



PRESENTATION, MANAGEMENT AND OUTCOME OF CNS LYMPHOMA POST KIDNEY TRANSPLANTATION

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INTRODUCTION

Central nervous system (CNS) lymphoma is a rare presentation of post-transplantation lymphoproliferative disorder (PTLD). Outcomes are often poor and diagnosis late.

AIMS

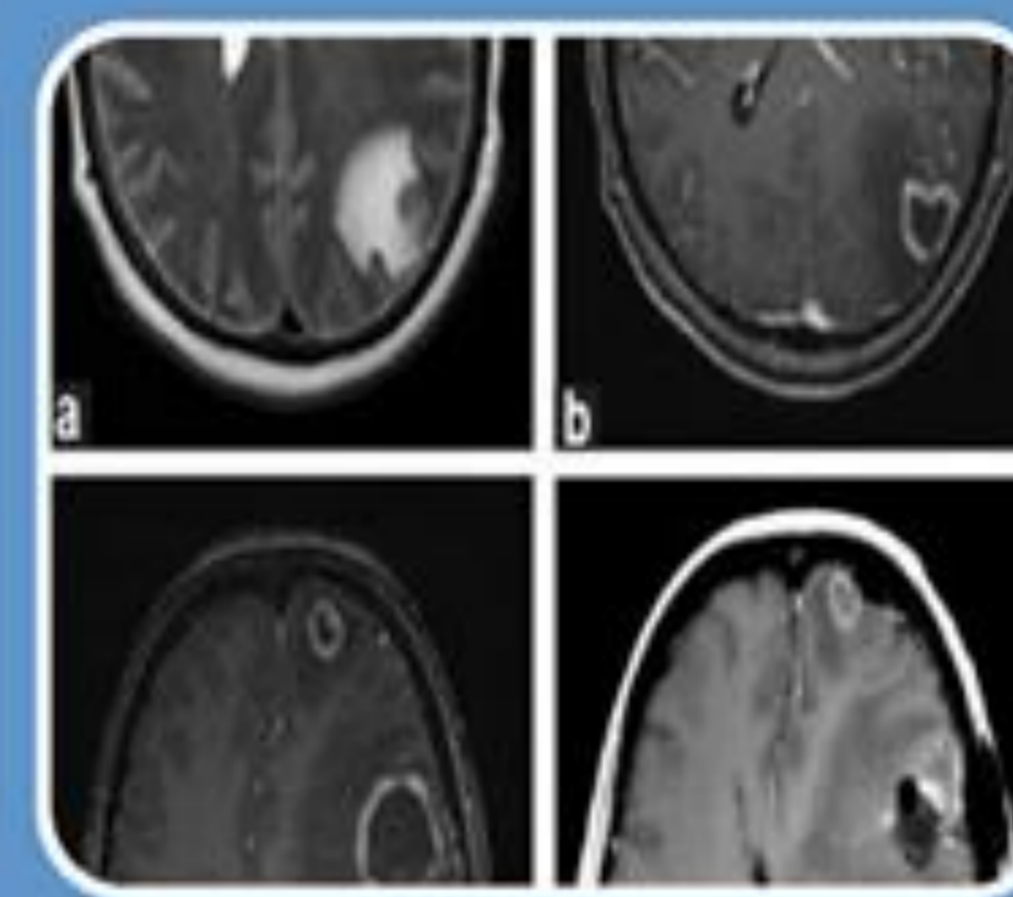
To perform an ethically approved single center review of presentations, management and outcomes of CNS lymphomas in kidney transplant patients transplanted 1968 to 2015.

METHODOLOGY

We identified 90 adult patients with a PTLN diagnosis in our unit from a transplant unit that has performed over 4000 implantations. 6/90 (7%) presented with CNS involvement. Retrospective case based review was performed.

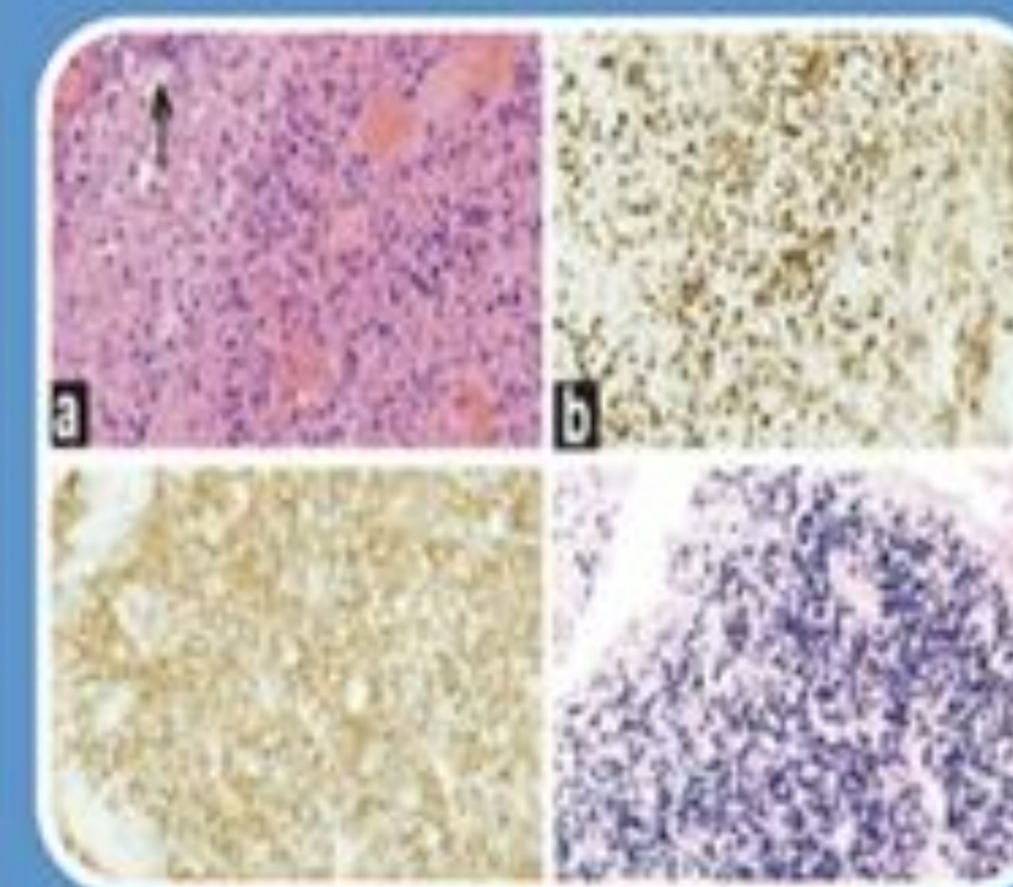
RESULTS

Sex	Age at Diagnosis	Time of onset from transplantation	Presenting symptoms	EBV +/- in tissue	EBV +/- In blood	EBV +/- in CSF	Immuno-suppression	Patient survival
Male	62 years	11mths	Lymph node swellings with Multiple cerebellar lesions in MRI post systemic chemotherapy	No biopsy	negative	negative	Mycophenolate + Tacrolimus+ prednisolone	Alive, 11 months post diagnosis.
Female	57 years	13yrs	Depressed mood, memory loss, confusion, prosopagnosia	Positive	negative	negative	Mycophenolate + prednisolone	2months
Female	66 years	20yrs	Lymphoma in mouth initially then found to have a focal lesion in the right temporal region	positive	Mildly positive	Negative	Mycophenolate + Prednisolone	25 days
Male	69 years	3yrs	Truncal ataxia, dysphasia, loss of consciousness, incontinence	positive	Mildly positive	Not done	Mycophenolate + prednisolone	5 months
Male	55 years	6yrs	Spasms, twitches, abnormal gait, memory loss, dysphasia, confusion	Unknown	negative	Not done	Mycophenolate + prednisolone	3 years
Female	35 years	1year	Vertigo, diplopia, loss of hearing	positive	negative	Not done	Mycophenolate + Prednisolone	9years



Radiographic presentation

- N=5, multifocal lesions
- N=1, isolated frontal lobe lesions
- n=2, ring enhancing lesions



Histopathology

- Diffuse large B cell Lymphoma n=4/6
- N=1, had no biopsy
- N=1, unknown



management

- Reduction in immunosuppression
- N=5/6, chemotherapy
- N=3, radiotherapy
- N=2, CTLs
- N=2, craniotomy

CONCLUSION:

CNS involving PTLN is uncommon and occurs late. Despite disease being EBV positive, blood and CSF may have undetectable or low level viral loads at diagnosis. The high prevalence of patients on MMF mono-therapy at diagnosis is of note, and may lead to B cell depletion and low EBV viremia but may be involved in pathogenesis.

REFERENCES:

Arthur P. Chou, Shadi Lalezari, Brendan M.Fong, Justin Dye, Tracie Pham, Harry V. Vinters and Nader Pouratian. Post-transplantation primary central nervous system lymphoma: A case report and review of the literature, NCBI.

