



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

LYMPHOMAS OF THE ORAL CAVITY IN MEXICAN MESTIZO PATIENTS

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Background: Primary extranodal non-Hodgkin's lymphomas (PE-NHL) occur at tissues other than lymph nodes or spleen, accounting for 27-48% of NHL. Lymphomas of the oral cavity (OL) are extremely rare (3-5%), diagnostically challenging, and little is known about their incidence and relative frequency, particularly in developing countries. Herein we describe the salient features of OL in Mexican Mestizo adults, in accordance with the 2016 revision to the WHO classification of lymphoid neoplasms.

Observation: Eleven adults with OL were identified over a 20-year period (3.8% of all NHL). Clinical characteristics were retrieved and pathological specimens re-reviewed. OL occurred in 10 men, 1 woman, aged 19-72 years (mean 49); as ulcers, tumors, edema, and/or anatomic deformity, mostly arising in the palate, buccal mucosa and upper lip. 5/11 were confined to the mouth at diagnosis (primary OL), whilst 6 developed following nodal disease (secondary OL). One case failed re-categorization since the biopsy was irretrievable. Five comprised OL of T/NK-cell lineage (3 peripheral T-cell lymphomas-not otherwise specified "PTCLnos", 2 extra-nodal NK/T-cell lymphomas-nasal type "EN-NK/TCLnt") and 5 B-cell OL (1 diffuse large B-cell lymphoma-nos "DLBCLnos", 1 DLBCL-leg type "DLBCLlt", 1 marginal zone "MALT" lymphoma, 1 mantle-cell lymphoma "MZL", and 1 plasmablastic lymphoma "PBL"). Average survival was 34 months (3-92); two patients (1 PTCLnos, 1 NK/TCLnt) died in the first year after diagnosis.

Key message: The overall frequency of OL, their clinical morphology, and poor prognosis is similar in Mexican Mestizos to that reported elsewhere, with stark male predominance. We found however a younger age of onset (49 vs 60-70 years), and topographic predilection for the palate and buccal mucosa (vs salivary glands and tonsils). Likewise, in contrast to most cohorts, PTCLnos and NK/TCLnt predominated over DLBCL, possibly due to the high frequency of chronic active EBV infection in developing countries of Latin-America.

