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Title: CLINICAL CHARACTERISTICS AND PROGNOSIS OF PATIENTS WITH NODAL PERIPHERAL T-CELL LYMPHOMA

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Session Title: Aggressive Non-Hodgkin lymphoma - Clinical

Background:

Peripheral T-cell lymphoma (PTCL) is a highly heterogeneous invasive non-Hodgkin's lymphoma (NHL) originated from mature T cells. PTCL represents 10-15% of NHL patients. The clinical manifestations are variable from one entity to another within the PTCL.

Aims:

The aim of this study is to describe clinical characteristics and prognostic factors of a cohort of patients with nodal PTCL in south Tunisia.

Methods:

Our study is retrospective, it involved patients with nodal PTCL treated in the hematology department of Sfax between January 2000 and June 2021. We studied Clinical and laboratory data. The diagnosis was confirmed by histological examination according to the 2016 World Health Organization classification of hematologic malignancies. Staging was performed according to Ann Arbor system after extension assessment which includes at least a CT scan and bone marrow biopsy.

Results:

Thirty-eight patients diagnosed with PTCL were registered. The most common histological subtype was PTCL not otherwise specified (PTCL NOS) (n=14, 37%) followed by anaplastic ALK negative T-cell lymphoma (ALCL ALK-) (n=12, 31%), angioimmunoblastic T-cell lymphoma (AITL) (n=9, 24%) and then (ALCL ALK+) (n=3, 8%). The median age was 51 years (17- 87) among whom 12 patients (32%) were >60 years old. The sex ratio was 2.4, the male predominance was found in all histological subtypes. A history of autoimmune disease was noted in patients with AITL such as vitiligo and psoriasis in one case each. A history of skin rash was observed in one case. B symptoms were present in 76% of cases. A performance status ≥ 2 was present in 40% of patients. The most common discovery circumstance was the presence of peripheral adenopathy (40% of cases) with cervical adenopathy being the most common localization. Splenomegaly was present in 29% of cases mostly seen in AITL (55%) and PTCL NOS (36%). Nine patients had hepatomegaly (24%). Pleural and pericardial infiltration were noted in one patient with AITL. Testicular and breast involvement were noted in one case of PTCL NOS each. Increased LDH level was noted in 60.5% of cases. An extended stage (III-IV) was found in 82% of cases. The most frequent extra-nodal localization was bone marrow infiltration (48%).

Summary/Conclusion:

The clinical and prognostic data in our patients are generally similar to previous reports in the literature. However, 48 % patients in this study had bone marrow infiltration, slightly higher than that in previous studies by 20%–30%. PTCL has a poor prognosis and several studies have shown that histological subtypes, Ann Arbor stage and bone marrow involvement are related with the prognosis of PTCL patients.

Keywords: T cell lymphoma, Angioimmunoblastic T-cell lymphoma, Peripheral T-cell lymphoma, Chemotherapy