

Development of Diffuse Large B cell Non Hodgkin Lymphoma in a case with history of recurrent breast cancer

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Introduction: Second cancers occurs about one in six of all new cancer. Recent progress in diagnosis and treatment has improved the survival rates of patients with cancers, which enhances of developing other primary cancers.

Case Report: A 47 years old girl with history left breast cancer since 1993 who had treated with breast conservative surgery, chemotherapy and 5 years Tamoxifen. She had local recurrence of the same breast at 1999 who treated with total mastectomy, chemotherapy and radiotherapy. Now she has presented with moderate hepatomegaly and bilateral inguinal lymphadenopathy, B symptoms and diarrhea since three months ago. CT scan showed multiple intraabdominal and Para aortic lymphadenopathies and liver enlargement with a hypo dense mass in it suggestive of metastasis and right side stasis in pyelocalyceal system and multiple small medistinal lymph nodes. Mammography and tumor markers were normal. CT guided biopsy of liver mass showed large cell tumor that with immunohistochemistry revealed LCA and CD 20 positive tumor compatible with high grade diffuse large B cell lymphoma. Pathology reviewed that confirmed the diagnosis. Bone marrow aspiration and biopsy was normal.

Conclusion: Second cancers can be consequence of the DNA-damaging therapies due to chemotherapy regimens in addition a hereditary predisposition to cancer could be the cause. More study needs to gain insight into the interactions between genetic susceptibilities and acquired environmental factors.

Key Words: second cancer, immunohistochemistry, diffuse large B cell non-Hodgkin lymphoma