregnant patient (at the admission). The patient presented to our clinic with a month history of progressive shortness of breath that had gradually worsened during this period of time. She also reported a dry cough and orthopnea. She denies chest pain, hemoptysis and fever. She doesn't smoke and has no past medical history. Hematologic parameters were as follows: white blood cell count, 9030/uL with granulocytes and lymphocytes in a proportion of 72% and 22%, respectively; hemoglobin, 12g/dl; platelet, 242000/uL; erythrocyte sedimentation rate, 75mm/h, and serum LDH level, 276mg/dL. On physical examination, she was tachypneic with a respiratory rate of 26 breaths/min and pulse rate 102 breaths/min. Her oxygen saturation was 96% on room air. External jugular veins on the both sides of neck were visible in the inspection. Breath sound was decreased in the right basal lung compatible with pleural effusion but no adventitious sounds. Chest computed tomography revealed a 10 12 12.5cm anterior mediastinal mass predominantly located on the right side of the median line which caused a shift effect and displaced mediastinal structures. Superior vena cava (VC), inferior VC, right pulmonary artery and right main bronchus were compressed. Pericardial 7mm and right pleural 4mm effusion was detected. At the level of right subclavicular fossa multiple small lymph nodes, smaller than 1cm were observed. In addition to this, the lymph node of 12mm in the short axis is depicted on the right side of the pectoral muscle. Transthoracic biopsy with core cutting needle was performed and revealed a T-Cell Lymphoblastic lymphoma. Pregnancy is a unique physiologic state involving the complex interplay of anatomic, functional, and endocrine changes, in which clinical and laboratory findings may mimic hematologic malignancy. It can be extremely difficult during early stages to differentiate pregnancy-related physiologic changes from the subtle, early signs of an evolving acute malignancy, and this mimicry may delay a cancer diagnosis. Non-Hodgkin's lymphoma during pregnancy is quite rare and often has a poor prognosis. Among these, LL is one of the rarest and its prognosis is poor. We present this case because it is a very rare entity.

Keywords: Lymphoblastic lymphoma in pregnancy, mediastinal mass in pregnancy, non-hodgkin lymphoma in pregnancy