AN UNUSUAL CASE OF HCL PATIENT WITH A LARGE ABDOMINAL MASS

F. LAURIA
PRESENTATION AND PHYSICAL EXAMINATION

- 51-year old man
- Presents with fatigue and shortness of breath mainly during exercise
- Physical examination reveals hepatosplenomegaly
LABORATORY FINDINGS

Laboratory data

- Hb: 8.6 g/dl
- PLT: 32 x 10^3/µl
- WBC: 2.2 x 10^3/µl (N 2%, L 66%, Hc 32%)

SUSPECTED DIAGNOSIS OF HCL
ADDITIONAL LABORATORY INFORMATIONS

- Reticulocyte count: **LOW**
- Bone marrow aspirate: **DRY TAP**
- Bone marrow biopsy: **CELLULARITY 60-70%, HC INFILTRATION > 90%**
- Immunophenotype:

  - **CD20**
  - **CD11c/CD103**
  - **CD25**
  - **SmIg**
  - **K**

**DIAGNOSIS OF HCL WAS CONFIRMED**
ADDITIONAL EXAMINATIONS

- Liver enlargement: 4 cm b. c. m.
- Spleen enlargement: 10 cm b. c. m.
- No superficial lymphnodes
- CT SCAN:
  - Liver enlarged with intraparenchimal lesion of 3.4 cm
  - Spleen enlarged
  - Presence of a 13 cm abdominal mass between liver and pancreas
Before starting therapy, the patient was submitted to laparotomy and biopsy of the abdominal mass.

Diagnosis of HCL was histologically confirmed (MIB1: 10-20%).

Mild complications after laparotomy were registered.
TREATMENT

CLADRIBINE 10 mg x 5 days s.c.

After treatment, the patient developed a severe and persistant pancytopenia lasting for more than 15 days furtherly complicated by a life-threatening infection.
SUPPORTIVE TREATMENT

- ANTIBIOTICS
- G-CSF
- PACKED RED CELLS (12 Units)
- PLATELETS (14 Units)

The patient was discharged after 18 days by the end of therapy with the following hematological values:

- Hb : 9.8 g/dl
- Platelets 34x $10^3/\mu l$
- WBC : 1.01 x $10^3/\mu l$ ( N 86%; Hc 0% )
3 MONTHS LATER

- Excellent clinical status
- Liver and spleen no more palpable
- Hb 15.4 g/dl; PLT 199 x 10³/μl; WBC 4.8 x 10³/μl (N 80%, HC 0%)
- BM: Cellularity 10%; Hc infiltration: 15-20%
- CT SCAN:
  - Spleen: Normal
  - Liver: not enlarged
  - Abdominal mass: reduced from 13 to 5 cm
HOW WOULD YOU PROCEED?

- WATCH & WAIT
- RITUXIMAB ALONE
- RITUXIMAB + CLADRIBINE
HOW WOULD YOU PROCEED?

On the basis of the following aspects:

- Severe hematological toxicity
- Previous infectious complication
- Low BM cellularity (10%)
- Low MIB1 (10–20%)
- Good clinical conditions

Our therapeutical decision was

WATCH AND WAIT
FOLLOW-UP

The patient was strictly observed every 4-6 months with BM examination and CT scan. By the time, a further and progressive reduction of the residual disease was documented.
TWO YEARS LATER (last follow-up)

- Good clinical conditions
- Hb 16 g/dl; PLT 234 x 10^3/μl;
- WBC 5.4 x 10^3/μl; (N 68%, HC 0%)
- BM: cellularity 40-50%; Hc 10%
- Ct scan: normal spleen; normal liver; abdominal mass: 3-4 cm with no enhancement
WHICH SUGGESTIONS FOR THE FUTURE?

THANK YOU