Abstract

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Successful Treatment of Aggressive Large B-cell Lymphoma in Two Patients with SARS-COV2 Infection

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Background: Diffuse large B-cell Lymphoma (DLBCL) is the most common adult Non-Hodgkin Lymphoma. Previously considered a DLBCL subtype, Primary Mediastinal B Cell Lymphoma (PMBCL) is now classified as a distinct entity.

Case History: E.E., female, aged 22, was accepted to our hospital with dyspnea and dysphagia, and was isolated in the COVID Unit because of SARS-CoV-2 detection. CT scan showed a huge bulky mass compressing big vessels, heart, and trachea (Figure 1b) without pneumonia. After histological diagnosis of PMBCL with ki-67>90% (Figure 1a), MACOP-B scheme was started. After two weeks the mass was significantly reduced (Figure 1c) and chemotherapy was de-escalated, with negative SARS-CoV2 RT-PCR and subsequent discharge. A similar case of axillary aggressive DLBCL (female, 72 years) and COVID-19 pneumonia was successfully treated with COMP scheme (Figure 1de).

Discussion: SARS-CoV2 pandemic has been challenging the management of haematologic patients because of the increased susceptibility for deadly SARS-CoV2 pneumonia due to immune-dysregulation induced by disease and therapies; the subsequent need for strategies to vaccine and protect this population; the need for treatment strategies compatible with the infection.

Our cases highlight the importance of multi-disciplinary work in the context of COVID-19 pandemic to improve the clinical outcomes of such patients.

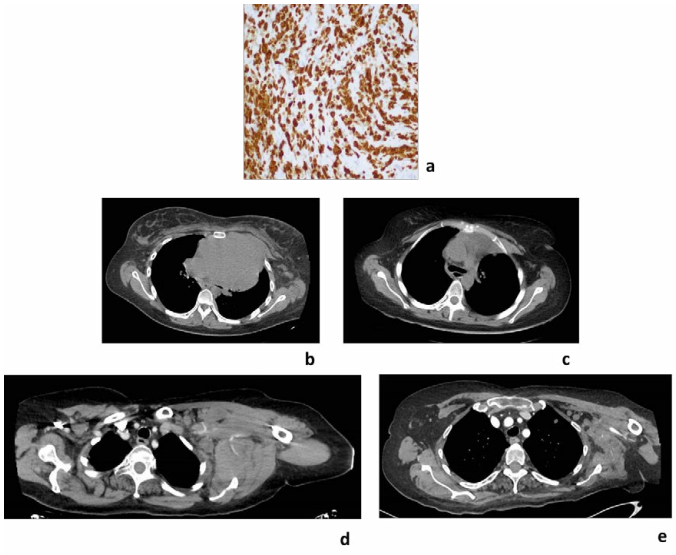

Figure 1 a: Immune-histochemical sample of Case 1: Ki-67 positivity over more than 90% of the section; bc: Case 1 CT scan at diagnosis (b) and after 3 weeks of treatment (c); de: case 2 CT scan at diagnosis (d) and after 40 days of treatment (e).