A Case of Primary Ovarian Burkitt Lymphoma

PRİMER OVARIAN BURKİTT LENFOMA OLGUSU

Haldun GÜNER, MD,⁎ Mehmet Anıl ONAN, MD,⁎ Mertihan KURDOĞLU, MD,⁎ M. Bülent TIRAŞ, MD,⁎ Özlem ERDEM, MD⁎

Departments of ⁎Obstetrics and Gynecology, ⁎Pathology, Medical Faculty of Gazi University, ANKARA

Abstract

Primary Burkitt lymphoma of the ovary is rare. The aim of this report is to add a new case of primary ovarian Burkitt lymphoma to the literature and take the attention of clinicians to this rarely seen entity.

A 27-year old woman presenting with abdominal fullness were referred for ovarian mass. Her preoperative assessment revealed an adnexal lesion on right-middle side. On surgery, both ovaries, which were invaded by mass lesions on right and some tumoral foci on left, were excised. Histopathology of surgical specimen was consistent with Burkitt’s type lymphoma in both ovaries.

Despite of the rarity of true primary ovarian lymphomas, non-Hodgkin’s lymphoma and the mostly Burkitt’s type, diagnosed initially in the ovaries should always be kept in mind during ovarian surgeries.

Key Words: Burkitt lymphoma, ovary, lymphoma, non-Hodgkin

Turkiye Klinikleri J Gynecol Obst 2005, 15:103-104

Ovary is one of the most commonly affected anatomic sites of the gynecologic tract by non-Hodgkin’s lymphoma (NHL). Localized, presumably primary, NHL of the ovary is rare and ovarian involvement by NHL is usually secondary, occurring as a part of systemic disease.1 In the previous reports of ovarian NHL, primary ones represent only a minority of the cases (usually less than 10%), mostly including both primary and secondary cases.2,3

Burkitt’s lymphoma, forming 6 to 7% of non-Hodgkin’s group is also well characterized in the literature as it is presented with secondary cases, but information about primary ones is limited. In a recent review by Yang et al, it has been stated that only 6 out of 19 cases of primary NHL of the ovary reviewed and one out of their eight own cases were Burkitt type.4

To add a new case to the literature and take the attention of clinicians to this rarely seen entity to be familiar, we report a case of 27-year old Turkish girl with ovarian mass, diagnosed as primary Burkitt’s lymphoma.

Case Report

Ultrasonographic examination of a 27-year-old woman, gravida 0, para 0, with a complaint of abdominal fullness showed that there was a solid mass on right-middle pelvic region (Figure 1).
On surgical exploration, a softly 130 x 150 mm mass with irregular surface on right adnexial region and some tumoral focuses on left ovary, 0.5 cm in size, and 3-4 in number were noticed. Frozen biopsy of the excised specimen was reported as the histopathologic diagnosis could be probably lymphoma or dysgerminoma.

Histopathology of both ovaries invaded by the tumoral cells was Burkitt’s type NHL. Screening for staging did not show any involvement of chest, liver, spleen, or other lymph nodes. Cerebrospinal fluid, peripheral blood and bone marrow showed none of Burkitt’s type cells.

The patient began treatment with combination chemotherapy and died of neutropenia as a complication of heavy chemotherapy protocol in May 2002.

**Discussion**

Burkitt’s lymphoma of the ovary is usually bilateral and present as part of a widespread Burkitt’s lymphoma. However according to criteria proposed by Fox & Langley for the diagnosis of primary ovarian lymphoma, our presented case can be assigned as being primary.

In this criterion; firstly at the time of diagnosis, the lymphoma is clinically confined to the ovary and full investigation fails to reveal evidence of lymphoma elsewhere. In our case, on surgical exploration and radiological investigation after the surgery, no involvement outside the ovaries was observed.

Secondly, the peripheral blood and bone marrow should not contain any abnormal cells, as it is the case in our patient.

Thirdly, if further lymphomatous lesions occur at sites remote from the ovary, then at least several months should have elapsed between the appearance of the ovarian and extra-ovarian lesions. Until we lost our patient, such lesions did not appear.

Although true primary ovarian lymphomas can rarely occur, lymphoproliferative disorders and mostly non-Hodgkin’s Burkitt type, diagnosed initially in the ovaries should always be considered during ovarian surgeries.

**REFERENCES**