

Clinical Image

Bronchial Involvement in Mantle Cell Lymphoma[☆]

Afectación bronquial por linfoma de células del manto

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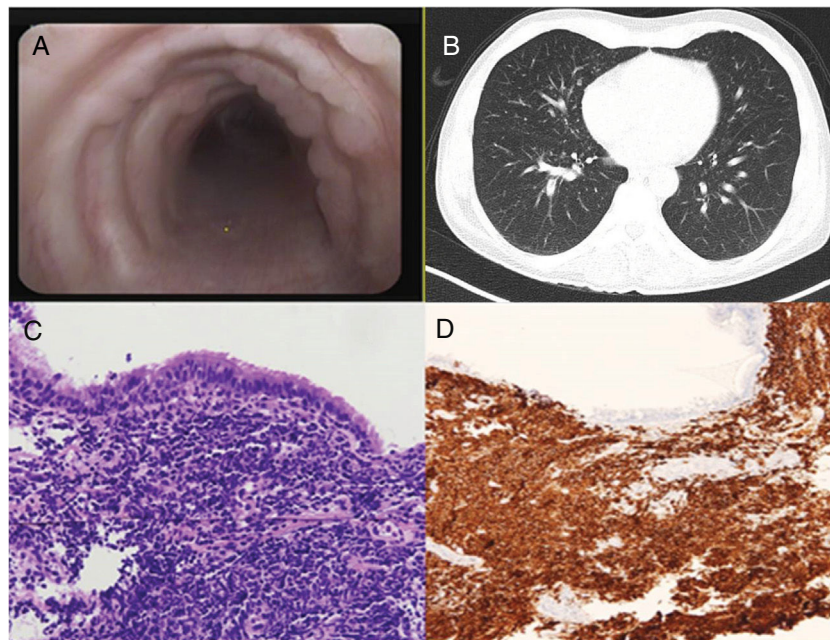


Fig. 1. (A) Flexible bronchoscopy view of the trachea with multiple confluent nodules affecting the wall. (B) CT image showing tree-in-bud pattern, predominantly in the right upper lobe. (C and D) Histological sections of the bronchial mucosa showing a proliferation of cells of lymphoid appearance, hematoxylin/eosin staining (C), positive for CD20, immunohistochemical study (D).

We report the case of a 56-year-old man with a recent diagnosis of stage IV mantle cell lymphoma (MCL), with gastrointestinal tract and bone marrow involvement. A PET/CT scan performed during the diagnostic process showed diffuse enhanced uptake in the stomach and sigma-rectum (SUV_{max} : 8 and 15, respectively) with loco-regional and left laterocervical lymphadenopathies (SUV_{max} : 6.3). Irregular thickening of the tracheobronchial wall was also observed, along with a tree-in-bud pattern in the right upper and middle lobes and lingula. Fiberoptic bronchoscopy was performed,

which showed extensive airway involvement in the form of multiple confluent nodules lining the tracheobronchial wall (Fig. 1). Biopsy specimens were obtained, and histological analysis showed $CD20^+$ cells of lymphoid appearance and cyclin D1 overexpression, consistent with MCL infiltration.

Although MCL frequently affects extranodal territories, airway involvement is exceptional.^{1,2} Bronchoscopy is indicated when morphological alterations are detected in the chest CT, because it can be useful in both the diagnosis and assessment of response to treatment.

References

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