A 65-year-old man with small bowel perforation and sepsis, s/p exploratory laparotomy and small bowel resection

Contributed by Dr. James Richter
Small intestine, resection (H&E, x 20)

Contributed by Dr. James Richter
Small intestine, resection (H&E, x 100)
Small intestine, resection (H&E, x 200)
Small intestine, resection (H&E, x 400)

Contributed by Dr. James Richter
Small intestine, resection (IHC, x 400)

Contributed by Dr. James Richter

CD3

CD20

Contributed by Dr. Frank Zhao
Small intestine, resection (IHC, x 400)

Contributed by Dr. Frank Zhao
Small intestine, resection (IHC, x 200)

Contributed by Dr. Frank Zhao
Additional IHC Results

• PAX5+, BCL2+ (weak), IgM+
• Negative for BCL6, CD5, CD10, CD23, CD30, CD43, CD56, IgA, IgD, IgG, P53, and SOX11.

Contributed by Dr. Frank Zhao
FISH Studies

• FISH Analysis revealed a gain of BCL2 gene and a gain of BCL6 gene. No *IGH/CCND1* abnormality was detected.

*Contributed by Dr. Frank Zhao*
Final Diagnosis

Small Intestine, Resection:

- Diffuse Large B-cell Lymphoma with Plasmacytic Differentiation

Contributed by Dr. Frank Zhao
Discussion

• Diffuse large B-cell lymphoma (DLBCL) is the most common non-Hodgkin lymphoma which is usually treated with RCHOP and has a survival rate of 60-70%.
• This aggressive DLBCL shows aberrant expression of cyclin D1, but no other features of mantle cell lymphoma.
• The abundant amphophilic cytoplasm in the large lymphoma cells and MUM1 expression favor plasmacytic differentiation.
• Gain of BCL2 and BCL6 genes, but weak (BCL2) and lack (BCL6) of expression of the genes reiterate the fact that genetic abnormalities do not necessarily lead to abnormal gene expression.
• This lymphoma falls in the grey zone among DLBCL, mantle cell lymphoma and plasmablastic lymphoma.

Contributed by Dr. Frank Zhao