Follicular Lymphoma Development in Primary Sjögren’s Syndrome: A Case Report

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Abstract
This paper reports a malignant transformation of Sjögren’s syndrome to extraglandular follicular lymphoma in a 33-year-old female. The developing lymphoma has manifested itself in the cervical lymph nodes after seven years of diagnosing Sjögren’s syndrome. To date, several hundred cases have suffered a malignant transformation of which few cases have developed follicular lymphoma. Given the overall transformation potential, the necessity of the close follow-up in patients with Sjögren’s syndrome cannot be overemphasized.

Keywords: Sjögren’s syndrome; Malignant potential; Follicular lymphoma

Introduction
Sjögren’s syndrome (SS) is an idiopathic systemic autoimmune disease, characterized, histologically, by lymphocytic infiltrates, substantial acinar atrophy, and dysfunctional exocrine glands—inducing a general status of “autoimmune epithelitis” [1]. Manifesting itself classically in xerophthalmia, keratoconjunctivitis sicca and xerostomia, SS also shows numerous systematic manifestations that hit almost every organ. Moreover, the underlying idiosyncrasy of the autoimmune system may develop, unluckily, a malignancy. In this affect, the incidence of developing lymphomas and squamous cell carcinomas in patients with Sjögren’s syndrome cannot be overemphasized. To date, several hundred cases have developed follicular lymphoma. Given the overall transformation potential, the necessity of the close follow-up in patients with Sjögren’s syndrome cannot be overemphasized.

Case Presentation
A 33-year-old female presented to our hospital in 2008 with undiagnosed disease. Her signs and symptoms included dry eye and mouth, swollen parotid gland, numb lower lip, and general fatigue. The serological findings displayed a remarkable increase in the ESR, mild anemia, lymphocytopenia, positive ANA as well as strongly positive Anti-Ro and anti-La. The sonographical study revealed miliary cystic cavitiation, set against a heterogeneous parenchyma with sporadic calcifications. The histological examination of the minor salivary gland biopsy displayed impressive lymphocytic foci which effaced a significant part of the glandular architecture (Figure 1). By the same token, there was a conspicuous acinar degeneration and few epimyoepithelial islands were also seen (Figure 2). Based on this clinic-pathological picture, the diagnosis of primary Sjögren’s syndrome was made. Accordingly, the patient was educated about her medical condition and advised to comply with a regime of close follow-up. In September 2015, the patient presented with bilaterally swollen cervical lymph nodes with increased reactivity seen on PET CT. The biopsy of the right cervical lymph node showed mostly a monotonous population of small lymphoid cells, in follicular arrangements, with irregular, angulated nuclei, conspicuous nucleoli, and scant cytoplasm (Figures 3 and 4). The follicular proportion was conspicuous. There were neither focal areas of grade 3 nor diffuse large B-cells in the examined specimens. The patient was scheduled for chemotherapy.

Discussion
Follicular lymphoma is mostly a low-grade B-cell neoplasm encountering, mostly de novo, in adults, with a median age of 59 years.

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lymphomas, comprise herpes virus 6, cytomegalovirus, Epstein-Barr virus, human T lymphotropic virus type I, human immunodeficiency viruses, human intracisternal A-type retroviral particle, human retrovirus 5, and coxsackie virus 6. Such affection, either primarily or secondarily, are controversially leveled at progressing SS into lymphomas [10,11]. In this reported case, the exact pathogenetic pathway of transformation could not be detected.

Conclusion

Close follow-up for patients with Sjögren’s syndrome is warranted due to the potential risk of malignant transformation. Follicular lymphoma may be considered a possible risk of SS.

References


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