Complication of CD5-positive DLBCL metachronously after the onset of pancreatic cancer : a case report

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Case Introduction

【Patient】68years-old, Female 【Chief complaint】 None

【Current Medical History】

In 2006, she received antiviral therapy for chronic type C hepatitis and achieved complete remission.

In August 2012, she was found a pancreatic tumor and lung nodule on CT during follow-up for chronic type C hepatitis and introduced to our department.

【Past Medical History】 Chronic type C hepatitis(Hepatic Cirrhosis) 【Lifestyle Histories】 No drinking and smoking 【Family History】 No pancreatic cancer patients

【Phisical Findings】Body Temperature：36.5℃, Pulse Rate：72bpm/min., Blood Pressure：120/70mmHg, Height：156cm, Body weight：50kg Abdomen：flat・soft

【Peripheral blood】Nothing particular

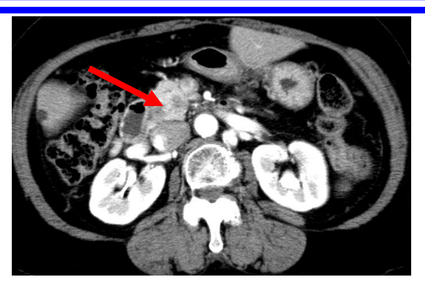
Abdominal CT, and Cytology

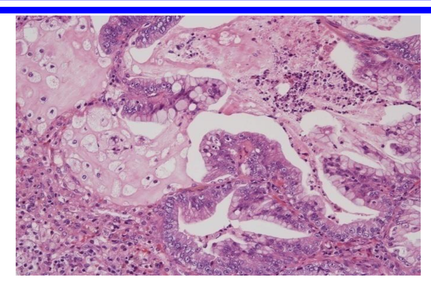
Left) Pancreatic tumor found on contrasting CT；10mm diameter and was loss level

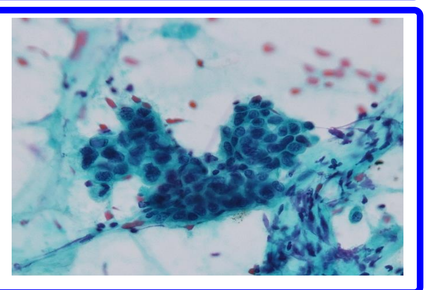
Center) The lung nodule resected by operation；

the result of pathological diagnosis was **metastasis of pancreatic cancer**(CK7/20 positive,TTF-1 negative)

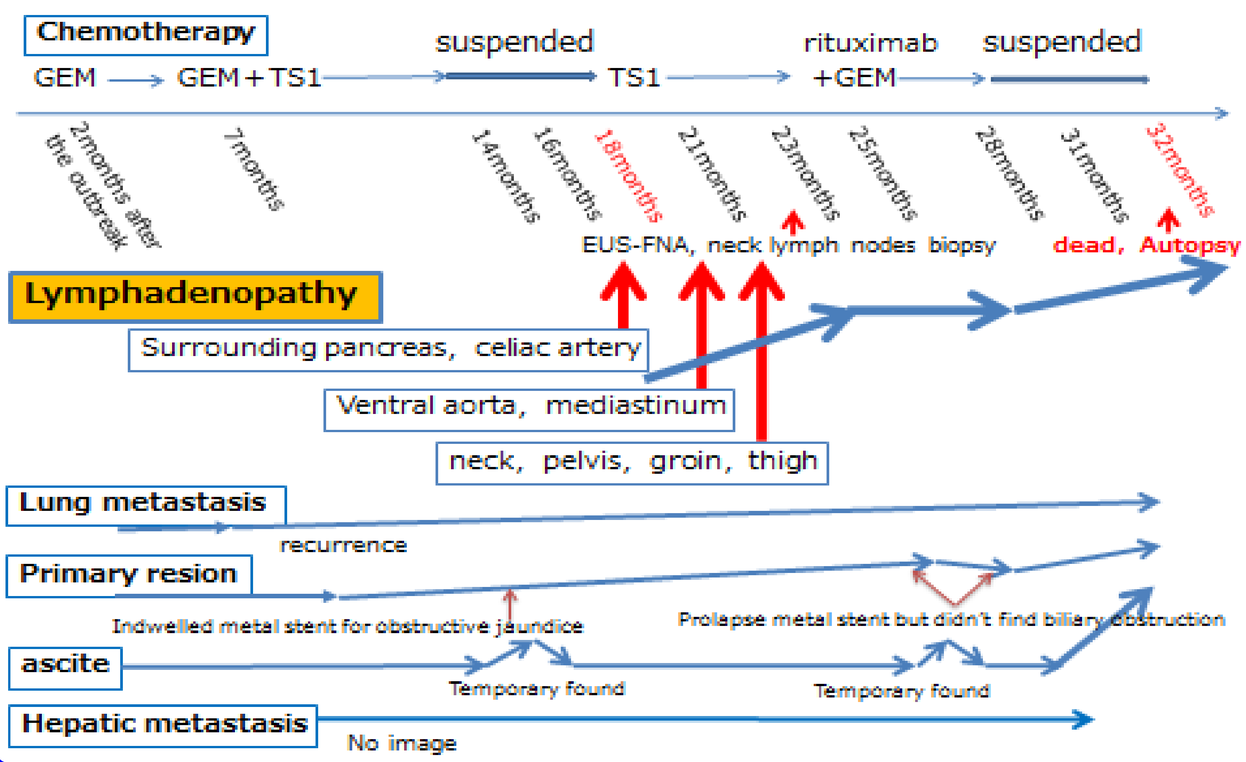
Right) Pancreatic juice cytology；**intermediately differentiated adenocarcinoma**



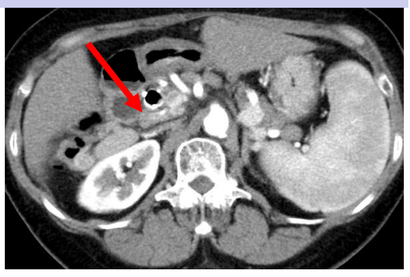




Clinical course

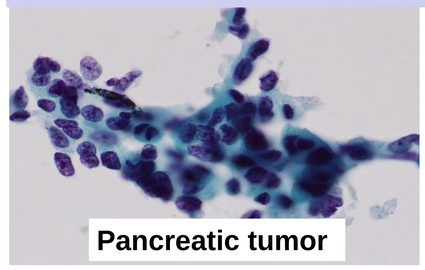


18months CT

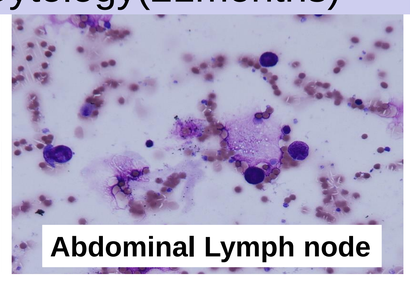


Lymph nodes around the pancreas begun to enlarge

EUS-FNA and Cytology(21months)

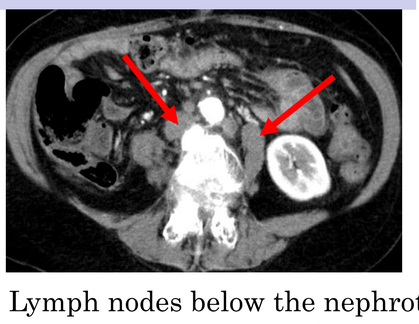


only pancreatic cancer cells in the juice cytology



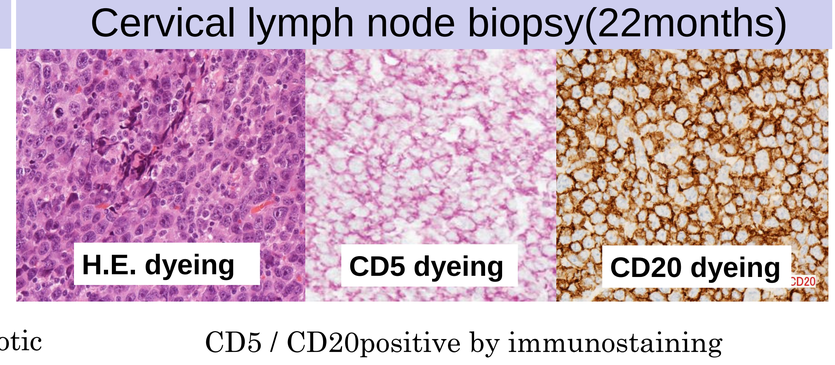
atypical lymphocytes from the lymph nodes

21months CT



Lymph nodes below the nephrotic artery begun to enlarge

Cervical lymph node biopsy(22months)



CD5 / CD20positive by immunostaining

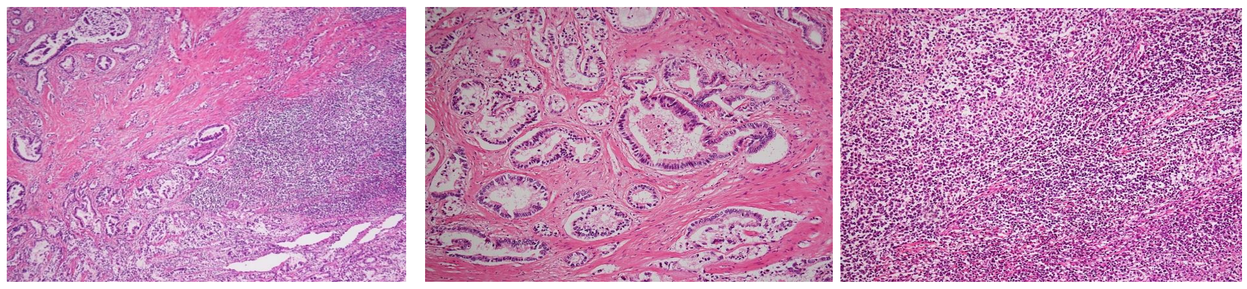
Autopsy(32months after the outbreak)

- **Caput pancreatis cancer** ： multiple metastatic pulmonary and hepatic nodules
- **Diffuse large B-cell lymphoma**：multiple lymphomatic metastasis
  (Neck, armpit, mediastinum, nearby the portal vein and the abdominal aorta, pelvis, mesentery , groin lymph node), pancreas, liver
- **Cause of death：Cachexia (mainly due to DLBCL)**

Left) Pancreatic cancer and DLBCL are co-existing on pancreas(H.E. ×40)

Center) Pancreatic cancer (H.E. expanded for ×100)

Right) DLBCL(H.E. expanded for ×100)



the image of DLBCL on the lower right side, and pancreatic cancer on the upper left corner as the connective tissue on the background

Discussion

It's to be well-known that…

①There is little metastasis to the para-aortic level lymph node which is lower than renal vein by the pancreatic cancer.

②Even if artery and portal vein are compressed by tumor, it is hard to cause permeation and confinement for the malignant lymphoma.

1) K.Matsueda et al; *Rinsho gazou* 2011；27：863-72.
2) Costello P et al; *J Comput Tomogr* 1984；8：1-11.

We think, with double cancer cases of pancreas cancer and ML, lymph nodes around the pancreas might be the primary lesion of ML, and ML would dominantly faster progress than other tumors.

In many cases of merger with other organs, we mainly try to treat ML and make complete remission. We suggest to inspect merger of ML and believe to improve the prognosis.

3)S.Koyama et al; *Gan no rinsho* 1983; 29: 168-73
4)H.Imai et al; *Fukubu gazoushinndan* 1991; 11: 640-45
5)Lai JM et al; *J Pancreas* 2011; 12: 185-9

				Pancreatic Cancer（Diagnosed）				Lymphoma(Diagnosed)					
Editor	Age	Gender	Duplicated	Tissue type	lesion	Meta.	Stage	Tissue type	region	Stage	Circumstances for diagnosis	Treatment	Prognosis
Koyama et al[3)]	75	M	Simultaneously	Highly differentiated	caput	Retroperitoneal lymph node	4a	Diffuse large B cell	LN(surrounding pancreas, portal vein) Organs(pancreas, liver, kidney et al)	4	5 months from outbreak	Anticancer agents for pancreatic cancer	5months after diagnosed as pancreatic cancer (14days for ML) Died with ML
Imai et al[4)]	62	M	Simultaneously	Intermediately differentiated	caput	#13	4a	Diffuse large B cell	LN(surrounding pancreas, SMA)	1	Operation (thought metastasis from pancreatic cancer	Anticancer agents for ML after operation	19months Alived with no recurrence
Lai et al[5)]	70	F	Simultaneously	invasive IPMN	caput	None	4b	follicular lymphoma	LN(Aorta-caval, retroportal,portal hepatic)	1	Operation(not preoperative)	GEM after operation	12months Alived with no recurrence
Lai et al[5)]	78	M	Simultaneously	Poorly differentiated	caput	None	3 or 4a	lymphocytic lymphoma	LN(Peripancreatic, retroportal, omental, hepatic artery)	1	Operation(not preoperative)	GEM after operation	12months Alived with no recurrence
Our case	70	F	Preceded ML	Intermediately ～poorly differentiated	caput	None	4b	Diffuse large B cell	LN(Neck, armpit, mediastinum, nearby the portal vein and the abdominal aorta, pelvis, mesentery , groin)	3	Lymphadenopathy on CT	GEM＋rituximab	32months after diagnosed as pancreatic cancer (9months for ML) Died with ML

Conclusion

We experienced the case of DLBCL that was arouse from abdominal lymph nodes metachronously after the onset of pancreatic cancer.
When we found lymphadenopathy with pancreatic cancer, we should pay attention to the forms, distributions, and pathologies, and take into consideration of other systems except the metastasis of the pancreatic cancer.