Clinical Features of Mucosa-associated Lymphoid Tissue Lymphoma of the Nasal Cavity

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INTRODUCTION
At anterior portion of inferior turbinate, immune response originates actively from sustained allergenic stimulation. This responses could lead to develop hyperplastic mass on anterior portion of inferior turbinate. The majority is benign chronic inflammatory lymphoid hyperplasia, but sometimes, lymphoma occurred by malignant lymphoid proliferation.

METHODS AND MATERIALS
The authors evaluated seven patients who had small masses on the inferior turbinate. All the patients were diagnosed as MALT lymphoma. Immunohistochemistry was performed to analyze the histologic features of these two groups.

RESULTS
The patients all had a 3-7 mm diameter, pink-colored, smooth-surfaced mass on the anterior portion of the inferior turbinate. The masses were bled easily and were spread with cautery. They were detected incidentally when the patients visited for unrelated symptoms. Clinical symptoms arising from the masses were rare or absent. There were differences in the clinical findings between MALT lymphoma and lymphoid hyperplasia. Immunohistochemistry was the most important method for differential diagnosis. Complete excision was performed, and additional treatment was not necessary.

CONCLUSION
Small masses at the anterior portion of the inferior turbinate must be diagnosed with immunohistochemistry, even in cases appearing to have a benign character. Many MALT lymphomas remain localized lesions. Biopsies for metastasis may be required to decide on additional treatment. Complete excision and careful follow-up is recommended, even in a malignant lesion found.

DISCUSSION
• MALT lymphoma of nasal cavity (MALT) is a specialized form of lymphoid tissue that may be acquired at middle-aged or elderly. It is frequently found in the nasal cavity and is a type of low-grade, B-cell lymphoma that occurs within the spectrum of non-Hodgkin’s lymphomas, and may arise within several sites in the head and neck.

• Lymphomas are extranodal lymphomas that exclusively arise in the gastrointestinal tract, but the other mucosal organs are rarely involved. Lymphoma is a form of B-cell lymphoma. Lymphomas of nasal cavity occurred in patients over the age of 50. MALT lymphoma of nasal cavity is usually an indolent neoplasm, but sometimes lymphomas occur through malignant transformation.

• The main components which contribute to the histopathology of MALT lymphoma are centrocyte-like cells, plasma cells and follicles. An important and distinctive feature of centrocyte-like cells is their tendency to invade mucosal epithelium and form characteristic lymphoepithelial lesions.

• MALT lymphoma is usually an indolent disease. A high frequency of benign histological features observed in the oral cavity, which may be associated with non-Hodgkin’s lymphoma.

• MALT lymphoma is a type of low-grade lymphoma, which is characterized by long-term survival and a low rate of clinical progression.

• Monoclonal CD20, CD79a, CD23, CD3, CD45RO lymphoma (low grade MALT lymphoma)

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• MALT lymphoma of right maxillary sinus (Bhattacharyya et al., 1998), MALT sinonasal lymphoma resulted from sinonasal lymphoma associated with nasal crust and atrophy of glands, Arteriosclerosis and atypical lymphoid cell infiltration • MALT lymphoma of nasal cavity is usually an indolent disease. A high frequency of benign histological features observed in the oral cavity, which may be associated with non-Hodgkin’s lymphoma.

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