
Well tolerated, and, at the time of writing, response to it is row infiltration was found. Chemotherapy was started and lymphoid positive in approximately 80%. No bone marrow involvement was found. A pathological study reported a large diffuse B-cell non-Hodgkin lymphoma, CD20 positive and Ki-67 positive in approximately 90% and P53 positive in approximately 80%. No bone marrow infiltration was found. Chemotherapy was started and well tolerated, and, at the time of writing, response to it is pending evaluation.

6. torino F, Corsello SM, Longo R, Barnabei A, Gasparini G. Primary lymphoma of the adrenal gland accounts for approximately 1% of all primary non-Hodgkin lymphomas reported in the literature (1). Bilateral adrenal involvement is found in 65% of cases (3). Ninety percent of PALs are large B-cell non-Hodgkin lymphomas (4). The most common initial symptoms include abdominal pain, lumbar pain, fever, and weight loss. In patients with bilateral involvement, some degree of adrenal insufficiency may be found in up to 60% of cases, but insufficiency is usually subclinical in most of them.

Despite its low incidence, PAL should be included in differential diagnosis of an adrenal gland together with other malignant tumors such as carcinoma of the breast and lung, gastrointestinal tract tumors, and malignant melanoma, in which the incidence of adenocortical metastases, often bilateral, is high. Differential diagnosis should also include other con-

![Figure 1](http://www.elsevier.es) CT of the chest and abdomen.
ditions such as primary adrenal carcinoma, pheochromocytoma, and some infectious conditions.

PAL is the disease with the poorest prognosis among extranodal B-cell lymphomas. Ninety percent of reported patients die within one year of diagnosis despite treatment. The chemotherapy schemes routinely used with curative intent for the treatment of high-grade B lymphomas provide very poor results in PAL. Radiotherapy may improve local control of the disease, but its impact on the survival of these patients is unknown. Finally, glucocorticoid replacement therapy should be part of the treatment when some degree of adrenal insufficiency exists.

References


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