Lymphoma of the spleen in a developing community

Wilson I. B. Onuigbo.
Pathology Department, Medical Foundation & Clinic, Enugu, 400001, Nigeria.

Corresponding Author: Wilson I. B. Onuigbo, Pathology Department, Medical Foundation & Clinic, Enugu, 400001, Nigeria
Email: wilson.onuigbo@gmail.com.

Received date: March 15, 2018; Accepted date: April 16, 2018; Published date: May 02, 2018.

Citation this Article: Wilson I. B. Onuigbo, Lymphoma of the spleen in a developing community. J Immunology and Inflammation Diseases Therapy. DOI: http://doi.org/02.2018/1.10003.

Copyright: © 2018 Wilson I. B. Onuigbo. This is an open-access article distributed under the terms of The Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract
From China, there was the report of a female patient with spleen lymphoma which involved the pancreas. In the USA case, the presentation was by way of rupture. Therefore, 4 Nigerian cases are deemed to be worthy of documentation.

Key words
Spleen, lymphoma, rarity, developing community.

Introduction
Chinese authors presented the case report of a 64-year-old female patient whose presentation simulated pancreatic involvement but turned out to originate in the spleen (1). In a USA case (2), it was rupture that featured. Therefore, I present cases from Nigeria which were straightforward from among the Ibo/Igbo ethnic group (3).

Case Reports
Case 1
A 50-year-old man attended the Annunciation Specialist Hospital, Enugu, with the complaint of abdominal pain of three weeks duration. Sonographic findings were of hypoechoic, rounded areas. At laparotomy, the spleen was riddled with solid nodules and was markedly enlarged. Splenectomy was undertaken by Dr Angela Muobike, lymphoma being queried. The senior author (WIBO) received a bisected enlarged spleen measuring 14 cm across. It showed numerous whitish nodules up to 4 cm across. A few nodules were also present at the hilum. Microscopy confirmed the lesion to be malignant lymphoma.

Case 2
AJ, a 37-year-old man, attended the St Charles Borromeo Hospital, Onitsha, complaining of abdominal swelling of 6 weeks duration. It was progressive and associated with fever and weight loss. At laparotomy, a 30 cm x 20 cm spleen was found to adhere the parietal peritoneum. The weighty spleen was sent to me. There were whitish areas. On microscopy, both normal spleen as well as malignant areas were found, the appearances being those of malignant lymphoma.

Case 3
OE, a 16-year-old man attended the St Charles Borromeo Hospital, Onitsha, under Dr. C. U. Nwadinigwe, complaining of abdominal swelling of 6 weeks duration. It was progressive and associated with fever and weight loss. At laparotomy, a 30 cm x 20 cm spleen was found to adhere the parietal peritoneum. The weighty spleen was sent to me. There were whitish areas. On microscopy, both normal spleen as well as malignant areas were found, the appearances being those of malignant lymphoma.

Case 4
OS, a 11-year-old male attended the University of Nigeria Teaching Hospital, Enugu, complained of progressive abdominal swelling and weight lost for 3 months. Laparotomy was carried out by Dr N. Obianyo who excised the tumor. A museum worthy wedge of spleen with tumor deposits was received by me. Microscopy revealed infarcts of both pale and red varieties as well as mitotically active tumor cells of the lymphoma type.

Discussion
Birmingham (UK) authors explained that the establishment of a histopathology data pool facilitates epidemiological analysis (4). It was such a pool established by the Government of the Eastern Region of Nigeria at Enugu, which was manned by me, that facilitated matters. Incidentally, there was a debate in the UK about the usefulness of such a central laboratory for distant doctors (5). As in this case, this has been confirmed to be useful (6). Indeed, a related series on the breast (7-10) attested to such a conclusion.
References