## Brief report

## Case report: A case of cytokeratin-positive B-cell anaplastic large cell lymphoma (B-ALCL)

Nagaoka Central General Hospital, Department of pathology; Pathologist

## Toshihiko Ikarashi

As anaplastic large cell lymphoma of B cell lineage (B-ALCL) the immunological stainability as lymphocytes was various and uncertain (1, 2, 3). B-ALCL could be also misdiagnosed as undifferentiated carcinoma or so-called carcinosarcoma because both vimentin, as a immunological mesenchymal marker, and cytokeratins, CAM 5.2 and cytokeratin 8/18 positive in simple epithelia of most secretory and parenchymatous cells, were found in B-ALCL (3, 4). The use of polymerase chain reaction (PCR)-based molecular genetic demonstration of clonal immunoglobulin heavy chain (IgHVDJ) gene rearrangement was the only method to conclude these tumors as B-ALCL(1, 2, 3).

We reported a case of B-ALCL with immunohistochemistry and gene analysis discussed (5).

A 70-year-old female patient was admitted because of multiple tumors in left chest wall, manubrium of sternum, and subclavicular areas, up to 11.5cm indiameter. Core needle biopsy was done from left chest wall tumor. Microscopically there were undifferentiated large cells of medullary and diffuse distribution with marked coagulation necrosis. Immunohistochemical results were listed in Fig.1: positive to B cell (Fig.2, 3), parenchymal (Fig.4), and mesenchymal markers (Fig.5). PCR for IgHVDJ gene rearrangement could not be shown. Based on these pathological findings, this tumor was diagnosed as B-ALCL.

Ambivalent immunohistochemical findings with both parenchymal and mesenchymal characters bothered pathologists about their histopathological diagnosis. Both immunohistochemistry and PCR-based molecular analysis were important to establish the pathological diagnosis of B-ALCL.

Key words: B-cell anaplastic large cell lymphoma (B-ALCL), cytokeratin-positive, immunohistochemistry, polymerase chain reaction (PCR)-based molecular genetic demonstration of clonal immunoglobulin heavy chain (IgHVDJ) gene rearrangement

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## 短 報

症例報告:サイトケラチン陽性 B 細胞性未分化大 細胞性リンパ腫の 1 症例

長岡中央綜合病院、病理部;病理医 五十嵐俊彦

症例は70才女性、節外性サイトケラチン陽性 B 細胞性未分化大細胞リンパ腫症例であった。左側胸壁・鎖骨下に多発性腫瘍を形成し、免疫組織染色上 CD79 a、bcl-2、CAM5.2、vimentin が陽性であった。

キーワード:B 細胞性未分化大細胞性リンパ腫、サイトケラチン陽性、免疫グロブリン重鎖 JH 遺伝子再構成(Ig-H 鎖 JH 再構成)

Fig. 1. Results of immunohistochemical analysis

lymphocyte		CD45	
lymphocyte	common		
	blast	TdT	
	B cell	CD79a, MB- 1	+
		CD20, L26	<del>_</del>
	medium B cell	bcl- 2	+
		CD5	
		CD10	
	T cell	CD3	
		CD45RO, UCHL 1	_
		CD8	_
		CD45RO, UCHL 1	
	Hodgkin cell	CD15, Leu-M1	
		CD30, Ki-1	
	large cell	ALK	_
	NK/T, neuroendocrine	CD56	_
myelocytic	leukocyte	peroxidase	_
	macrophage	CD68, Kp-1	_
mesenchymal	common	vimentin	+
	muscle	desmin	_
		α-smooth muscle actin	_
	endothelium, stromal cell	CD34	_
	nerve	S100	_
		glial fibrillary acidic protein	_
	melanoma	HMB-45	_
parenchymal	cytokeratin	CAM5.2	+
		CK7	_
		CK20	_
	mesothelium	calretinin	_
		D2-40	_
		WT1	_
	squamous	p63	_
proliferation		p53	_
		Ki-67	70% ++
tumor marker	stromal	c-kit	_
	thyroid	thyroglobulin	_
		CD99, MIC- 2	

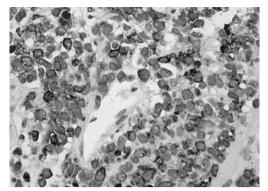


Fig. 2. Immunostain with anti-CD 79 a antibody

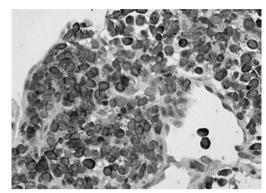


Fig. 3. Immunostain with anti-bcl-2 antibody

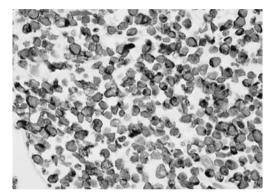


Fig. 4. Immunostain with anti-CAM 5.2 antibody

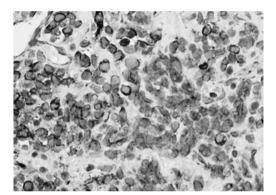


Fig. 5. Immunostain with anti-vimentin antibody

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