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Primary Extra-nodal Non-Hodgkin Lymphoma (excluding Gastrointestinal Lymphoma, Testicular and primary CNS lymphoma)-A case Series.

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1. INTRODUCTION

Primary extranodal non-Hodgkin lymphoma (NHL) is a rare disease contributing 5% of all NHL. Our aim isto describe the clinical presentation of extranodal lymphoma at various sites with focusing treatment aspect

2. MATERIAL AND METHODS:

From July 2023 to June 2025, total 25 cases of extra nodal NHL(excluding GI lymphoma) were retrospectively analysed.

3. RESULTS:

Median age at presentation of our patients was 45 yrs.48%(n=12) were males and 52%(n=13) were females. Common extranodal sites were orbit16%(n=4),thyroid12%(n=3),nasopharynx12%(n=3),tongue8% (n=2),bone8%(n=2).Other uncommon sites were liver,kidney,arm,softpalate,ovary,paraspinal area, parotid,scalp,trachea,pancreas,leg.Most of cases presented with mass (90%) without B symptoms. Most common histology were B NHL12%(n=3),DLBCL48%(n=12), MALToma 16%(n=4),Burkitt lymphoma8%(n=2),ALCL4%(n=1),SLL4%(n=1),T NHL4%(n=1),GZL4%(n=1). Majority of NHL patients (68%) treated with CHOP based chemotherapy with or without Rituximab. Some of the high grade NHL treated with aggressive protocols like BFM-90, LMB-89.Overall response rate 88% (complete remission-80%,partial response-8%) nonevaluable in 12% of cases.One of the burkitt's lymphoma patient relapsed after 1 yr and died.3 patients died due to febrile neutropenia related complications

S.No	Age	Gender	Site	Diagnosis	Treatment	Follow up
1	54	F	Thyroid	DLBCL	RCHOP	Alive in CR at 16months
2	55	F	Tongue	DLBCL	RCHOP	Alive in CR at 12 month
3	63	M	Kidney	Gray zone lymphoma	RCVP	Died at 4 months-FN
4	59	M	Orbit	DLBCL	RCHOP	Lost to follow up 3 months
5	57	F	Ovary	DLBCL	RCHOP	Alive in CR at 18 months
6	55	F	Liver	DLBCL	RCHOP	Alive in CR at 14 months
7	55	F	Thyroid	DLBCL	RCHOP	Alive in CR at 15 months
8	20	M	Pelvic bone	DLBCL	RCHOP+RT	Alive in CR at 14 months
9	77	F	Leg	DLBCL	CVP	Lost to follow up 3 months
10	65	M	Tongue	DLBCL	RCHOP	Died at 5 months-FN
11	7	M	Trachea	B cell NHL	LMB-89	Alive in CR at 18 months
12	45	M	Orbit	DLBCL	RCHOP	Alive in CR at 22 months
13	40	F	Nasopharynx	DLBCL	CHOP	Alive in CR at 24 months
14	52	F	Nasopharnyx	T cell NHL	CHOP	Alive in CR at 15 months
15	17	F	Paraspinal area	ALCL	BFM 90	Lost to follow up in 12months
16	49	F	Orbit	MALT Lymphoma	COP	Alive in CR at 23 months
17	40	M	Parotid	MALT Lymphoma	COP	Alive in CR at 22 months
18	29	M	Pancreas	Burkitt's Lymphoma	LMB 89+R	Died at 5 months-FN
19	13	F	Bone	Burkitt's Lymphoma	LMB 89	Died at 18 months-Relapse
20	27	M	Nasopharynx	B cell NHL	RCHOP	Lost to follow up in 13 months
21	39	M	Scalp	DLBCL	RCHOP	Alive in CR at 10 months
22	62	M	Arm	B cell NHL	RCHOP	Alive in CR at 3 months
23	32	F	Orbit	MALT Lymphoma	BR	Alive in CR at 11 months
24	48	F	Soft palate	SLL	RCVP	Alive in CR at 11 months
25	52	M	Thyroid	MALT Lymphoma	RITUXIMAB	Alive in CR at 3 months

4. DISCUSSION:

The majority of the lymphomas in our study were of B-cell origin, in particularly Diffuse large B cell lymphoma (DLBCL). Most of the patients had elder age at presentation. DLBCL patient s had higher response rate to RHOP based chemotherapy. Pediatric patients with B-NHL and T NHL were treated with aggressive chemotherapyprotocol like BFM-90. 3 patients died due to febrile neutropenia which raises the question of aggressive chemotherapy in older patients. Biology is different from nodal NHL. Short terms follow up and retrospective study is the major limitation of our study

5. CONCLUSIONS:

DLBCL is the most frequent histological subtype followed by MALT lymphoma with high response rate to standard chemotherapy requiring long term follow up to know the survival

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