

Surprising autopsy diagnosis in unclear initial situation. A case of intravascular B cell lymphoma

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Intravascular large B cell lymphoma (IVLBCL) is a rare extranodal non-Hodgkin lymphoma characterized by proliferation of malignant cells within the lumen of small vessels, with a predilection for the central nervous system and the skin [1]. IVLBCL clinical course is highly aggressive, clinical signs and symptoms are not specific and may consist in neurological deficits, fever of unknown origin, cutaneous lesions, lacking of a typical neuroimaging pattern [1]. For all these reasons the diagnosis is frequently missed and the *exitus* is frequent, therefore post-mortem evaluation is necessary to clarify the clinical history. We present a case of IVLBCL in a 62-year-old female with unusual symptomatology, mimicking a vascular multifarctual cerebropathy; post-mortem autopsy was diriment to define the nature of the disease. Immunohistochemical analysis for anti-CD20 revealed the ubiquitary presence of malignant lymphoid B-cells into the vessels of all organs analyzed, allowing the definitive diagnosis. Although the diagnostic procedure for such pathology is still a matter for further studies, adequate interpretation of neuro-imaging and morphological findings, as well as of systemic symptoms can provide a right diagnostic hypothesis, suggesting focused biopsy *in vivo*.

References

[1] Marino D et al. (2012) Fulminant intravascular lymphomatosis mimicking acute haemorrhagic leukoencephalopathy. *J Neurol Sci* 320(1-2): 141-4; doi: 10.1016/j.jns.2012.05.043.

Keywords

Intravascular large B-cell lymphoma; cerebral multifocal hemorrhage; dementia; autopsy.