CASE REPORT - SUPPLEMENTARY MATERIALS

Primary B-cell lymphoblastic lymphoma of the testis

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Immunohistochemical assay is fundamental to complete the description of the tumor.

The evaluation of markers, expressed on cells, have been used to differentiate diffuse B-cells lymphomas in three groups. First group is characterized by CD10 and/or Bcl6 positive, while MUM1 is negative. Tumors with these immunohistochemical aspects have a germinal center B-cell-like phenotype and better prognosis.

The other two groups are non-germinal center B-cell-like phenotype; they have a worse survival and cells are CD10 and/or Bcl6 negative and MUM1 positive.

Lymphatic spread is most frequently to the para-aortic lymphnodes with systemic spread to the CNS (6%-16%), skin (0%-35%), Waldeyer’s ring (5%), lung, pleura and soft tissue. For primary testicular disease there isn’t a standardized treatment.

After orchifunicolectomy, patients usually undergo adjuvant chemotherapy.

The association of cyclophosphamide, doxorubicin, vincristine and prednisone was considered the most efficacious regimen (CHOP) in the last decades. Recently the CHOP regimen has been modified by the addiction of rituximab, an anti-CD20 monoclonal antibody; and called R-CHOP. The new treatment with rituximab allows a better control of neoplasia and a longer overall survival.

Other chemotherapy regimen is called hyper-C-VAD (cyclophosphamide, vincristine, doxorubicin, and dexamethasone given as course A, followed by methotrexate and cytarabine given as course B) and it can be used in those cases with more aggressive aspects and an increased risk of progression of neoplasia as in the case we reported (3, 4).