

Clinical-Medical Image

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

Saadoune Mohamed*, Ibrahima Kalil Cisse, Darfaoui Mouna, Elomrani Abdelhamid and Khouchani Mouna

Department of Radiology, Mohammed VI University Hospital, Marrakech, Morocco



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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***Corresponding author:** Saadoune Mohamed, Department of Radiology, Mohammed VI University Hospital, Marrakech, Morocco; Tel: +212 676579947; E-mail: Simoja151206@gmail.com; mohamed.saadoune@edu.uca.ac.ma

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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.

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