

Clinical-Medical Image

Burkitt's Lymphoma of the Oral Cavity Revealed by a Rapidly Progressive Mega Mass in a Young Woman

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Figure 1: Large lump in the oral cavity revealing Burkitt's lymphoma.

Clinical-Medical Image

Burkitt's lymphoma (LB) is a malignant tumor characterized by the proliferation of type B lymphoid cells. It is a non-Hodgkin's lymphoma with a high degree of aggressiveness with significant tumor dissemination, in particular towards the bone marrow and the central nervous system. It represents 30 to 40% of non-Hodgkin's lymphoma (NHL) in children [1,2]. In the equatorial regions, it represents 50% of childhood cancers and more than 70% of NHLs [3]. The prognosis of this tumor has improved considerably in recent years thanks to intensive and short therapeutic protocols, particularly in developing countries. We present the case of a young female who presented with LB in the oral cavity (Figure 1).

Staging should be expedited because the tumor is growing rapidly. Staging uses fluorodeoxyglucose (FDG)-(PET) positron emission tomography/CT; if not available, CT of the chest, abdomen and pelvis can be done instead. Patients should also undergo bone marrow biopsy, cerebrospinal fluid cytology and laboratory studies that include LDH (lactate dehydrogenase).

Treatment must be initiated quickly because these tumors grow rapidly. Intensive alternating polychemotherapy of cyclophosphamide, vincristine, doxorubicin, methotrexate, ifosfamide, etoposide, cytarabine (CODOX-M/IVAC) plus rituximab gives a cure rate > 80% in children and adults < 60 years. For patients > 60, regimens such as rituximab plus etoposide, prednisone, vincristine (Oncovin) and doxorubicin (at adjusted R-EPOCH doses) are also commonly used with success. In patients without CNS metastases, CNS prophylaxis (eg, with systemic and/or intrathecal methotrexate and/or cytarabine) is essential.

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Tumor lysis syndrome is common during treatment and patients should receive IV hydration, allopurinol often with rasburicase and urine alkalization (in the absence of hyperphosphatemia), combined with close monitoring of the ionogram (in particular potassium, phosphorus and calcium). Rasburicase is contraindicated in G6PD deficiency because it may cause hemolytic anemia in these patients. Some patients may require dialysis for hyperkalemia.

Keywords: Burkitt's lymphoma; Oral localization; Diagnosis

Conflict of Interest

The authors declare that they have no ties of interest.

References

1. Satishchandra H, Sridhar AS and Pooja BP. (2013). Imaging of Burkitt's lymphoma-abdominal manifestations. *J Cancer Res Ther* 9: 128-130.
2. Madani A, Benhmiddoune L, Zafad S, Harif MH and Quessar A, et al. (2005). Treatment of Burkitt's lymphoma in children using the LMB89 protocol in Casablanca. *Cancer Lett* 92: 193-198.
3. Patil K, Mahima VG, Jayanth B S and Ambika L. (2007). Burkitt's lymphoma in an Indian girl: A case report. *J Indian Soc Pedod Prev Dent* 25: 194-199.