



## 1. CLINICAL AND HEMATOLOGICAL FEATURES AND DIAGNOSTIC OPTIONS IN EXTRANODAL AGGRESSIVE NON-HODGKIN'S LYMPHOMAS

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**Introduction.** Lymphomas can be simply defined as malignant neoplasms of lymphocytes and their precursor cells. Common sites of extranodal manifestations are the gastrointestinal tract, especially the ventricle, pharynx, thyroid gland and skin. In the head and neck region, the most common site is Waldeyer's ring.

**Aim of study.** To identify and evaluate the clinical-evolutionary, hematological features and diagnostic options in aggressive extranodal non-Hodgkin's lymphomas.

**Methods and materials.** We studied the ambulatory cards and medical records of 80 patients with morphologically confirmed diagnoses of non-Hodgkin's lymphoma, who had at least one extranodal presentation.

**Results.** Among studied patients, all had at least one extranodal involvement, in 43% of cases the nasopharynx was affected, 38% the liver, 25% the spleen, 14% the spinal cord. Most patients spend 4 months -1 year to establish a concrete diagnosis. Sometimes this was due to the patient's own fault, postponing the visit to the doctor until the last moment or atypical symptoms making the diagnosis more difficult to establish. The presence of B symptoms was recorded in 42% of patients, and 76% had stage IV at diagnosis. The anemic syndrome was present in 14% of cases, with specific changes in the differential blood count. The final diagnosis was proved on the basis of morphology and immunohistochemical examination of the biopsied lymph nodes or tissue. The immunohistochemistry panel used was: CD20, CD3, CD5, CD10, CD45, BCL2, BCL6, Ki-67, IRF4/MUM1, and MYC which confirmed the diagnosis of lymphoma with the specification of the immunohistochemical type. Complete staging and monitoring of the disease evolution was possible due to high-precision MRI, CT PET-CT investigations. Patients received treatment courses of RCHOP, RCOP, BR with 80% of cases achieving clinic-morphological remission.

**Conclusion.** A surgically excised tissue with immunohistochemical examination is widely accepted as the gold standard for lymphoma diagnosis based on current international guidelines. It should be evaluated by immunocytochemistry, flow cytometry (if received unfixed), FISH studies, DNA and RNA extraction for molecular diagnosis.