Clinics in Oncology

Clinical Image
Published: 26 May, 2022

Pulmonary Mucosa-Associated Lymphoid Tissue-Derived Lymphoma: An Atypical Presentation

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Clinical Image

Mucosa-Associated Lymphoid Tissue (MALT) lymphoma most often manifests in the stomach, but it can also affect other organs [1].

A 55-year-old woman presented with fever, productive cough, mucopurulent sputum, chest pain and progressive tiredness; she was medicated with antibiotic, without improvement. She was reassessed and blood tests showed increased C-reactive protein and the chest CT a large bullous formation on the left (Figure 1), causing ipsilateral atelectasis and contralateral cardiomediastinal deviation (Figure 2). The flexible bronchofibroscopy revealed diffusely granulated mucosa in the left upper lobar bronchus, not allowing the bronchoscope to pass through, and bronchoalveolar lavage collected whose cultural and molecular tests were negative. The pathological anatomy of the bronchial biopsies revealed fragments of bronchial mucosa with findings consistent with extranodal marginal zone lymphoma.

The case is remarkable because pulmonary MALT lymphoma is rare, particularly with this clinical and radiological presentation so a high degree of suspicion is necessary to be diagnosed [2].

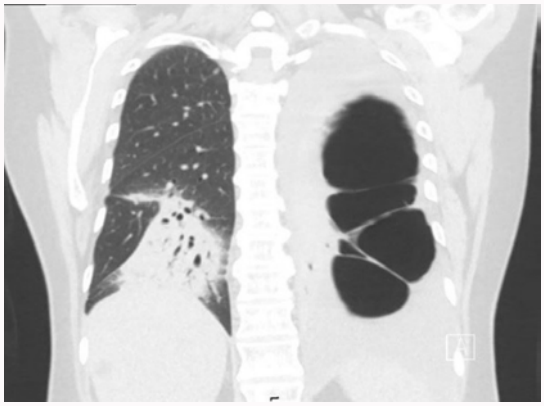

Figure 1: Bullous formation on the left lung with ipsilateral atelectasis.

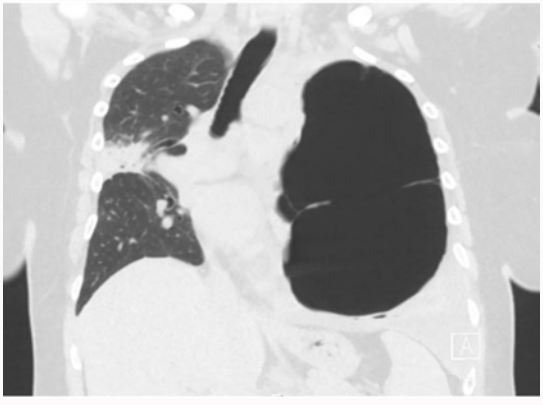

Figure 2: Cardiomediastinal deviation to the right.

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Received Date: *03 May 2022*
Accepted Date: *16 May 2022*
Published Date: *26 May 2022*

Citation:
Cabral M, Cravo P, Cardoso J. Pulmonary Mucosa-Associated Lymphoid Tissue-Derived Lymphoma: An Atypical Presentation. Clin Oncol. 2022; 7: 1922.

ISSN: 2474-1663

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