ANSWER

Diagnosis

FOLLICULAR LYMPHOMA, GRADE 3A

Microscopically, this lymph node showed completely effaced nodal architecture with many irregular-shaped nodules of variable sizes. The neoplastic nodules were composed of atypical cells with vesicular chromatin, irregular nuclear contour and frequently a central prominent nucleolus (more than 15 centroblasts per high power field). Centrocytes were still present. No solid sheets of large cells were identified.

Immunohistochemical stains showed that the large lymphocytes within nodules were weakly positive for CD20, CD10, IgD, BCL6 and negative for BCL2, cyclin D1. MUM-1 was weakly positive in the nodules, and strongly positive in scattered plasma cells and large cells at the periphery of the nodules. CD21 showed expanded follicular dendritic cell meshworks, and Ki-67 showed moderate to high proliferation rate within nodules (3+/4). EBER ISH was negative. CD3 and CD5 were present in T cells in the interfollicular zones.

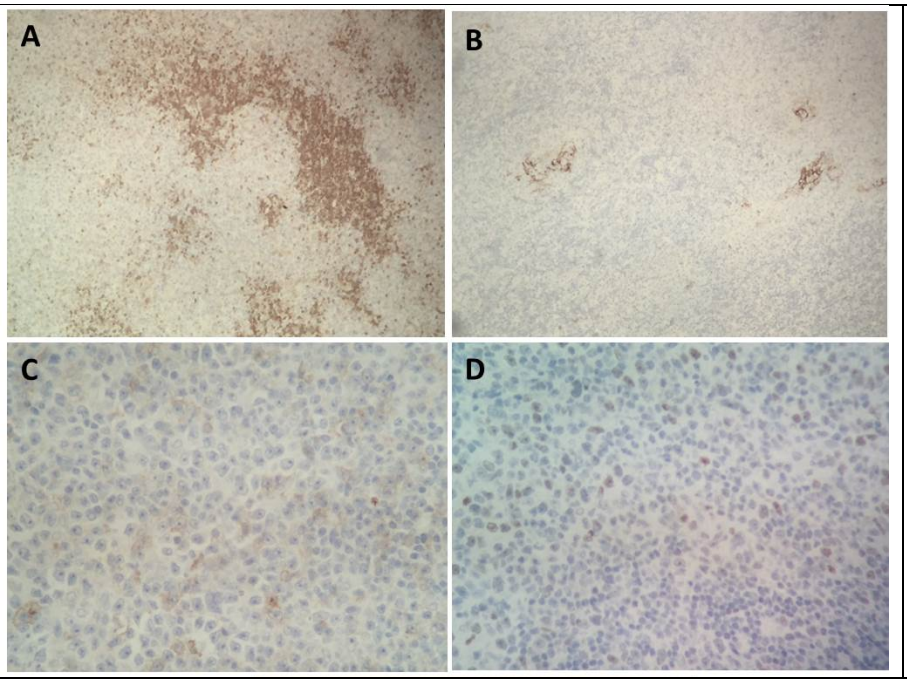

Figure 2.
Immunohistochemistry.
A. Bcl-2
B. CD23
C. CD10
D. Bcl-6

In summary, the findings indicate a high-grade follicular lymphoma. A MUM-1 positive type follicular lymphoma that lacks the characteristic BCL2-IGH translocation has being described by Karube et al. with 22 cases (**Blood. 2007;109(7):3076-9**). The majority of those reported cases tend to have Grade 3 features, lack translocations involving the BCL2 locus, and often show BCL6 abnormalities, similar to the findings of the current case. However, it is unclear whether the reported clinicopathologic features associated with this subgroup of FL stands when more cases are examined in the future.

Overall, this is a very interesting and unusual case, where the morphology of follicular proliferation fits typically for a high-grade follicular lymphoma, but the immunoprofile and cytogenetic findings are atypical for adult follicular lymphoma.

Complex karyotyping is usually associated with poor prognosis in non-Hodgkin lymphoma. So far, the current case has localized lymphadenopathy and no bone marrow involvement or systemic lymphadenopathy. Close follow-up is needed.