Case report

CHOP-treated Mammary Non-hodgkin's Malignant Lymphoma in a Female Patient with HIV + On Retroviral Treatment - Case Report

Department of Medical Oncology, National Institute of Oncology, CHU Rabat, Morocco

*Correspondence author - K. El Bakraoui; kamaldoc1@yahoo.fr

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Summary

HIV infection greatly increases the risk of developing lymphoma. NHL is present in approximately 3% of the HIV-positive population at the time of their HIV diagnosis. Twenty percent of HIV-positive patients develop NHL. Risk factors for an association of the NHL with HIV include: low CD4 T cell count, high viral load, age, and male.

We report the case of a 35-year-old mother of three children having a history of the death of the husband following the neurological complications of AIDS, the patient was subsequently diagnosed with HIV + and then placed on retroviral treatment. After 6 months the patient reported a breast swelling with pelvic pain, a breast biopsy performed showing a large B-cell NHL.

The extension assessment reveals localizations: mammary, bilateral ovarian and adrenal right of a lymphomatous process, the BM is normal and the CD4 rate is 517 / mm3. CHOP-type systemic chemotherapy with intrathecal chemotherapy has been initiated. The post-treatment evaluation was in favor of a complete clinical and radiological response.

The prognosis of patients with AIDS-related lymphoma is associated with the stage of the disease, extraganglionic involvement including bone marrow, CD4 cell count, and performance status. Median survival varies from 8 to 20 months, which remains much lower than that of non-HIV-associated lymphomas.

Keywords: large B-cell NHL, breast, CHOP, HIV+.

Introduction

HIV infection greatly increases the risk of developing lymphoma. NHL is present in approximately 3% of the HIV-positive population at the time of their HIV diagnosis. Twenty percent of HIV-positive patients develop NHL. Risk factors for association of the NHL with HIV include: low CD4 T cell count, high viral load, age, and male.

Clinical Case

We report the case of a 35-year-old mother of 3 children with a history of the death of the husband following neurological cerebral complications of AIDS, the patient was subsequently diagnosed with HIV + and then placed on retroviral therapy. After 6 months the patient reported a breast swelling with pelvic pain, a breast biopsy performed showing a large B-cell NHL.
The extension assessment reveals localizations: mammary, bilateral ovarian and adrenal right of a lymphomatous process. The BOM is normal and the CD4 rate is 517 / mm3.

The most common lymphomas in people living with HIV are Burkitt lymphoma (affecting B lymphocytes) and diffuse large cell lymphomas (affecting T or B lymphocytes). B-cell lymphomas remain the leading cause of death for people living with HIV. There is a direct link to the number of CD4s. The more immunocompromised the person is, the more likely they are to develop lymphoma.\[1\]

The incidence of lymphoma at CD4 is 15 times higher than normal for people with more than 350 CD4, and 250 times higher for people with less than 50 CD4.\[3\]

The standard chemotherapy remains the CHOP protocol (every 14 or 21 days). The use of hematopoietic growth factors must be wider than in non-HIV patients. The combination of a monoclonal anti-CD20 antibody, Rituximab, with chemotherapy with CHOP (R-CHOP) has demonstrated its superiority in patients over 60 years of age who are not HIV positive.

This combination has been tested in HIV-positive subjects in two trials with discordant results: the ANRS trial 085\[6\] showed very satisfactory results in patients with CD4 greater than 200 / mm3 and an IPI score of less than 2. On the other hand, it gives still insufficient results in patients with these criteria of poor prognosis.\[7-9\]

The North American AMC O10 trial does not show any benefit from the addition of rituximab and additional deaths from bacterial infections in patients with less than 50 CD4 / mm3.\[8\]

**Conclusion**

The prognosis of patients with AIDS-related lymphoma is associated with the stage of the disease, extraganglionic involvement including bone marrow, CD4 cell count, and performance status. Median survival varies from 8 to 20 months, which remains much lower than that of non-HIV-associated lymphomas.

**References**


