Case 2023-2

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Clinical History

- Eighty-two-year-old woman
- Presented with acute neurocognitive decline
- MRI revealed a left temporal lobe mass



T1-post-GAD









Diagnosis?









INTEGRATED DIAGNOSIS: GLIOBLASTOMA, IDH-WILDTYPE, CNS WHO GRADE 4

HISTOLOGICAL DIAGNOSIS: GLIOBLASTOMA

CNS WHO GRADE: 4

MOLECULAR INFORMATION (by immunohistochemistry):

- IDH1 R132H: negative (consistent with wild type)
- ATRX: nuclear expression retained (consistent with wild type)
- p53: many strong positive (consistent with TP53 mutation)
- Positive for MGMT promoter methylation.

Final Diagnosis cont.

In addition, focal vessels contain large malignant appearing lymphoid cells within blood vessel lumens

• Positive for CD20 and Pax5, and negative for EBER, consistent with a diagnosis of **concurrent intravascular large B-cell lymphoma (IVLBCL)**.

Discussion

- Intravascular large B-cell lymphoma (IVLBCL) is characterized by lymphoma cells, predominantly within lumina of blood vessels, especially capillaries, with the exclusion of larger arteries and veins
- Few to no circulating lymphoma cells in peripheral blood, lymph node involvement is rare
- Localization to blood vessel lumens partially explained by lack of CD29 (β1 integrin) and CD54 (ICAM1), both of which are important for trans-vascular lymphocyte migration

Discussion

- Clinical presentation ranges from mild systemic symptoms (fever, pain, organ specific symptoms) to severe symptoms (signs of multiorgan failure)
 - Imaging and laboratory test are often non-specific
- Skin lesions and neurologic impairment are most common organspecific findings
 - Diagnosis typically established by biopsy of affected or enlarged organ, most often a skin biopsy

Discussion

- IVLBCL accounts for 1% of B-cell lymphomas with a median age of 70 years
- Patients with IVLBCL have a median overall survival of 105 months, with chemotherapy 135 months, 5-year survival of approximately 50 -60%
- To our knowledge there are no cases of coinciding glioblastoma and IVLBCL in the current literature

Patient Followup

- Completed 7 (of 10) fractions of radiation therapy
 - Radiation treatments stopped due to seizures requiring admission
- Currently on cycle 3 of temozolomide
 - Complicated by cellulitis and bacteremia
- Recent MRI showing increasing enhancement in resection cavity concerning for tumor progression

References

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