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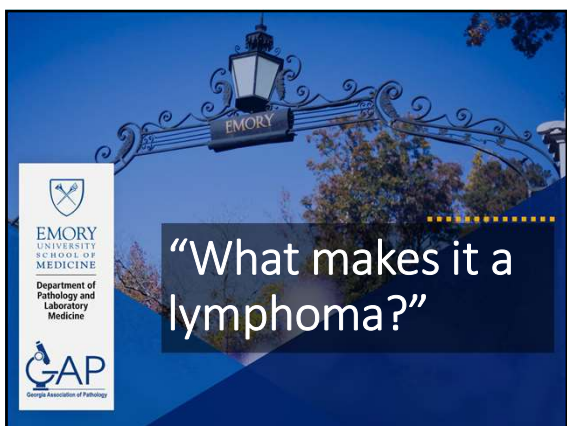
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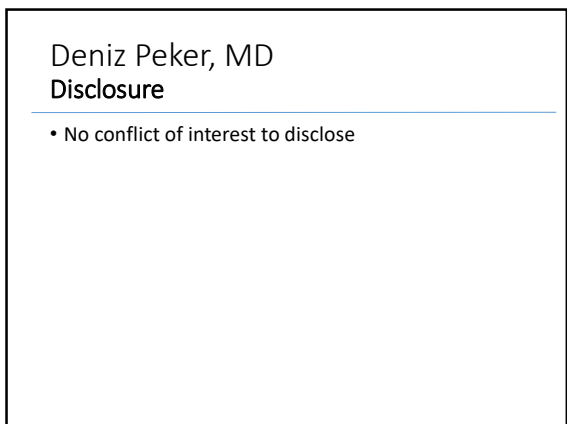
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### Clinical History

89 year old male with history of Crohn's disease was found to have multiple necrotic and ulcerating lesions in oral cavity

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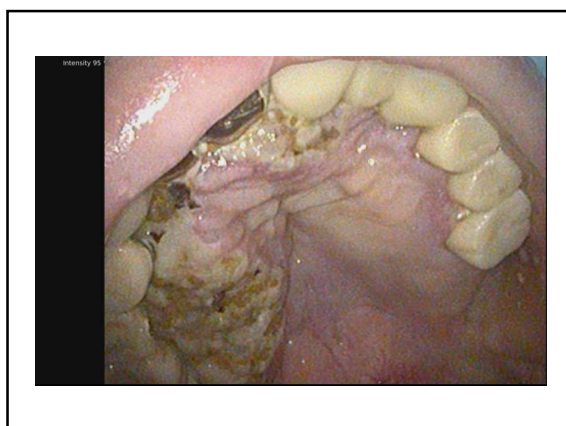
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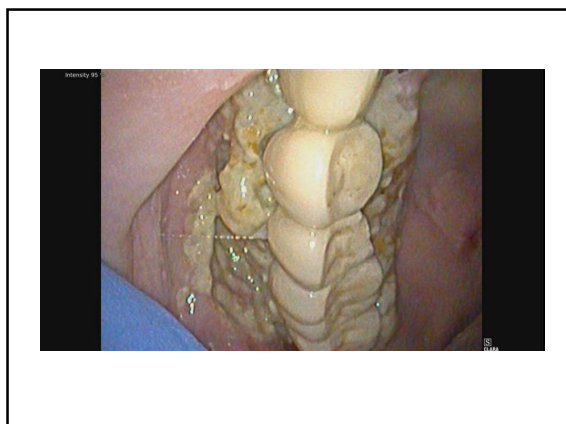
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• A lip biopsy was performed

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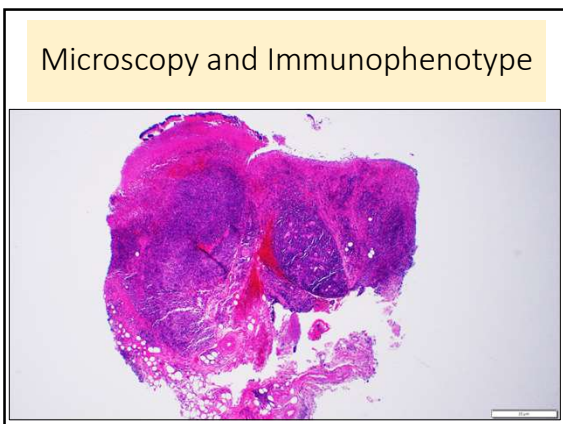
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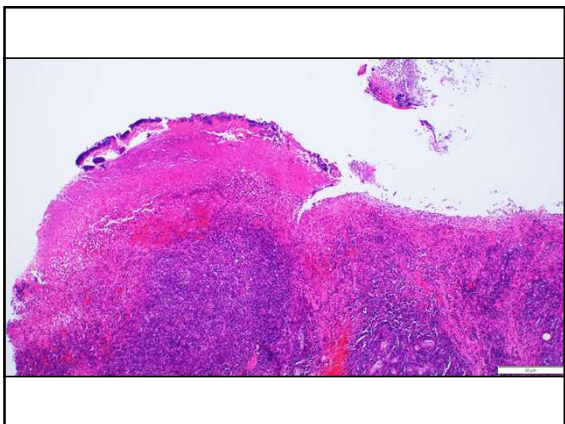
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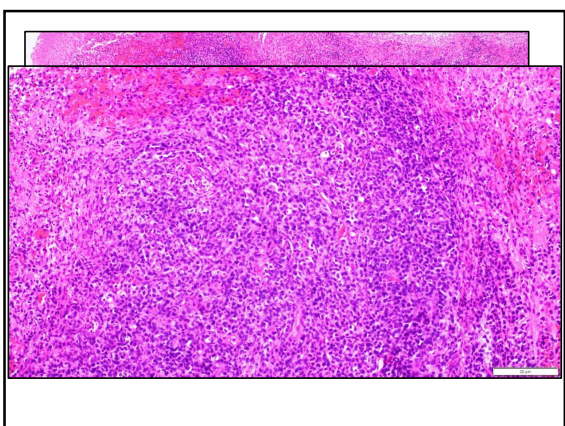
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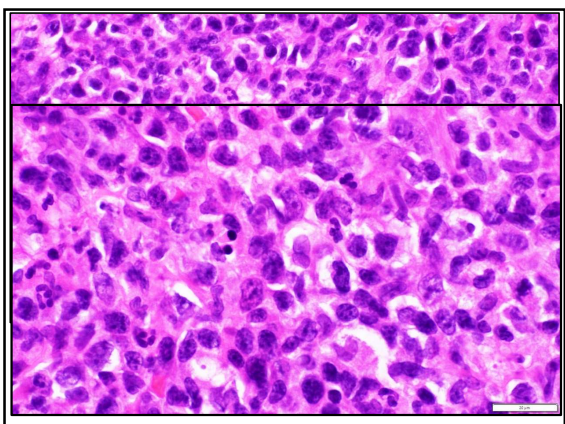
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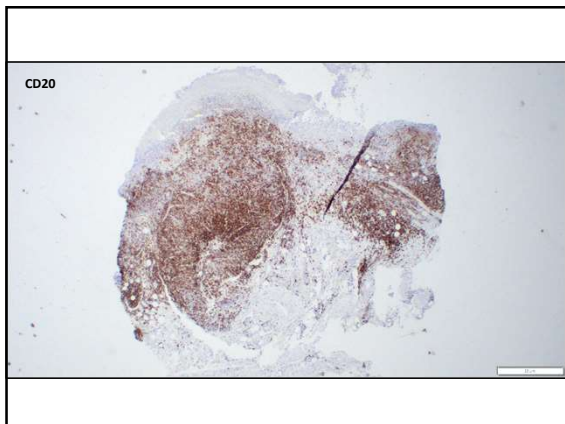
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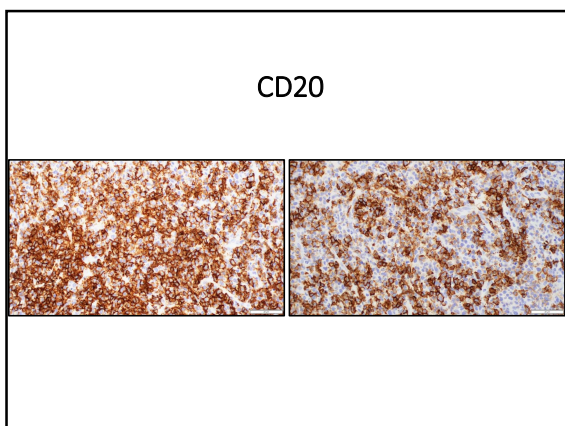
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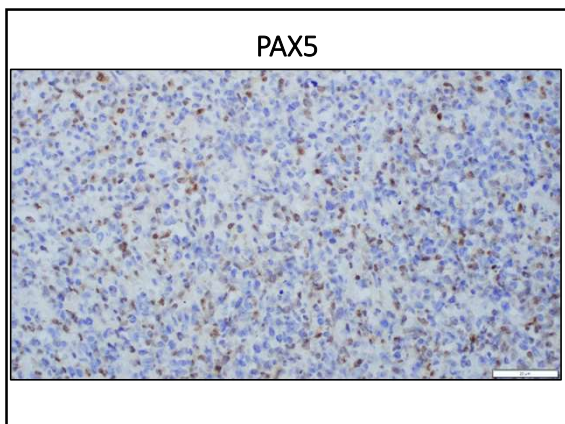
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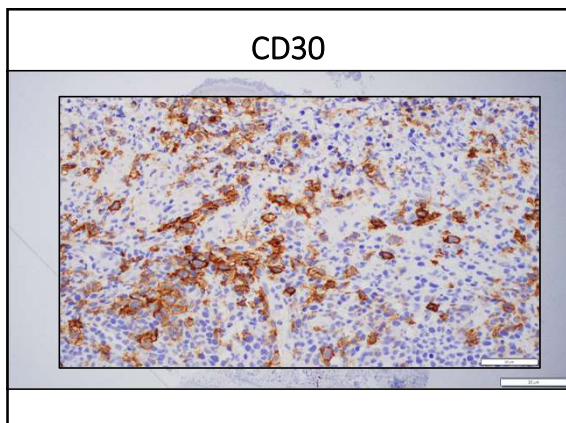
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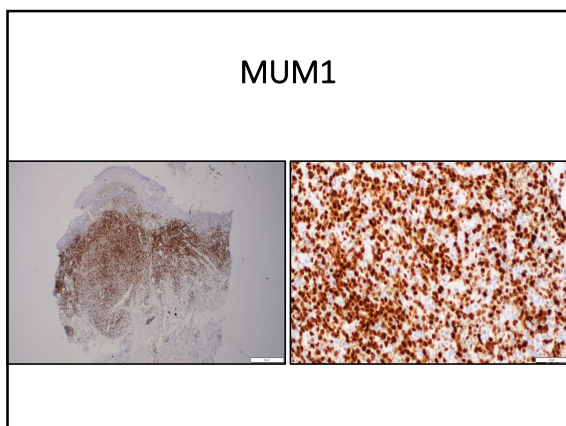
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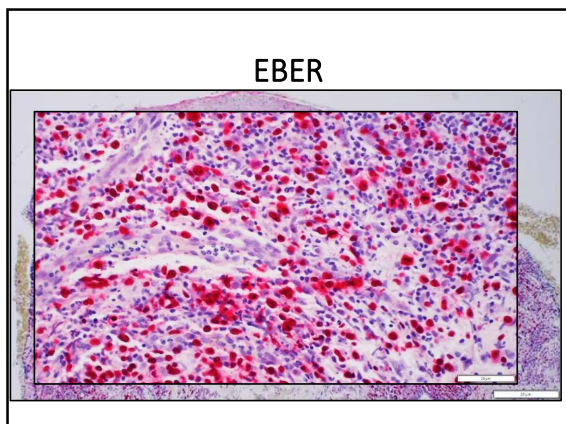
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**Diagnosis:**

**EBV-associated lymphoproliferative disorder**

A man in a blue shirt is talking on a phone. A speech bubble above him says "What do you mean by Sjfk#@?". The background shows a computer monitor and a window with a building view.

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**Differential Diagnosis**

1. EBV+ mucocutaneous ulcer
2. EBV+ diffuse large B-cell lymphoma, NOS

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	EBV+ Diffuse Large B-cell Lymphoma	EBV+ Mucocutaneous Ulcer
<b>Location</b>	Systemic nodal/extranodal disease	Skin Mucosa (oral, GI)
<b>Risk Factors</b>	Older age	Immunosuppression
<b>Microscopy</b>	<ul style="list-style-type: none"> <li>• Large transformed immunoblasts</li> <li>• Hodgkin/Reed-Sternberg-like cells</li> <li>• Inflammatory background</li> </ul>	<ul style="list-style-type: none"> <li>• Large transformed immunoblasts</li> <li>• Hodgkin/Reed-Sternberg-like cells</li> <li>• Inflammatory background</li> </ul>
<b>Immunophenotype</b>	<ul style="list-style-type: none"> <li>• CD19, CD20, PAX5, CD79a</li> <li>• MUM1</li> <li>• CD30</li> <li>• PDL1 and PDL2</li> </ul>	<ul style="list-style-type: none"> <li>• CD20, PAX5, OCT2</li> <li>• MUM1</li> <li>• CD30 and CD15*</li> </ul>
<b>Molecular</b>	Clonal	Clonal or non-clonal
<b>Treatment</b>	Chemo-immunotherapy	Reduction of immunosuppression Rituximab Local radiation
<b>Prognosis</b>	Poor	Good

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**Clinical Information!**

<p><b>EBV+ MCU</b></p> <ul style="list-style-type: none"><li>• No systemic symptoms <i>i.e. fever, night sweats, weight loss</i></li><li>• Localized lesion</li></ul>	<p><b>EBV+ DLBCL</b></p> <ul style="list-style-type: none"><li>• B-symptoms</li><li>• Systemic disease</li></ul>
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**EBV+ MUCOCUTANEOUS ULCER**

- Age or immunosuppressant-related immunodeficiency
- Cutaneous and mucosal ulcers, no systemic disease
- Classical Hodgkin lymphoma, diffuse large B-cell lymphoma or monomorphic PTLD-like morphology and immunophenotype
- Angioinvasion and necrosis can be present
- EBER+; **serum EBV titers not elevated** (unlike PTLD)
- Good prognosis, often spontaneous regression with reduced immunosuppressants

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*Take Home..*

- **Diagnostic line:** "EBV+ lymphoproliferative disorder, see comment"
- Discuss likelihood of EBV+ MCU; BUT, include large B-cell lymphoma in the differential
- Patients need to be evaluated for systemic disease

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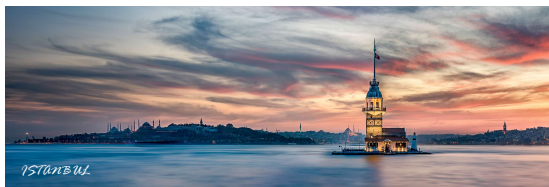
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*THANK YOU*



dpeker@emory.edu

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