Extranodal lymphoma: An Experience from a tertiary care centre in North-east India

1Dr. Kakoti Lopa M, MD, DNB, Pathology, demonstrator, Dr. B Barooah Cancer Institute.
2Dr. Sharma Jagannath D, MD Pathology, Professor and head, Dr. B Barooah Cancer Institute
3Kalita Manoj, Statistician UnderPopulation based cancer registry, INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR), Dr. B Barooah Cancer Institute
4Dr. Sarma Anupam, MD Pathology, Associate professor, Dr. B Barooah Cancer Institute,
5Dr. Ahmed Shiraj MD Pathology, Assistant professor, Dr. B Barooah Cancer Institute
6Dr. Das Sawmik MD Biochemistry, Assistant professor and head, Dr. B Barooah Cancer Institute,
7Dr. Kataki Amal Chandra, MD, Gynac oncology, Professor and head, Dr. B Barooah Cancer Institute

ABSTRACT

Background: Amongst the various definitions, lymphomas are considered as primarily extranodal when, after routine staging procedures, there is either no or only 'minor' nodal involvement along with a clinically 'dominant' extranodal component, to which primary treatment must often be directed. Objective: To explore the prevalence of various sites, subtypes, clinicopathological characteristics, effect of different modality of treatment along with long term outcome of various extranodal lymphomas in our institute, a regional cancer centre of North-east India. Materials and method: The study was a retrospective analysis of all IHC proven lymphoma cases presented with dominant extranodal component diagnosed between 1st January 2011 to 31st December 2015. Results: Of 257 total NHL cases 80 were extranodal. The median age at presentation was 56 year with slight male preponderance. The most common sites were found to be head and neck (tonsils > oropharynx > nasopharynx) followed by stomach and orbit. Most common subtypes were DLBCL followed by PTCL and FL. The overall 1, 3 and 5 year survival is 68%, 52% and 48% respectively. DLBCL carried worse prognosis initially, but at end of long run all types carried almost similar survival benefit. Conclusion: Its always interesting to know the pattern of disease and the outcomes amongst different population. The present study findings were comparable to most of the studies in India and Asia. Further research regarding etiology, course and pattern of each specific site using population based studies is warranted to achieve conclusive results.

Key words: extra, nodal, survival, north-east, population