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Follicular lymphoma with prominent Dutcher body formation after liver transplantation

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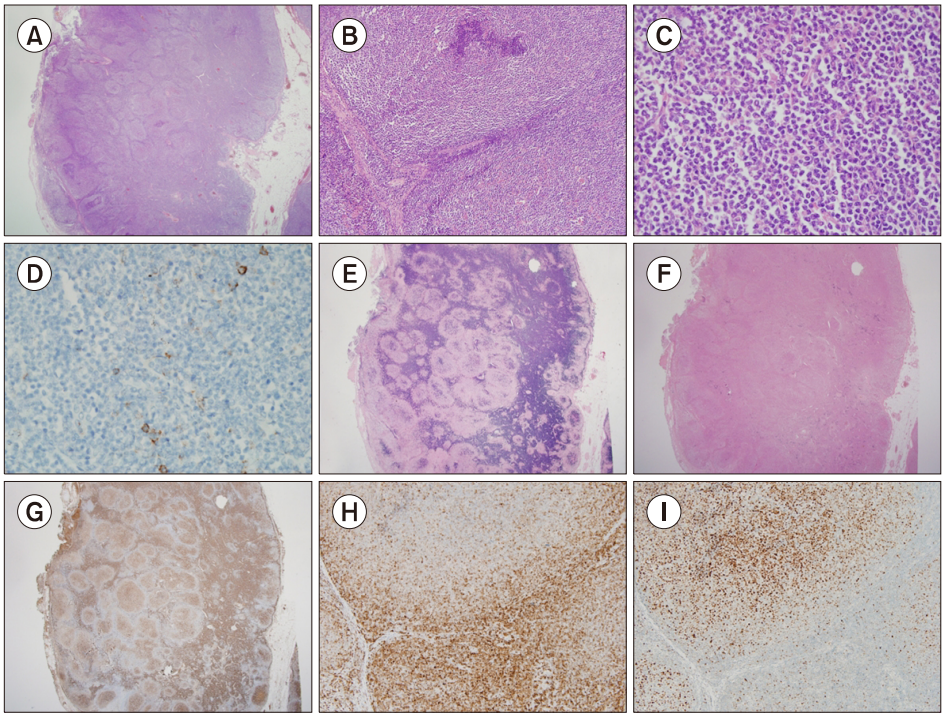

A 59-year-old man, who underwent allogeneic liver transplantation for hepatitis B virus-associated hepatocellular carcinoma 1 year prior, showed multiple lymphadenopathy on CT scans. Submental lymph node biopsy showed uniform hypercellular follicles packed with monotonous large round cells and loss of polirization **(A)**. Inter- and intrafollicular areas included lymphoplasmacytic infiltrations **(B)**. Most lymphoplasma cells contained prominent Dutcher bodies **(C)**. CD138 staining revealed mildly increased mature plasma cells **(D)**. Lymphoplasma cells showed Kappa light chain restriction on in situ hybridization (**E**, Kappa; **F**, Lambda) and IgM production **(G)**. Both the Follicular lymphoma and lymphoplasma cells showed strong BCL-2 immunoreactivity **(H)**, whereas BCL-6 immunoreactivity was restricted to follicular lymphoma cells but negative in lymphoplasma cells **(I)**. IgH and IgK gene rearrangements showed B-cell clonality.. Follicular lymphoma with lymphoplasma cell differentiation was the diagnosis, rather than monoclonal post-transplant lymphoproliferative disorder (PTLD) according to the World Health Organization classification. Staging work-up revealed stage 4 disease with bone marrow involvement. He received CHOP treatment with complete resolution. Follicular lymphoma in patients with the history of transplantation is not regarded as a PTLD, but a sporadic lymphoma. The present cases illustrates that follicular lymphoma with extensive Dutcher body formation may mimicking lymphoplasmacytic lymphoma/CD138-negative plasma cell neoplasm, which would constitute part of the spectrum of PTLD.