Thrombotic Complications in Mantle Cell Lymphoma

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Background: Mantle cell lymphoma (MCL) is an aggressive non-Hodgkin lymphoma with median survival 3-4 years (1-2 year after relapse). It accounts for between 2-10% of all Non Hodgkin Lymphoma.

Materials and Method: It was retrieved from Hospital record.

Results: A 64 year old immunocompetent male presented with generalized lymphadenopathy for three months. Hemogram showed TLC 12200/ cmm with 70% abnormal lymphoid cells in blood smear. Bone marrow (BM) aspirate smear showed 50% abnormal lymphoid cells, which was supported by biopsy (CD20+, CD3-). Lymph node (LN) biopsy showed lymphoid cell positive for CD20, CD5 & Cyclin D and negative for CD3 & CD23; indicating MCL. Radiology showed bilateral lung nodule. Management with 6 # Bendamustine & Rutiximab resulted into clinical and hematological improvement. After 17 months of treatment free interval, he presented with Peripheral Neuropathy Grade –III with normal lab findings. Pregabalin was advised. Again after 2 months (19 months of TFI) he presented with left inguinal lymphadenopathy. LN & BM Biopsy showed lymphoid cells positive for CD20, CD5 & Cyclin D and negative for CD3, CD23, CD10 & BCL-6; indicating MCL relapse. After 3 # CHOP type II Diabetes was detected. After 6 # CHOP chemotoxicity like fever, mucositis, oral ulcer etc. were noticed, which were managed conservatively along with Linalidomide and Prednisolone. Follow up radiology showed nodular lesions in right upper lobe to start therapy for Tuberculosis. Later painless and gradually increasing swelling in left thigh appeared, for which radiotherapy showed partial relief. Doppler study suggested a partial thrombus in left proximal Great saphanous vein, Lenalidomide induced Deep vein thrombosis was considered, which was managed with anticoagulants. The case expired after some days.

Conclusion: No patient achieves complete response after relapse in MCL. Lenalidomide induced venous thrombosis is a common complication during therapy, needs to be considered while deciding therapeutic plans.

Keywords: MCL, Thrombosis