

INTRODUCTION

Plasmablastic lymphoma (PBL) is an aggressive B cell lymphoma frequently associated with immunosuppression, particularly human immunodeficiency virus (HIV) infection. However, cases in immunocompetent are rising. Little is known about HIV-negative PBL, including its clinicopathological features, treatment, and outcome. This study aims to describe its clinical and therapeutic characteristics.

We conducted a retrospective study in the clinical hematologic department at Aziza Othmana hospital of Tunis including all PBL cases diagnosed from January 2019 to December 2024.

RESULTS

- ✓ Five patients, all HIV-negative, were diagnosed with PBL.
- ✓ Median age : 59 years [27-62].
- ✓ Ann Arbor stadification : stage I (n=1) , stage II (n=1) , stage IV (n=3).
- ✓ Extranodal localisations : N=4 (Figure I)



■ Nasopharyngeal ■ Nasal ■ Gastrointestinal ■ Mediastinal

Figure I : Distribution of extranodal sites

- ✓ EBER hybridization was positive in all three patients tested.
- ✓ Median value of Ki67: 80% [50-90%].
- ✓ CD20 and PAX5 were negative in all.

Table I : Results of pathological study at diagnosis

Immunohistochemistry markers	Number of patients
Plasma cell like immunophenotype (CD38+ , CD138+ , Mum1+)	5
CD79a+	3
CD45+	2

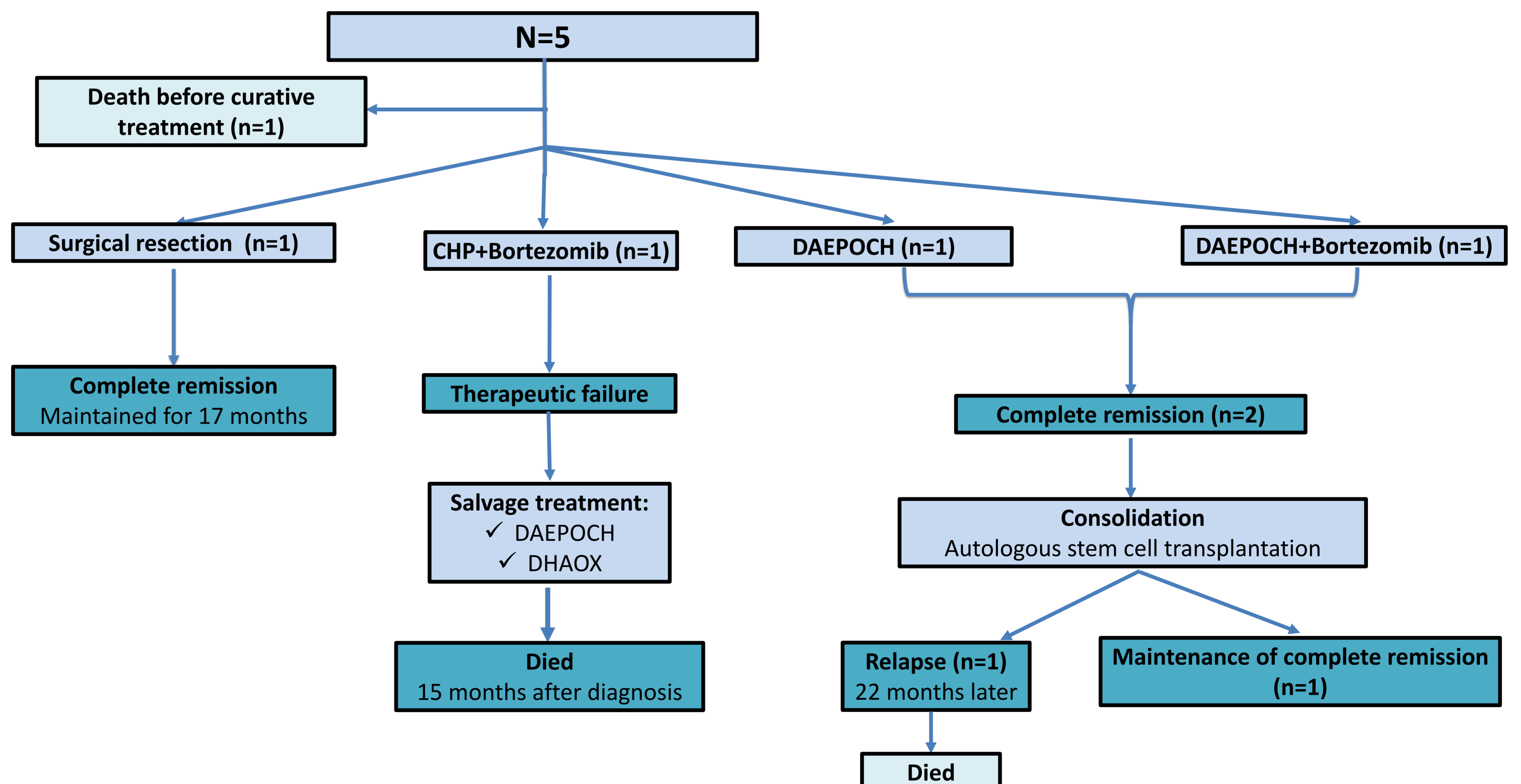


Figure II :Therapeutic management and clinical outcomes of our patients

CONCLUSION

HIV-negative PBL is a rare entity with unclear pathophysiological mechanisms and management. Prospective studies are needed to improve its management and outcomes.

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