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Primary Conjunctival Lymphoma: Response to Chemotherapy in 4 Cases

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During the last 10 years few studies have been made concerning primary conjunctival malignant lymphoma. We present a report on 4 cases observed at the Division of Hematology of Florence from May 1970 to May 1980.

In all the observed cases the conjunctival lymphoid lesion was painless, lengthening occurred in a large part of the fornix, presenting salmon pink colouring and sharply demarcated borders. The hard elastic tissue of the lesion was covered with uninjured conjunctiva; in 1 case the lesion was bilateral. The histopathologic records were evaluated according to the Rappaport and Kiel classifications. In 1 case, immunologic characterization of the biopsy specimen was also performed [4] and showed B cell proliferation. Staging was based particularly on skull and orbit X-rays, brain and orbit computerized axial tomography (2 patients), lymphography and pyelography or abdominal computerized axial tomography and bone marrow evaluation. All these procedures confirmed the conjunctival involvement alone.

Irradiation is generally considered the treatment of choice [2, 5]. Some possible complications are cataract, persistent epiphora and ulceration of the cornea. Furthermore, the generalization of

Table I. Characteristics of patients and their responses

Observation	Sex	Age	Histology	Number of Response	Maintenance	Disease-course	Relapse
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1 B.A.

F

25

DWDL, MLL

2 C.G.

M

63

DWDL, MLL

3 B.F.

F

37

DPDLL, MLCcFD

4 A.R.

F

31

DPDLL, MLC

DWDLL = Diffuse well-differentiated lymphocytic lymphoma; DPDLL = diffuse poorly-differentiated lymphocytic lymphoma (Rappaport); MLL = malignant lymphoma lymphocytic; MLCcFD = malignant lymphoma centroblastic-centrocytic follicular and diffuse; MLC = malignant lymphoma centroblastic (Kiel); CR = complete response.

162

this peculiar lymphoma [2, 3] is similar to early extranodal lymphoma. For these reasons we used chemotherapy according to an original combination drug program [1]: adriamycin 40 mg/m² i.v. day 1 only, VM 26 50 mg/m² i.v. days 2 and 9, bleomycin 10 mg/m² i.v. days 2, 3, 9 and 10, cyclo-phosphamide 300 mg/m² i.v. days 4, 5, 11 and 12, prednisone 40 mg/m² p.o. days 3–12. This is given every 3 weeks. Remission was evaluated with clinical criteria and in 1 case with a new biopsy. Maintenance therapy was continued in 2 patients with the same chemotherapy of the induction phase but for 5 days only, every 3 months. In the months between, infusion of VM 26 is performed on days 1 and 8. The clinical characteristics and response to treatment are detailed in table I.

All patients gained a complete remission: 3 without relapse with follow-up from 20 to 72 months and 1 with relapse after 2 months at the site of primary involvement. This patient is under treatment at the moment. Complete remission was obtained quicker in well-differentiated than in poorly-differentiated histological subtypes. Combination chemotherapy was well tolerated. Myelosuppression was not observed.

Our results confirm this new therapeutic approach.

References

- 1 Bellesi, G.; Teodori, P.; Lombardo, R.: Pro-posta di un nuovo protocollo terapeutico per i linfomi non-Hodgkin. Risultati preliminari. Atti Soc. ital. Ematol. 2: 135–146 (1976).
- Foster, S.C.; Wilson, C.S.; Tretter, P.K.: Radiotherapy of primary lymphoma of the orbit. Am. J. Roentg. 111: 343–349 (1971).
- Morgan, G.: Lymphocytic tumours of the conjunctiva. J. clin. Path. 24: 585–595 (1971).
- Romagnani, S.; Giudizi, M.G.; Almerigogna, F.; Ricci, M.: Interaction of Staphylococcal protein A with membrane components of IgM and/or IgD-bearing lymphocytes from human tonsil. J. Immun. 124: 1620–1626 (1980).
- Tewfik, H.H.; Platz, C.E.; Corder, M.P.; Panther, S.K.; Bloddy, F.C.: A clinicopathologic study of orbital and adnexal non-Hodgkin's lymphoma. Cancer 44: 1022–1028 (1979).