v. 2, n. 60, 2022

International Journal of Health Science

BURKITT 'S LYMPHOMA, ITS RAPID PROGRESSION AND THE IMPORTANCE OF EARLY DIAGNOSIS: CASE REPORT

Fernanda Cristine Zanotti
Sao Carlos - SP
http://lattes.cnpq.br/7578163817956320

Roberto Muniz Junior
Sao Carlos - SP
http://lattes.cnpq.br/9938886159757661

Analu Marques Zuzi
Sao Carlos - SP
http://lattes.cnpq.br/1466407585402776

Flavia Cristina de Freitas Maia
Sao Carlos - SP
http://lattes.cnpq.br/2233042202677369

Larissa Pimentel Guimaraes
Sao Carlos - SP
http://buscatextual.cnpq.br/buscatextual/busca.do

Júlia Eduarda Nóbrega de Melo e Castro
Sao Carlos - SP
http://lattes.cnpq.br/6100548633657846

Keywords: Lymphoma, Burkitt 's lymphoma, B-cell non-Hodgkin's lymphoma, highly aggressive.

INTRODUCTION

Burkitt 's lymphoma is a highly aggressive B-cell non-Hodgkin lymphoma characterized by the translocation and displacement of the MYC gene on chromosome 8, with a risk of involvement of multiple systems. Histologically, it has the appearance of a "starry sky", with benign histiocytes in a background of homogeneous and basophilic tumor cells with high rates of proliferation apoptotic cell death. Although the diagnosis is confirmed with immunophenotyping and genetic analysis, imaging tests play an important role in identifying the course of the disease and early treatment in an emergency setting with acute symptoms.

CASE REPORT

LCI, 37 years old, female, hypothyroid. On admission, he complained of severe low back pain for 1 month, associated with headache, facial paresthesia and metrorrhagia. In the blood count, microcytic and hypochromic anemia, normal RDW, 2 erythrocytes/100 cells, leukocytosis with a left shift, a gynecological examination showed a lesion. in the vaginal wall in which a biopsy was performed. Abdominal and skull CT scans, lumbosacral resonance without alterations. It evolves during hospitalization with worsening of symptoms, subfebrile condition and noted on physical examination palpable nodule in the left breast, and then performed breast ultrasound with 4C birrads result, and in a new blood count maintaining microcytic anemia hypochromic with confirmed thrombocytopenia. Performed then, investigation with peripheral smear showing left shift staggered to blasts (2%). Myelogram with monotenicity of the cells, blasts of medium size, with regular nuclear membrane, dense chromatin, with most of the cells presenting nucleolus. Small band of cytoplasm without granules, but cellular with numerous and tiny vacuoles. After the results, the patient was urgently referred to a center specializing in onco hematology, where new exams showed an expansive mass in the central nervous system, cerebrospinal fluid analysis, new myelogram and breast nodule puncture with immunophenotyping and showing histology of cells in "starry sky", confirming the diagnosis of Burkitt Lymphoma.

GOALS

report a case of Burkitt 's lymphoma with concomitant presentation in multiple systems, in the adult and the importance of its differential diagnoses and diagnostic speed.

MATERIALS AND METHODS

Observational, descriptive study, in the form of a case report. The information contained was obtained through medical records.

CONCLUSION

Burkitt 's lymphoma is a highly aggressive B-cell non-Hodgkin lymphoma characterized by the translocation and dysregulation of the MYC gene on chromosome 8. In a report described, due to its atypical presentation, prompt diagnosis is extremely important for the initiation of therapy, and due to its extremely rapid evolution, if not diagnosed early, it can lead to an unfavorable evolution.

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nengl j med 387;12 nejm.org September 22, 2022 1121The New England Journal of Medicine