A Patient with Double-hit Follicular Lymphoma

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Background: Follicular lymphoma is a common indolent B-cell non-Hodgkin lymphoma with the BCL2 mutation. Patients with follicular lymphoma and the MYC mutation, are a newly described rare subtype.

Case Description: A 76 year old man with severe PTSD, hypertension, and hyperlipidemia had a persistent lump over his right parotid gland for over 7 months. He was seen by ENT, and fine needle aspiration and then a Tru-cut biopsy of his parotid lesion, which showed atypical B cell proliferation with IgH/BCL2 rearrangement in 80% of cells but unable to characterize further. PET-CT, demonstrated multiple hyper-metabolic lesions, including a 2.7 x 2.2 cm hypermetabolic lymph node anterior lateral to the right sternocleidomastoid, multiple hypermetabolic lymph nodes under left clavicle extending to the left axillary area, and large hypermetabolic lymph nodes in bilateral inguinal areas. Excisional biopsy of the left axillary lymph node yielded a high-grade follicular lymphoma Grade 3, with the rearrangement of MYC in 72% of cells and a variant IgH/BCL2 in 80% of cells, a high Ki index. Bone marrow biopsy was negative. The diagnosis of stage III double hit follicular lymphoma was made. The patient was initiated on chemotherapy with R-EPOCH and filgrastim.

Discussion: Double-hit follicular lymphoma are newly described and extremely rare and a total of 40 cases have been reported in the world literature [1]. Specifically, the MYC and IgH/BCL2 rearrangements, as with this patient's double-hit, are usually seen with high grade lymphomas, such as diffuse large B cell lymphoma. As there are no established guidelines, the outcomes of this patient's treatment will be an important addition to the literature

Images:

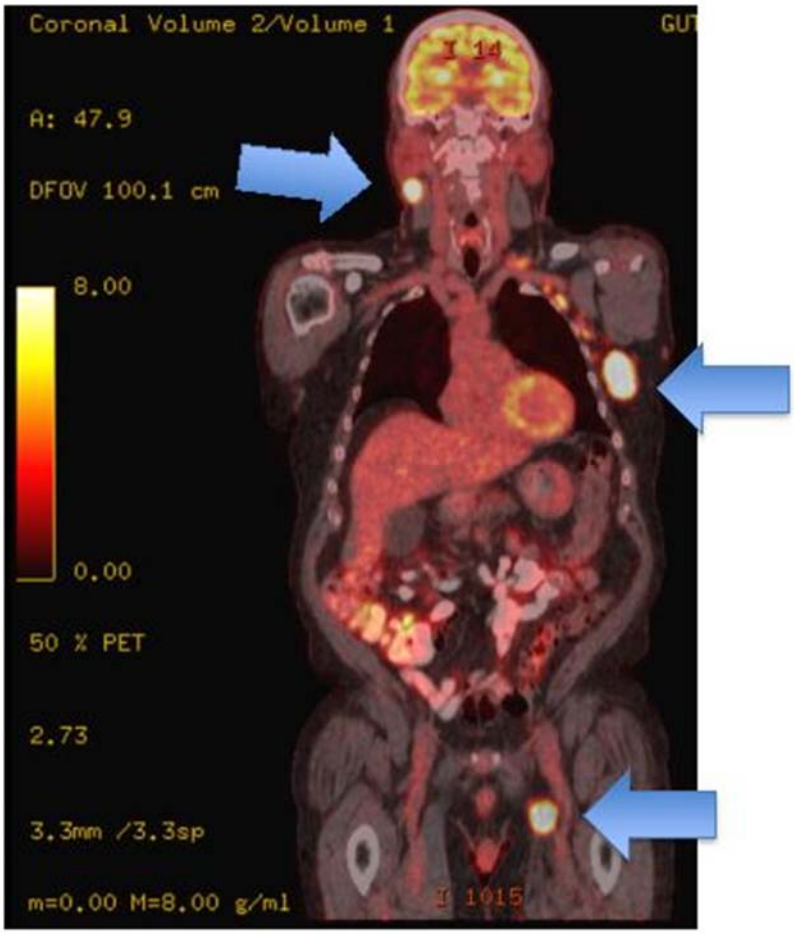

Figure 1. PET CT scan coronal view, illustrating three areas of increased SUV (arrows)