Case Report **Pathology**

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SMALL LYMPHOCYTIC LYMPHOMA PRESENTING WITH CHANGE IN VOICE

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ABSTRACT

Non Hodgkins Lymphoma includes all lymphomas except Hodgkins lymphoma.Non Hodgkin's Lymphoma can be nodal and extranodal. Among the extranodal sites for NHL[8], the head and neck region accounts for 10 to 30 % and the waldeyer's ring is involved in 60 to 70% of such cases. 37 % of Non Hodgkin's Lymphoma[7] that affects the Waldeyer's ring involves the palatine tonsil and most of them are high grade[6] lymphomas..This paper presents a case of 42-year-old male who presented with change in voice and turned out to have Small Lymphocytic Lymphoma[1](SLL) in the tonsil.This case is presented for its rarity, as most lymphomas that involve the tonsil are high grade lymphomas like the diffuse large B cell lymphomas. Low-grade lymphomas like SLL are exceptionally rare.

Keywords: **Small Lymphocytic Lymphoma, Non – Hodgkin's Lymphoma, Extra-nodal lymphoma , tonsil.**

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BACKGROUND

90% of lymphomas in head and neck are B cell - Non Hodgkin's Lymphoma[2]. Though most common extra nodal site involved is the tonsils - a part of the Waldeyer's ring, most lymphomas that involve the tonsil are Diffuse large B cell lymphoma. SLL is extremely rare.

CASE SCENARIO

A 42 year old male patient came to the ENT OPD of Sree Balaji Medical College Hospital with complaints of throat pain and difficulty in swallowing associated with change in voice for 5 months.. On examination there was right sided unilateral enlargement of tonsil. A diagnosis of chronic tonsillitis was made. Right side tonsillectomy was done and the specimen was sent for histopathological examination. Post operative period was uneventful. Gross examination revealed an ovoid globular soft tissue measuring 4x3x1.5cm. C/S was whitish. On microscopic examination, (fig 1) sections showed loss of normal architecture and replacement by diffuse monotonous sheets of lymphocytes with condensed chromatin and indistinct nucleoli. Thus picture was that of Non - Hodgkin's - Small Lymphocytic Lymphoma [3]. Immunohistochemistry (fig 2) showed CD20 positivity, proving it to be of B-cell type.

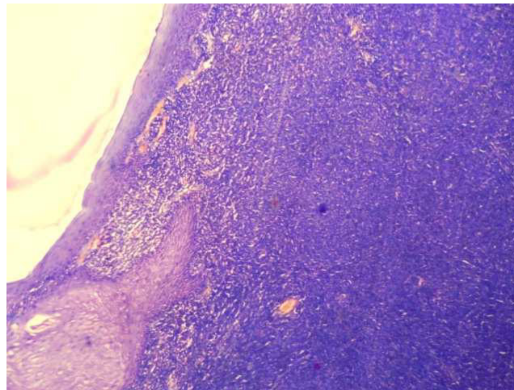

Figure 1
normal architecture of tonsil replaced by diffuse monotonous sheets of lymphocytes with condensed chromatin and indistinct nucleoli. (Magnification 10X)

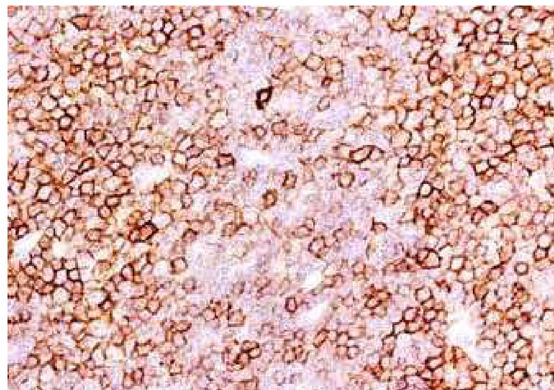

Figure 2
IHC showing CD 20 positivity, Magnification 40X

On further evaluation with computed Tomography (CT), no abnormal lymphadenopathy was detected in the head and neck. Chemotherapy was started after evaluation at the oncology clinic. The patient is doing well and is on regular follow-up.

DISCUSSION

Lymphomas represent 2 – 3 % of all malignancies[3] in adults and the second most common neoplasm in head and neck region. Hodgkin's Lymphoma frequently involves the lymph nodes and Non Hodgkin's Lymphoma frequently occurs in extranodal sites. Of the extranodal non-Hodgkin's lymphomas, Waldeyer's ring (nasopharynx, faucial tonsils, base of tongue) and gastrointestinal tract usually predominate as primary sites. The faucial tonsil[6] comprises approximately 37%to 62% of the Waldeyer's ring presentations. Most lymphomas that involve the tonsil are diffuse large B cell lymphoma. SLL are extremely rare. Small Lymphocytic Lymphoma is the most common adult lymphoma in the west, with a worldwide incidence estimated to be 1 - 5.5 per 1, 00,000. It is common in adults with a median age of 64–70 and has male preponderance CLL/SLL tends to be an indolent cancer. It can present as enlargement of the lymph nodes in the neck, axilla, stomach, and groin or as enlargement of the liver, spleen or both. Other symptoms are fatigue, shortness of breath, anaemia, bruising, night sweats, weight loss, and frequent infections[4].Diagnosis is based on blood examination, imaging studies and histopathological examintion. Ann Arbor Staging is used. Most studies find no benefit in treating patients until they develop symptoms. Therapy for SLL includes low-intensity single alkylator therapy such as chlorambucil or combination therapy with cyclophosphamide/vincristine/prednisolone. Alemtuzumab a monoclonal antibody & Bone marrow or stem cell transplantation are promising. About 30% of cases of SLL progress to a higher grade process such as Prolymphocytic Lymphoma or Diffuse Large B cell Lymphoma (Richter's syndrome)[5]. Over time, 10% to 20% of cases of small lymphocytic lymphoma progress to chronic lymphocytic leukaemia.

CONCLUSION

We conclude that although majority of patients who have symptoms of unilateral tonsillar enlargement[6,8] like hoarseness of voice and difficulty in swallowing will not have tonsillar lymphoma, most patients with tonsillar lymphoma will have one of these signs. Therefore, despite the low incidence of this possibility, careful close follow-up of these patients is warranted until the diagnosis has been ruled out given the potentially devastating consequences of missing this diagnosis or prolonging the time to treatment. Moreover, though high grade lymphomas like the diffuse large B cell lymphomas[7] are common in the tonsil the diagnosis of Low- grade lymphomas like SLL shouldn't be missed.

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