

Primary extranodal lymphoma mimicking peritoneal carcinomatosis from ovarian cancer

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Peritoneal lymphomatosis (PL) is defined as the peritoneal spread of lymphoma and is a rare clinical entity. It is important to differentiate PL from peritoneal carcinomatosis, which commonly invades from the stomach, colon or ovary.

A 79-year-old presented to outlying facility with complaints of severe back pain. A CT scan demonstrated omental caking and enlarged left ovary with concern for peritoneal spread of ovarian cancer. Patient was set up for outpatient laparoscopic peritoneal cavity biopsy, however on the day of surgery she was found to be exhibiting signs of failure to thrive and she had profound hypercalcemia. After admission to the hospital and correction of the hypercalcemia, patient underwent a diagnostic laparoscopy with omental and peritoneal biopsies. At the time of surgery, patient was found to have massive ascites, peritoneal carcinomatosis with diaphragm, omental, bowel, bilateral adnexal and uterine serosal involvement. Pathology demonstrated diffuse large B-cell lymphoma, activated B-cell phenotype with cell markers CD20, CD24, BCL-6 and MUM-1 positive. Patient was discharged to skilled nursing facility with follow-up with local medical oncologist.

Lymphoma can occur at any site in the body and primary extranodal lymphoma occurs in approximately 25-40% of patients with lymphoma. Diffuse large B-cell lymphoma (DLBCL) is the dominant histological subtype of primary extranodal lymphoma. This case illustrates disseminated peritoneal lymphomatosis presenting as the much more common peritoneal carcinomatosis from an ovarian primary malignancy. It is vitally important to differentiate the two as treatment vastly differs.