**Plasmablastic Lymphoma (PBL): A Diagnostic and Therapeutic Challenge**

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**INTRODUCTION**

Plasmablastic lymphoma (PBL), a distinct subtype of diffuse large B-cell lymphoma, accounts for almost 2.6% of HIV-related non-Hodgkin lymphomas. It needs to be distinguished from multiple myeloma (MM) and other B-cell lymphomas as the treatment and prognosis are entirely different.

The mean age at presentation is 39 years with a male: female ratio of 7:1. Plasmablastic lymphoma presents on average 6 years after the initial diagnosis of HIV and the CD4 counts are usually <200 cells/cu.mm. Commonly involved sites include oral cavity, Epstein Barr virus is detected in 75% of cases and human herpesvirus-8 in 16% of cases. Initial response to therapy may be good, but long-term prognosis remains poor.

**CASE DESCRIPTION**

**HISTORY:**
- A 38 y/o Hispanic male, diagnosed with AIDS two months prior to presentation, was admitted for altered mental status. He lost 40 lbs but denied fevers or night sweats. Patient was also complaining of difficulty and pain on swallowing.

**PHYSICAL EXAM:**
- Examination revealed a cachectic and lethargic male, with mild splenomegaly but no palpable lymphadenopathy.
- Laboratory: Corrected calcium markedly elevated at 19.5 mg/dL, mild anemia and renal insufficiency; elevated total protein to 9.1 G/L, LDH elevated to 960 u/L.

**DISCUSSION**

- AIDS-related (PBL) rare, highly aggressive cancer that can present both a diagnostic and therapeutic dilemma.
- Expression of EBER differentiates it from plasmablastic MM.
- PBL has predilection to the oral cavity.
- Extra-oral presentation frequently occurs in HIV patients; our patient with esophageal and bone marrow involvement. HAART improves survival but rarely leads to spontaneous remission.
- PBL frequently relapses after chemotherapy, and is often rapidly fatal.
- Active CMV infection prohibited prompt chemotherapy.

**A CLINICIAN’S PERSPECTIVE**

- Awareness of plasmablastic cancers arising in advanced AIDS patients.
- Diagnostic challenge as it mimics other cancers such as MM, WM and other lymphomas
- Therapeutically challenging due to poor prognosis despite aggressive chemotherapy and accompanying opportunistic infections.

**REFERENCES**