

## CASE REPORT

### ANGIOCENTRIC NK/T CELL LYMPHOMA OF THE NOSE

Sreenivas Chellathurai<sup>1</sup>, Prabhu Velayudham<sup>2</sup>, K. Balasubramanian<sup>3</sup>

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**ABSTRACT:** Sinonasal lymphomas are rare but aggressive malignancies. They are clinically misdiagnosed for granulomatous lesions till the tissue is biopsied and a histopathological confirmation is obtained. We present a case report of a patient with Angiocentric NK/T cell lymphoma of the Nose who underwent wide excision and External Beam Radiotherapy and is disease free on a follow up of 3 years.

**KEYWORDS:** lymphoma, Non Hodgkins, Nasal Septum, Radiotherapy.

**INTRODUCTION:** Angiocentric NK/T cell lymphoma of the Nose are extremely rare conditions which are aggressive malignancies causing considerable mortality if diagnosed late and residual morbidity even after treatment. Clinical diagnosis in itself is a cause of confusion as the symptomatology of this condition is usually mistaken for Chronic Rhinosinusitis by the Primary care physician. This causes considerable delay by the time the Patient comes to an ENT surgeon for evaluation and an Endoscopy. The tissue on histopathological examination also requires considerable and expensive staining evaluation before arriving at a conclusion. Most patients diagnosed do not have a good prognosis, but here we present a case that underwent wide surgical excision of the lesion with conventional external beam radiotherapy and on a follow up of two and a half years has no recurrence and is free of the disease. This variance of tumour behaviour calls for further research into this form of cancer.

**CASE REPORT:** 55 years old farmer, native of Pondicherry, came with H/O nasal obstruction, epistaxis, and facial pain for last 8 months on right side. On enquiry the nasal obstruction was unilateral, insidious in onset, minimal to begin with and has gradually progressed with no aggravating/relieving factors. It was associated with 3 episodes of epistaxis on right side which lasted for few minutes not requiring any intervention. Patient also gave a history of dull aching intermittent hemi facial pain.

On further enquiry he had no other nasal or ear or throat symptoms, was negative for 'B' symptoms of lymphoma and features of Koch's/ Syphilis/ Leprosy/ Wegener's or other chronic granulomatous lesions of the nose.

His general physical examination and systemic examination including lymph node assessment was within normal limits.

On Nasal examination the external framework of nose and mid face was WNL, Anterior rhinoscopy revealed a granulomatous lesion in the anteroinferior part of the septum which had focal ulcerations with the tissue being friable, not bleeding on touch and non-tender. There was a septal perforation in the anteroinferior septum.

Rigid nasal endoscopy confirmed the above findings and the size of the lesion was approximately 3 cm by 4 cm. Non contrast computerised tomography scan revealed a soft tissue density of the nasal septum without any bony involvement.

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Routine blood investigations were WNL and serology for syphilis was nonreactive

The patient underwent endoscopic guided wide excision of the lesion and tissue sent for histopathological examination.

HPE revealed Extranodal Non-Hodgkin's Lymphoma Angiocentric NK/T cell lymphoma Immunohistochemistry markers for CD 56/ CD2/ EBV was negative

Patient underwent conventional external beam radiotherapy of 50 Gy and tolerated very well and is on a follow up of two and a half years, he does not manifest any features or evidence of recurrence which is Unique and reported in the literature.

**DISCUSSION AND LITERATURE REVIEW:** Malignant lymphomas of the head and neck region that originate in the nasal cavity, paranasal sinuses and hard palate form an interesting and frequently diagnostically difficult group.<sup>(1)</sup> They are interesting because they usually masquerade as benign chronic Rhinosinusitis, they are diagnostically difficult because of the confusion and the special immunohistochemical staining methods required coming to conclusion in the histopathological examination. Until recently, it has remained obscure whether Angiocentric lymphoma with the NK-cell profile is a true NK-cell neoplasm or a bonafide Tcell neoplasm with aberrant expression of NK-cell markers; Hence, a few investigators have preferred the noncommittal lineage designation NK/T-cell lymphoma rather than putative NK-cell lymphoma.<sup>(2,3)</sup>

The treatment options have also to be weighed depending on the disease extent and the general condition of the patient with varying treatment modalities tried with none of them accepted as a standard protocol.

Kyubo Kim et al in a retrospective analysis of data between February 1989 and March 2001 consisting of 53 patients, with Angiocentric T-cell and NK/T-cell lymphoma, nasal type came to a conclusion that chemoradiation did not improve the treatment outcome compared with Radiotherapy alone, and delay of Radiotherapy might produce less favourable treatment results.<sup>(4)</sup>

**CONCLUSION:** Angiocentric NK/T cell lymphoma of the Nose mimics chronic Rhinosinusitis and often leads to delay in diagnosis, treatment plan varies and there is no standardised therapy, in our case report the individual has very well tolerated the surgical excision and the post radiotherapy.

On a follow up of two and a half years, he does not manifest any features of the disease; this rare course as exhibited may very well reason us to think of the rather unpredictable or also a favourable prognosis.

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### **AUTHORS:**

1. Sreenivas Chellathurai
2. Prabhu Velayudham
3. K. Balasubramanian

### **PARTICULARS OF CONTRIBUTORS:**

1. Assistant Professor, Department of Otorhinolaryngology, Sri Ramachandra Medical College, Porur, Chennai.
2. Professor, Department of Otorhinolaryngology, Sri Venkateshwaraa Medical College, Ariyur, Pondicherry.

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3. Professor & HOD, Department of Otorhinolaryngology, Sri Venkateshwaraa Medical College, Ariyur, Pondicherry.

### **NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:**

Dr. Sreenivas Chellathurai,  
# 24-25 C, XS Real Apartments,  
Porur Garden Phase II,  
Vanagaram, Chennai.  
E-mail: captssreenivas@yahoo.co.in

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