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Case Report

Atypical Ovarian Location of Mediastinal Lymphoma

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Abstract

Ovarian lymphoma, whether primary or secondary, represents a rare manifestation of lymphoid malignancy with unique diagnostic and therapeutic challenges.
Primary ovarian lymphoma is exceedingly rare, comprising less than 1% of all ovarian malignancies, and typically presents as Diffuse Large B-Cell Lymphoma (DLBCL).
Secondary ovarian lymphoma, although uncommon too, is often associated with advanced-stage systemic lymphoma.
Clinical presentation is nonspecific, commonly manifesting as abdominal pain, bloating, or palpable masses. Diagnosis relies on imaging modalities such as ultrasound or computed tomography, coupled with histopathological examination of tissue samples obtained via biopsy or surgical resection.
Immunohistochemistry and molecular studies aid in subtype classification and treatment planning.
Therapeutic strategies may encompass chemotherapy, radiotherapy, surgery, or a combination thereof, necessitating a multidisciplinary approach. Given the rarity of ovarian lymphoma and the absence of standardized management guidelines, prompte recognition and tailored intervention are imperative for optimizing patient outcomes.

Introduction

Thoracic lymphomas are the main expression of mediastinal lymph node involvement which is present in 80% of HLsPulmonary involvement is only found in 5% of NHL patients.
Primary thoracic extranodal lesions are mainly MALT NHLs. This type is typically found in the stomach, the small intestine, the eye and salivary glands and is associated with auto-immune diseases (Hashimoto's thyroiditis). While adenomegalies are frequent in the initial stage if there are pulmonary lesions of HL, an isolated pulmonary lesion is possible in NHL.

The main pulmonary forms mimic many tumoral or inflammatory conditions and include nodules and masses with or without cavitation, condensations, ground glass opacities, endobronchial masses and reticular interstitial syndrome.
In the particular context of immunosuppression, the most frequently encountered lesions are multiple nodules.
We will discuss a case report of atypical location of lymphoma : Ovarian location [1].

Observation

45-year-old patient followed for mediastinal lymphoma, who underwent a TAP CT scan for staging, revealing an atypical localization of the lymphoma in the right ovary. The TAP scan reveals a voluminous oblong mass in the right ovary with polylobed heterogeneous contours suggestive of an atypical localization of mediastinal lymphoma in the right ovary.

Discussion

Certainly, discussing a case report of an atypical location of lymphoma, such as ovarian involvement, can be quite intriguing. Lymphomas typically arise from lymphoid tissues, including lymph nodes, spleen, and bone marrow, but they can also occur in extranodal sites. Ovarian involvement by lymphoma is rare but can present diagnostic and therapeutic challenges [2].

Ovarian lymphomas can be classified into primary and secondary types. Primary ovarian lymphoma refers to lymphoma confined solely to the ovaries without evidence of disease elsewhere in the body. Secondary ovarian lymphoma occurs when

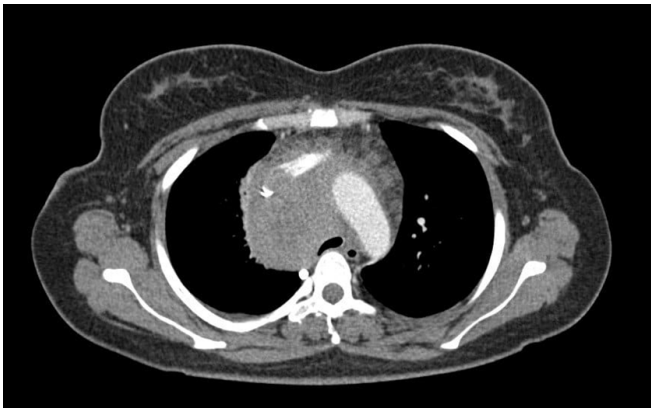

Figure 1: Mediastinal lymphoma : Axial CT thorax.

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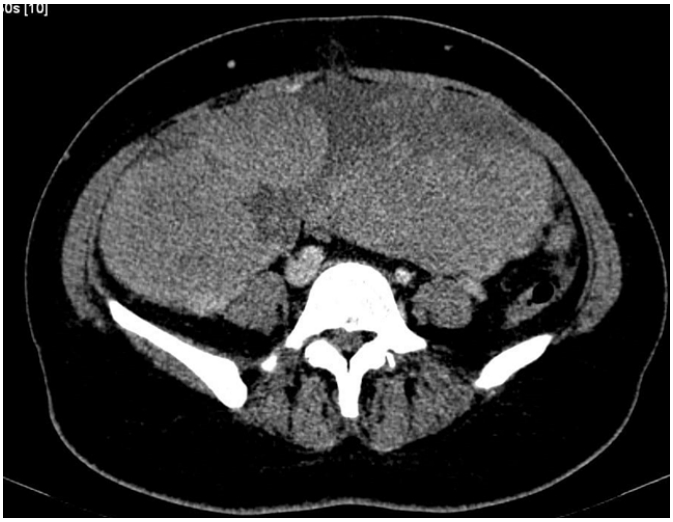

Figure 2: AXIAL CT abdomen: Atypical location of lymphoma in the right ovary.

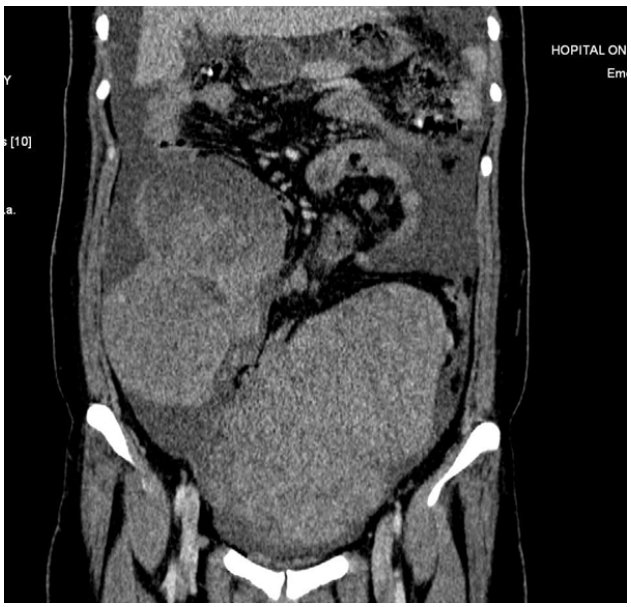

Figure 3: Coronal showing right lymphome ovarian.

there is involvement of the ovaries by systemic lymphoma, typically disseminated from nodal or extranodal sites.

Primary ovarian lymphomas are exceedingly rare, comprising less than 1% of all ovarian malignancies. They are often of the Non-Hodgkin Lymphoma (NHL) subtype, with Diffuse Large B-Cell Lymphoma (DLBCL) being the most common histological type. Patients with primary ovarian lymphoma may present with nonspecific symptoms such as abdominal pain, bloating, and palpable abdominal masses.

Secondary ovarian lymphoma, on the other hand, occurs more frequently and is often associated with advanced-stage systemic lymphoma. Involvement of the ovaries can be detected during staging procedures or may manifest as ovarian enlargement on imaging studies.

Diagnosis of ovarian lymphoma typically involves a combination of imaging studies such as ultrasound or Computed Tomography (CT) scans, along with histopathological examination of tissue samples obtained via biopsy or surgical resection. Immunohistochemistry and molecular studies are often employed to further characterize the lymphoma subtype and guide treatment decisions.

Treatment of ovarian lymphoma depends on various factors including histological subtype, stage of disease, and patient factors such as age and comorbidities. Therapeutic options may include chemotherapy, radiotherapy, surgery, or a combination thereof [3].

Due to the rarity of ovarian lymphoma and the lack of standardized treatment guidelines, management decisions often require multidisciplinary collaboration involving gynecologists, hematologists/oncologists, and pathologists.

In summary, while ovarian involvement by lymphoma is uncommon, it should be considered in the differential diagnosis of ovarian masses, particularly in the context of known or suspected systemic lymphoma. Prompt diagnosis and appropriate management are essential for optimizing patient outcomes.

Conclusion

The primitive forms of lymphoma, due to their polymorphism and rarity, constitute diagnostic traps. Nodal forms are the most frequent. CT scanning remains pivotal in radiological exploration for staging and follow-up Ovarian location of lymphoma is extremly rare [3].

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