

A Case of Primary Ovarian Burkitt Lymphoma

PRİMER OVARIAN BURKİTT LENFOMA OLGUSU

Haldun GÜNER, MD,^a Mehmet Anıl ONAN, MD,^a Mertihan KURDOĞLU, MD,^a
M. Bülent TIRAŞ, MD,^a Özlem ERDEM, MD^b

Departments of ^aObstetrics and Gynecology, ^bPathology, Medical Faculty of Gazi University, ANKARA

Abstract

Primary Burkitt lymphoma of the ovary is rare. The aim of this report is to add a new case of primary ovarian Burkitt lymphoma to the literature and take the attention of clinicians to this rarely seen entity.

A 27-year old woman presenting with abdominal fullness were referred for ovarian mass. Her preoperative assessment revealed an adnexial lesion on right-middle side. On surgery, both ovaries, which were invaded by mass lesions on right and some tumoral focuses on left, were excised. Histopathology of surgical specimen was consistent with Burkitt's type lymphoma in both ovaries.

Despite of the rarity of true primary ovarian lymphomas, non-Hodgkin's lymphoma and the mostly Burkitt's type, diagnosed initially in the ovaries should always be kept in mind during ovarian surgeries.

Key Words: Burkitt lymphoma, ovary, lymphoma, non-Hodgkin

Türkiye Klinikleri J Gynecol Obst 2005, 15:103-104

Özet

Overin primer Burkitt lenfoması seyrek görülmektedir. Bu yazının amacı, literatüre primer ovarian Burkitt lenfomalı yeni bir olgu eklemek ve klinisyenlerin dikkatini seyrek görülen bu duruma çekmektir.

Abdominal şişkinlik nedeniyle başvuran 27 yaşındaki bir kadın, ovarian kitle nedeniyle kliniğimize refere edildi. Hastanın preoperatif değerlendirilmesi sonucunda pelvis sağ-orta kısmında adneksiyel bir kitle tespit edildi. Operasyonda, sağ overin kitle lezyonu tarafından tutulmuş ve soldaki overin üzerinde de bazı tumoral odaklar bulunduğu gözlemlendi ve her iki over eksize edildi. Cerrahi materyalin histopatolojisi her iki overde Burkitt tipi lenfoma ile uyumlu bulundu.

Gerçek primer ovarian lenfoma seyrek görülmesine rağmen, çoğunlukla da Burkitt tipinde olmak üzere non-Hodgkin's lenfomanın ilk olarak tanı alabileceği yerlerden birinin over olduğu ovarian cerrahilerde akıldan çıkarılmamalıdır.

Anahtar Kelimeler: Burkitt lenfoma, over, lenfoma, non-Hodgkin

Ovary is one of the most commonly affected anatomic sites of the gynecologic tract by non-Hodgkin's lymphoma (NHL). Localized, presumably primary, NHL of the ovary is rare and ovarian involvement by NHL is usually secondary, occurring as a part of systemic disease.¹ In the previous reports of ovarian NHL, primary ones represent only a minority of the cases (usually less than 10%), mostly including both primary and secondary cases.^{2,3}

Burkitt's lymphoma, forming 6 to 7% of non-Hodgkin's group is also well characterized in the literature as it is presented with secondary cases, but information about primary ones is limited. In a recent review by Vang et al, it has been stated that only 6 out of 19 cases of primary NHL of the ovary reviewed and one out of their eight own cases were Burkitt type.⁴

To add a new case to the literature and take the attention of clinicians to this rarely seen entity to be familiar, we report a case of 27-year old Turkish girl with ovarian mass, diagnosed as primary Burkitt's lymphoma.

Case Report

Ultrasonographic examination of a 27-year-old woman, gravida 0, para 0, with a complaint of abdominal fullness showed that there was a solid mass on right-middle pelvic region (Figure 1).

Geliş Tarihi/Received: 09.08.2004

Kabul Tarihi/Accepted: 31.01.2005

Yazışma Adresi/Correspondence: Haldun GÜNER, MD
Gazi University Medical Faculty,
Department of Obstetrics and Gynecology,
06500, Beşevler, ANKARA
hguner@med.gazi.edu.tr

Copyright © 2005 by Türkiye Klinikleri



Figure 1. A hypoechoic lobulated solid mass on right-middle pelvic region is demonstrated.

On surgical exploration, a softy 130 x 150 mm mass with irregular surface on right adnexial region and some tumoral focuses on left ovary, 0.5 cm in size, and 3-4 in number were noticed. Frozen biopsy of the excised specimen was reported as the histopathologic diagnosis could be probably lymphoma or dysgerminoma.

Histopathology of both ovaries invaded by the tumoral cells was Burkitt's type NHL. Screening for staging did not show any involvement of chest, liver, spleen, or other lymph nodes. Cerebrospinal fluid, peripheral blood and bone marrow showed none of Burkitt's type cells.

The patient began treatment with combination chemotherapy and died of neutropenia as a complication of heavy chemotherapy protocol in May 2002.

Discussion

Burkitt's lymphoma of the ovary is usually bilateral and present as part of a widespread Burkitt's lymphoma.⁵ However according to criteria proposed by Fox & Langley for the diagnosis of pri-

mary ovarian lymphoma, our presented case can be assigned as being primary.⁶

In this criterion; firstly at the time of diagnosis, the lymphoma is clinically confined to the ovary and full investigation fails to reveal evidence of lymphoma elsewhere. In our case, on surgical exploration and radiological investigation after the surgery, no involvement outside the ovaries was observed.

Secondly, the peripheral blood and bone marrow should not contain any abnormal cells, as it is the case in our patient.

Thirdly, if further lymphomatous lesions occur at sites remote from the ovary, then at least several months should have elapsed between the appearance of the ovarian and extra-ovarian lesions. Until we lost our patient, such lesions did not appear.

Although true primary ovarian lymphomas can rarely occur, lymphoproliferative disorders and mostly non-Hodgkin's Burkitt type, diagnosed initially in the ovaries should always be considered during ovarian surgeries.

REFERENCES

1. Vang R, Medeiros LJ, Fuller GN, Sarris AH, Deavers M. Non-Hodgkin's lymphoma involving the gynecologic tract: A review of 88 cases. *Adv Anat Pathol* 2001;8:200-17.
2. Monterroso V, Jaffe ES, Merino MJ, Medeiros LJ. Malignant lymphomas involving the ovary. A clinicopathologic analysis of 39 cases. *Am J Surg Pathol* 1993;17:154-70.
3. Osborne BM, Robboy SJ. Lymphomas or leukemia presenting as ovarian tumors. An analysis of 42 cases. *Cancer* 1983;52:1933-43.
4. Vang R, Medeiros LJ, Warnke RA, Higgins JP, Deavers MT. Ovarian non-Hodgkin's lymphoma: A clinicopathologic study of eight primary cases. *Mod Pathol* 2001; 14:1093-9.
5. Olweny CL, Katongole-Mbidde E, Otim D, Lwanga SK, Magrath IT, Ziegler JL. Long-term experience with Burkitt's lymphoma in Uganda. *Int J Cancer* 1980;26: 261-6.
6. Fox H, Langley FA, eds. *Tumours of the Ovary*. London: William Heinemann; 1976. p.278.