Disseminated Non-Hodgkin, diffuse large cell B-cell lymphoma involving the clitoris, breasts and colon: A case report

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ABSTRACT

Introduction: Non-Hodgkin lymphoma (NHL) involving the female genital tract is rare, accounting for only 1.5% of all NHLs. The prevalence is the highest in the ovary which is about 49%, uterus (29%), fallopian tube (11%), followed by the vulva (4%)[1]. Among these, diffuse large cell B-cell lymphoma (DLBCL) is reported as the commonest NHL identified in the female genital tract. We report a rare case of vulvar Non-Hodgkin Lymphoma with disseminated organ involvement, Ann Arbor Stage IV. **Case Description:** A 65-year-old, para 3+2 post-menopausal lady presented to our clinic with clitoral enlargement, bilateral breast masses, and a change in bowel habits. Clinical examination revealed huge clitoromegaly measuring 5 x 3 cm, bilateral firm breast masses 10 x 8 cm, and rectal mass measuring 5 x 4 cm. Patient previously had a course of antibiotics for a clitoral abscess, which did not resolve. We performed a wide local excision of the clitoris, colonoscopy, and tissue biopsy of the clitoris, rectal, and breast mass. The histopathological examination of all the biopsies was reported as Diffuse Large Cell B-Cell Non-Hodgkin Lymphoma. The patient was subsequently referred to the Haematology unit and was immediately started on chemotherapy. **Discussion:** We found 18 case reports on NHL of the vulva from 1984 to date. Most of the cases are of the DLBCL type, which is the commonest among NHL of the female genital tract. Chemotherapy with the R-CHOP regime remains the mainstay of treatment, whilst radiotherapy or surgery is reserved for more complex or advanced cases.

Obstructed hemivagina with ipsilateral renal abnormality (OHVIRA) in a district hospital in Malaysia: A case report

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ABSTRACT

Objective: To present a case of Herlyn-Werner-Wunderlich syndrome or Obstructed Hemivagina with Ipsilateral Renal Agenesis (OHVIRA), which is a rare Mullerian duct abnormality. The true incidence of this syndrome was previously described as around 0.1-3.8%. Common presentation is abdominal pain, or abdominal mass with presenting age around the onset of puberty. This case report looks at the current practice of management of OHVIRA in Malaysia and the possibility of minimally invasive vaginoplasty in the future management of OHVIRA. Case **Description:** A 14-year-old girl with no known medical illness presented to the hospital with suprapubic pain of one-week duration. Her menstrual cycle was normal. Abdominal and perineal examination revealed a palpable mass at 14 weeks getstational size uterus and bulging at the left vaginal wall. MRI scan showed s uterine didelphys, hematocolpos, and hematometra with absence of the left kidney. Hence, a diagnosis of OHVIRA was made. Subsequently, an examination under anaesthesia and resection of the vaginal septum with drainage of hematocolpos was done under the open method. The patient was well post-operatively and no recurrence of hematometra and hematocolpos was seen during follow-up. **Discussion:** The current practice of management of OHVIRA in Malaysia is mainly via resection of the vagina septum with drainage of hematocolpos and hematometra under the open method. Multiple case reports in other countries had shown the practice of vaginoplasty under vaginoscope and resectoscope as the management of OHVIRA patients. Therefore, this may be applied in the future especially in young, unmarried women where virginity-sparing is a main concern.