Short communication

Primary conjunctival follicular lymphoma mimicking chronic conjunctivitis

S. Labrador Velandia a,⁎, E. García Lagarto b, M.A. Saornil c, C. García Álvarez c, R. Cuello d, P. Diezhandino e

a Servicio de Oftalmología, Hospital Clínico Universitario, Valladolid, Spain
b Servicio de Anatomía Patológica, Hospital Clínico Universitario, Valladolid, Spain
c Unidad de Tumores Intraoculares, Hospital Clínico Universitario, Valladolid, Spain
d Servicio de Hematología, Hospital Clínico Universitario, Valladolid, Spain
e Servicio de Oncología Radioterápica, Hospital Clínico Universitario, Valladolid, Spain

ABSTRACT

Clinical case: The case is presented of a 43-year-old male patient with chronic follicular conjunctivitis, negative bacterial serology, and refractory to local treatment. The incisional biopsy performed showed to be consistent with reactive lymphoid hyperplasia. A year later, a new incisional biopsy showed follicular lymphoma, with no systemic involvement, and he was treated with local radiotherapy.

Discussion: When a chronic follicular conjunctivitis is refractory to treatment, it is essential to perform an incisional biopsy to establish the histopathological diagnosis that can range from chronic inflammation, reactive lymphoid hyperplasia to lymphoma. Follicular lymphoma is rare among conjunctival lymphomas, and the staging is indispensable for the correct therapeutic approach.

© 2014 Sociedad Española de Oftalmología. Published by Elsevier España, S.L.U. All rights reserved.

Linfoma folicular primario de la conjuntiva simulando conjuntivitis crónica

RESUMEN

Caso clínico: Paciente varón de 43 años con conjuntivitis folicular crónica resistente al tratamiento local, y serologías para bacterias negativas. Se realizó biopsia incisional que fue compatible con hiperplasia reactiva linfóide. Un año después, una nueva biopsia mostró un linfoma folicular, sin afectación sistémica, que fue tratado con radioterapia local.

⁎ Presented at the 90th Congress of the Ophthalmology Society of Spain, Bilbao, October 1–4, 2014.
⁎ Corresponding author.
E-mail address: sonia.labrador@hotmail.com (S. Labrador Velandia).
2173-5794/© 2014 Sociedad Española de Oftalmología. Published by Elsevier España, S.L.U. All rights reserved.
**Introduction**

Lymphoid proliferations in the eye and ocular area range from follicular lymphoid reactive hyperplasia (FLRH) to malign lymphoma. Ocular region lymphoma only accounts for 2–10% of extranodal lymphomas. The majority are non-Hodgkin MA LAT-type lymphomas (lymphoid tissue associated to mucosa), whereas follicular lymphoma (FL) are rare and represent 5–10% of ocular region lymphomas in Europe. This article presents the case of a primary conjunctival follicular lymphoma which is clinically difficult to differentiate from follicular conjunctivitis and from FLRH.

**Clinic case report**

Male patient, 43, who visited due to conjunctival hyperemia and itching in the right eye. Ophthalmological examination revealed abundant folliculi in the superior and inferior tharsal conjunctiva, without other relevant findings. The patient was diagnosed with unilateral follicular conjunctivitis, treated with anti-inflammatory and local antibiotic therapy (Fig. 1). After 2 years follow-up without significant improvement, serology for Chlamydia psitaci, Chlamydia trachomatis and Helicobacter pylori tests were negative, for which reason incisional biopsy was indicated, compatible with FLRH. The patient was maintained in observation with local treatment (olopatadine, fluorometholone and azithromycin) with partial regression of the follicles. One year later, due to the progression of the lesions, an additional biopsy was performed. The immunohistochemical study for lymphoid cells of the nodules gave positive for CD20, BCL-2, BCL-6 and CD10 and negative for cyclin D1, CD5 and the translocation of the MA LT-1 gene. Accordingly, the diagnostic was nodular pattern follicular lymphoma grade 1 (Figs. 2 and 3). Extension tests were negative for systemic disease. Consequently, the patient was assessed by Hematology Department by means of a bone marrow biopsy which gave negative, and the staging was established at T1B1N0M0. The patient was treated with local external radiotherapy at a dose of 40 Gy, with the volumetric arc therapy technique and an energy of 6 MeV (Fig. 4). Six months later the patient remained stable in regular observation due to the high risk of relapse exhibited by this type of lymphoma.

**Discussion**

Primary conjunctival FL is rare, representing 0.7% of conjunctiva lymphomas. It generally presents with a clinic similar to HRFL, as chronic follicular conjunctivitis. Lesions are usually unilateral as in the present case, although they can also be bilateral in 20% of cases.

FL generally appears in the middle age (63 years), generally with generalized lymphadenopathies or bone marrow involvement and although its course is indolent, patients frequently exhibit relapses. However, in the present case, at diagnostic the patient was below the mean age (45 years) and did not comprise a systemic involvement. Even so, these patients must be examined regularly together with hematologists as the risk of developing systemic disease is of 28% at 10 years. The appearance of this condition involving only
the conjunctiva in younger patients could hinder and delay adequate diagnostic, as in the present case. Incisional biopsy is the essential method for diagnostic. When lymphoma is suspected, immunohistochemical study is necessary to differentiate between benign lesions such as FLRH, intermediate lesions such as hyperplasia with atypia or malign lesions such as lymphoma which can coexist as in the present case, when the 2nd biopsy revealed lesions compatible with FLRH and FL. Treatment depends on the lymphoma grade and extraocular involvement. As 70% of FL are low grade, they
Conflict of interests

No conflict of interests was declared by the authors.

REFERENCES