The 9th Conference on Health Care of the Chinese in North America

Asian Lymphoma Menace

Raymond Hin-Suen Liang, MD, Professor of Medicine, Chief of Hematology/Oncology, University of Hong Kong

---

Abstract

A peculiar pattern of lymphoma has been observed in Chinese. There is a very low incidence of Hodgkin's disease and low grade non-Hodgkin's lymphoma, including lymphocytic and follicular lymphoma. On the other hand, extranodal lymphoma and peripheral T-cell lymphoma are relatively more common. Common primary extranodal sites include the gastrointestinal tract and the nasal region.

As lymphoma is a very treatable and curable disease, early diagnosis and commencement of appropriate treatment are essential. A high index of suspicion is required for early diagnosis of peripheral Tcell lymphoma or primary nasal lymphoma.

Peripheral T-cell lymphoma is clinically associated with advanced patient age, advanced stage of disease, male predominance, extranodal involvement, presence of B symptoms and an aggressive clinical course. 2 Patients with peripheral T-cell lymphoma may have an unusual clinical presentation, such as an extranodalprimary in the skin, liver, marrow or the nasal cavity. Fever of unknown origin or a picture of viral illness may also be the predominating feature. Occasionally, marrow failure may occur as the result of hemophagocytic syndrome. Patients with T-cell lymphoma may also present solely with abnormal liver function or liver failure.

Primary nasal lymphoma is rarely seen in the West. When it occurs, it is usually a B-cell lymphoma involving the nasal sinuses. A relatively high incidence of primary nasal lymphoma is seen in Chinese. The tumour involves instead the mid-line nasal cavity and patients commonly present with nasal symptoms. 3 The tumour often has the histology of an angiocentric lymphoma with features of angio-invasion. The immunophenotype is usually of NK or Tcell type. Similar to nasopharyngeal carcinoma, primary nasal lymphoma is also strongly associated with EBV infection. Clonal EBV proliferation can often be demonstrated. Early diagnosis requires a high index of suspicion. Because of the necrotic nature of the nasal biopsy specimen as the result of angio-invasion by the tumour, accurate diagnosis may not be easy and repeated biopsy is often required. Although the tumour is usually localized at presentation, treatment with radiotherapy alone is associated with a very high chance of relapse. Aggressive treatment with combined chemotherapy and radiotherapy is recommended. For relapsed cases, high dose chemotherapy with autologous stem cell rescue has been shown to be useful.

Primary gastrointestinal lymphoma is also commonly seen in Chinese, usually displaying the histology of the diffuse large B-cell type.4 MALToma is not common. Conventionally,

surgery is usually not recommended and chemotherapy or radiotherapy is the primary treatment. However, it appears that in Chinese, gastrointestinal lymphoma is associated with a higher risk of bleeding or perforation after chemotherapy or radiotherapy. Therefore, surgical resection of the primary tumour may be advisable.

Management of Chinese patients with lymphoma is usually similar to that of the West. However, there is a unique problem of hepatitis B infection in the Chinese. More than 10% of the Chinese patients with lymphoma may be chronic hepatitis B carriers. The use of chemotherapy may result in reactivation of the infections At least half of the chronic hepatitis B carriers will have liver function impairment after cytotoxic chemotherapy and 5% are fatal. The new anti-viral agents which are active against hepatitis B, such as lamuvidine or famciclovir, may be useful in preventing this potentially fatal complication.