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Extranodal marginal zone B-cell lymphomas of mucosa associated lymphoid tissue (MALT NHL) outside the gastrointestinal tract

KEYWORDS: MALT lymphoma; Gastrointestinal Neoplasms; Immunohistochemistry

MALT NHL is the most common extranodal lymphoma. The gastrointestinal tract (GI) is the usual site; 85% of MALT NHL are localized in the stomach. Other sites are rare. Systemic dissemination does occur, usually in other extranodal sites or in the bone marrow. The aim of this study was to confirm the clinical, morphological and immunophenotypic characteristics of MALT NHL outside the GI. We analyzed 84 de novo MALT NHL localized outside the GI. The biopsy specimens of all patients were analyzed immunohistochemically with the panel of monoclonal antibodies: CD79(, CD20, CD10, CD3, CD5, CD43, kappa, lambda, IgA, IgG, IgM and bcl-2. The patients' median age was 59.2 years (28-82). The majority of them were presented with stage I and II of the disease. 28% patients had bone marrow infiltrations. The international index was low or low intermediate in 80%. The sites of tumors were: Waldeyer's ring (25%), salivary glands (21%), ocular adnexae (21%), nose and oral cavity (9,52%). 6 tumors were in the lung, 4 in the thyroid gland, 3 in the skin, 2 in the uterus and 1 the gall bladder, kidney, testis and breast. Morphologically, the monocytoid B-cells and centrocytoid cells dominated, with plasmacytic differentiation. Lymphoepithelial lesions were seen in the majority of tumors. All tumors strongly express CD20 and CD79α, with a high proportion of CD43+ cells. Expression of bcl-2 was moderate. The differential diagnosis of extranodal MALT NHL outside the GI is a problem due to its unexpected localization and indolent course. The distinction from reactive processes is based mainly on immunophenotyping or molecular genetic analysis.

Archive of Oncology 2002;10(Suppl 1):96.

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Lipoleiomyoma of the uterus: Immunohistochemical analysis of 11 cases

KEYWORDS: Leiomyoma; Uterine neoplasms; Immunohistochemistry

The histogenesis of uterine lipoleiomyomas (UL), which are commonly considered to be rare tumors, has not been fully clarified. The purpose of this study is to ascertain the actual incidence of UL, and to establish the origin of the lipomatous component in UL. Out of the total of 812 uterine smooth muscle neoplasms diagnosed over the period between May 2001 and May 2002, 11 were UL (1.4%). The tissue samples from all cases were routinely processed, and the lipid content was histochemically demonstrated with Oil-red-O. This method was performed in areas, which were macroscopically suspected to contain fatty tissue. Selected sections were immunostained. Ten leiomyomas and one smooth muscle neoplasm of uncertain malignant potential, with various amounts of the lipomatous component were identified. In three tumors the lipomatous component consisted of mature lipocytes. In eight tumors, the perivascularly localized focal areas of cells with pale abundant cytoplasm similar to smooth muscle cells or to fibrocytes containing cytoplasmatic lipid droplets were found. Immunohistochemically, the cells in the perivascular areas were positive for S-100 protein, desmin, vimentin, neuron specific enolase, alpha 1-antitrypsin, CD 34 and collagen IV and were negative for alpha-smooth muscle actin. Additionally, these cells and mature lipocytes were negative for estrogen and progesterone receptors. Our results suggest that UL are not rare neoplasms and that lipomatous differentiation in leiomyomas can be found more frequently than expected. Immunohistochemical results indicate that lipomatous cells, as well as smooth muscle cells, derive from multi-potential undifferentiated mesenchymal cells.