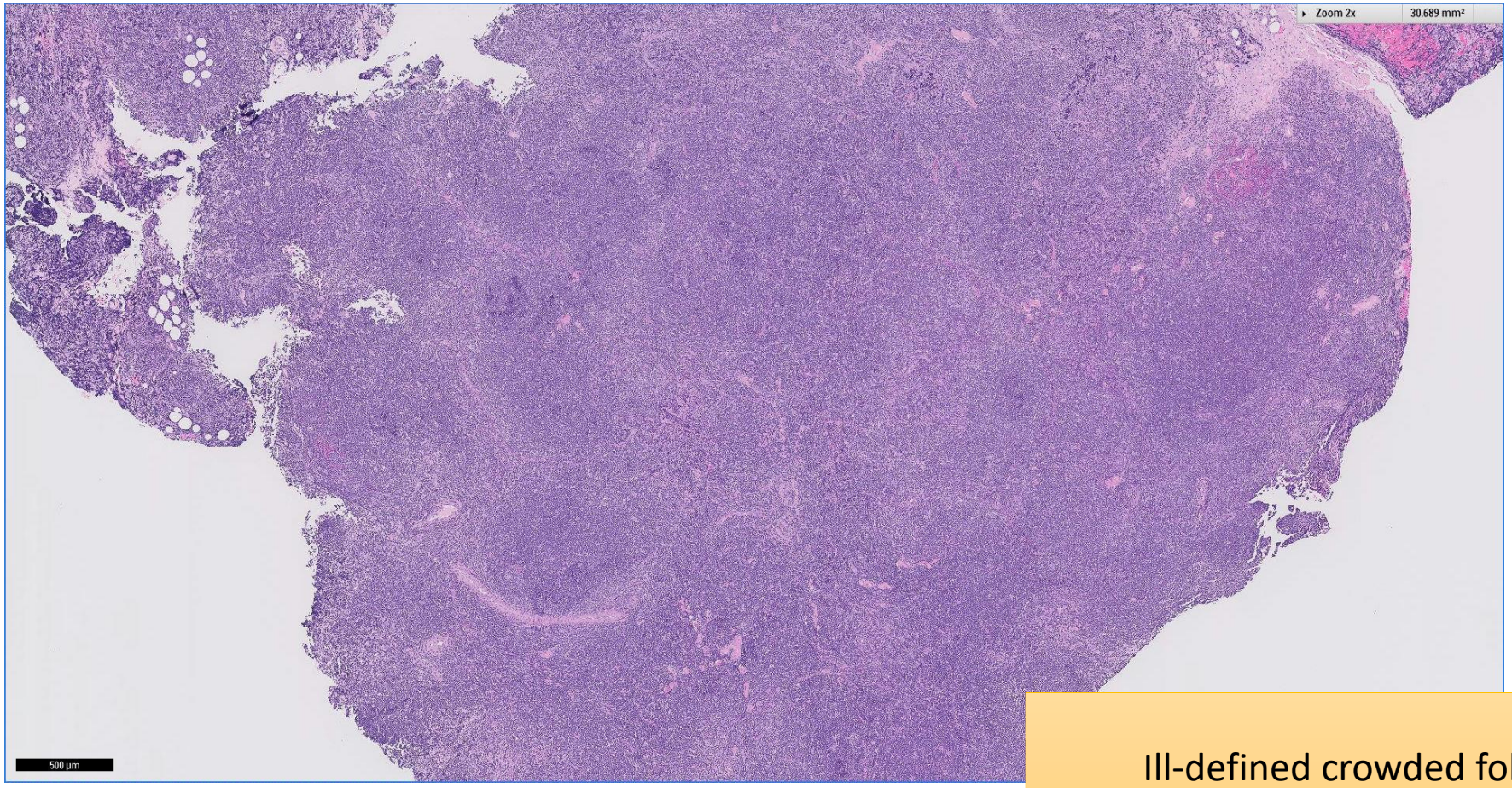
SGH CASE 32: 17RE155 & 17RE154

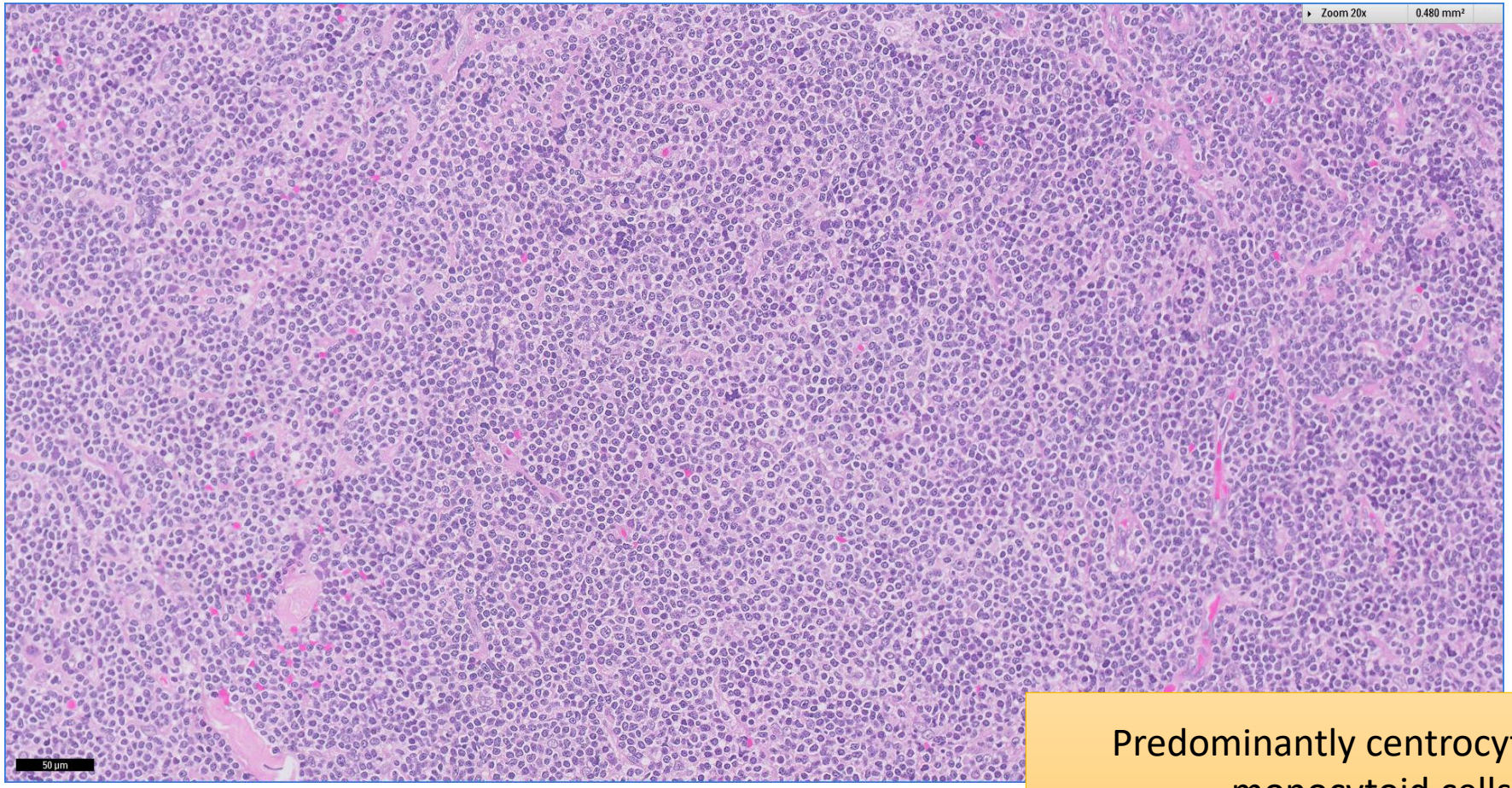
- Clinical History:
  - 60+ years old, Male. History of Idiopathic thrombocytopenic purpura (ITP), now with generalised lymphadenopathy.
- Specimen:
  - Bone marrow trephine biopsy (17RE154) and submental lymph node biopsy (17RE155)

SGH CASE 32: 17RE155 LYMPH NODE H&E



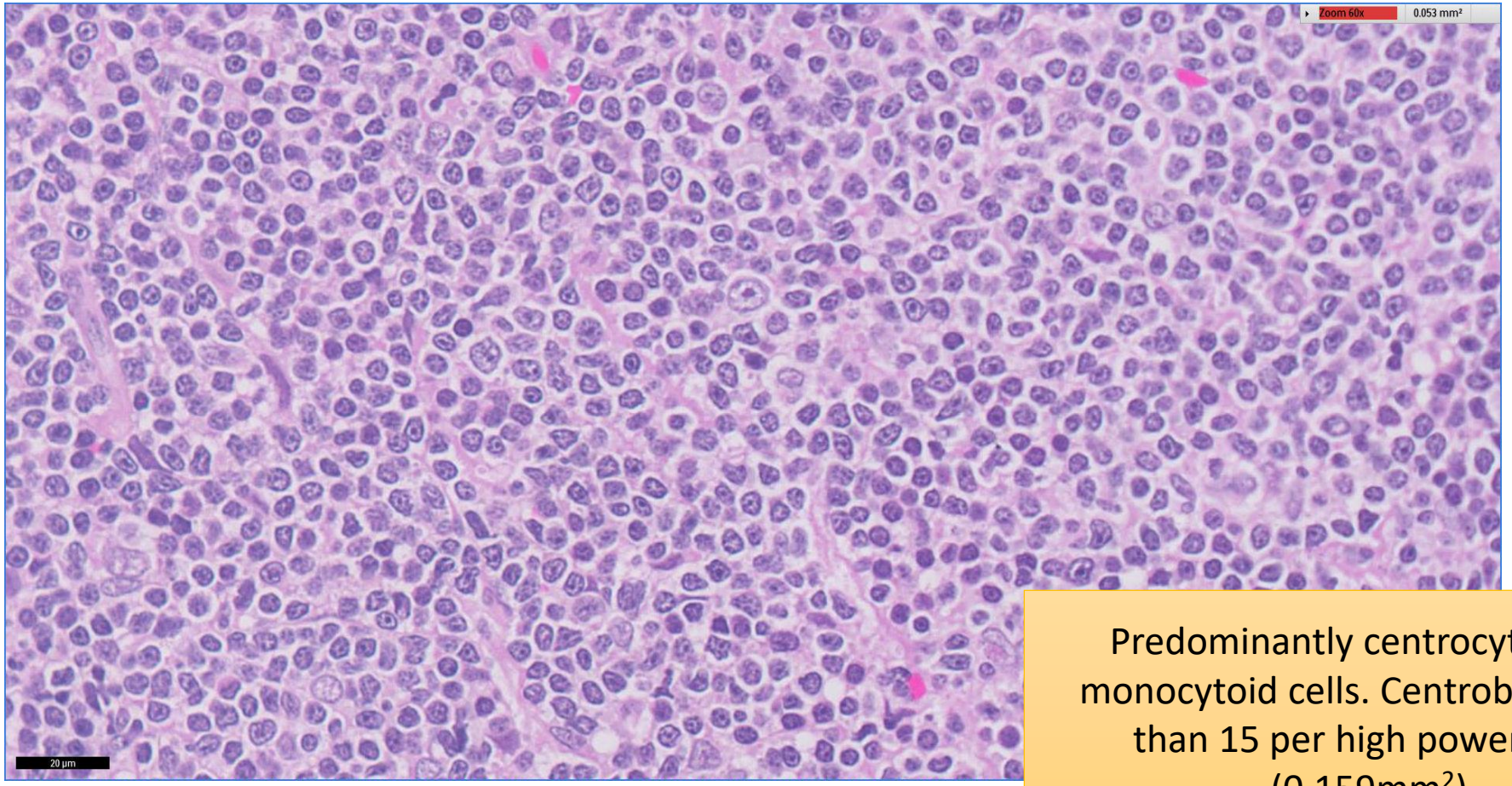
Ill-defined crowded follicles

SGH CASE 32: 17RE155 LYMPH NODE H&E



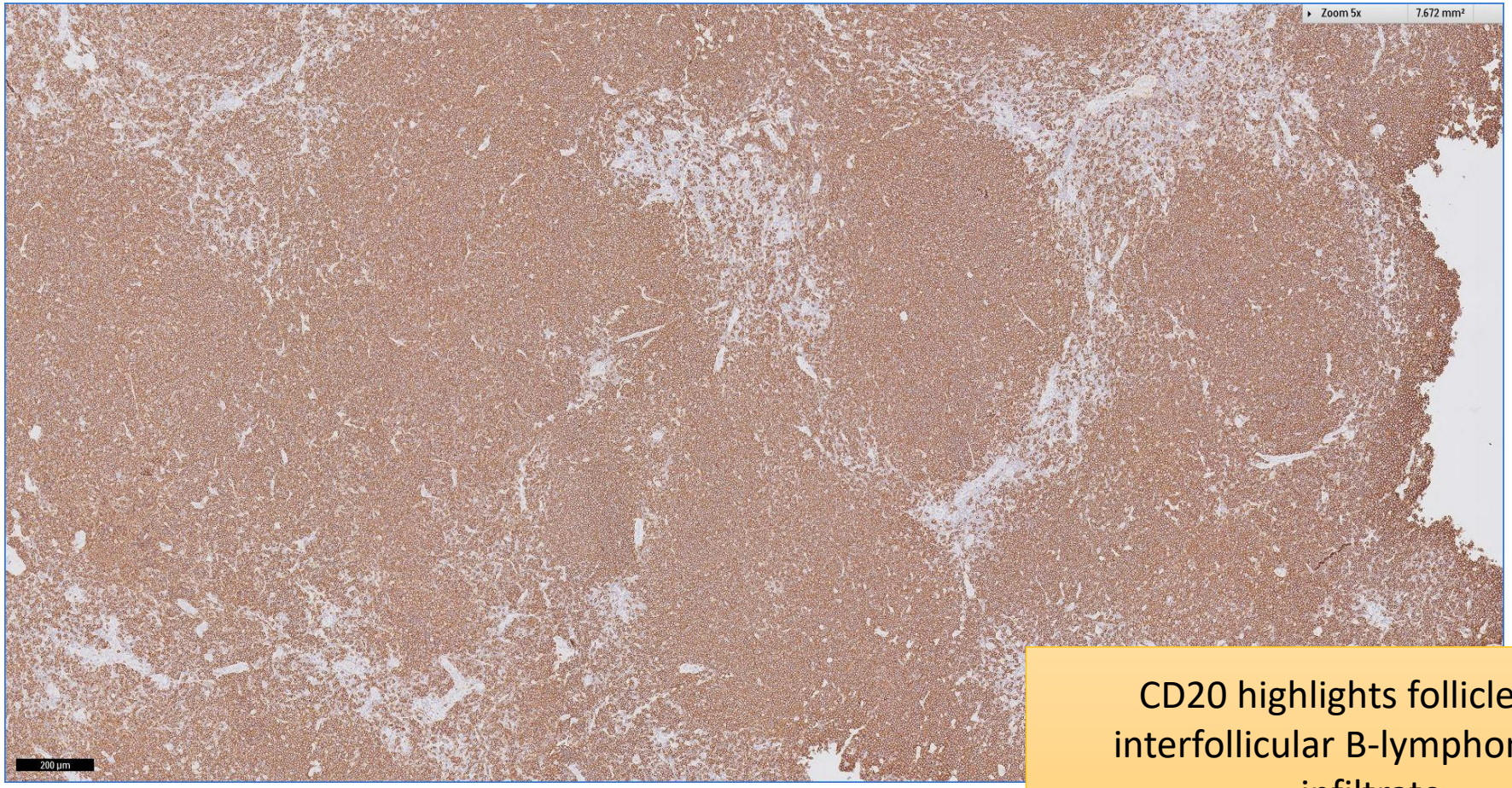
Predominantly centrocytes and monocytoid cells

SGH CASE 32: 17RE155 LYMPH NODE H&E



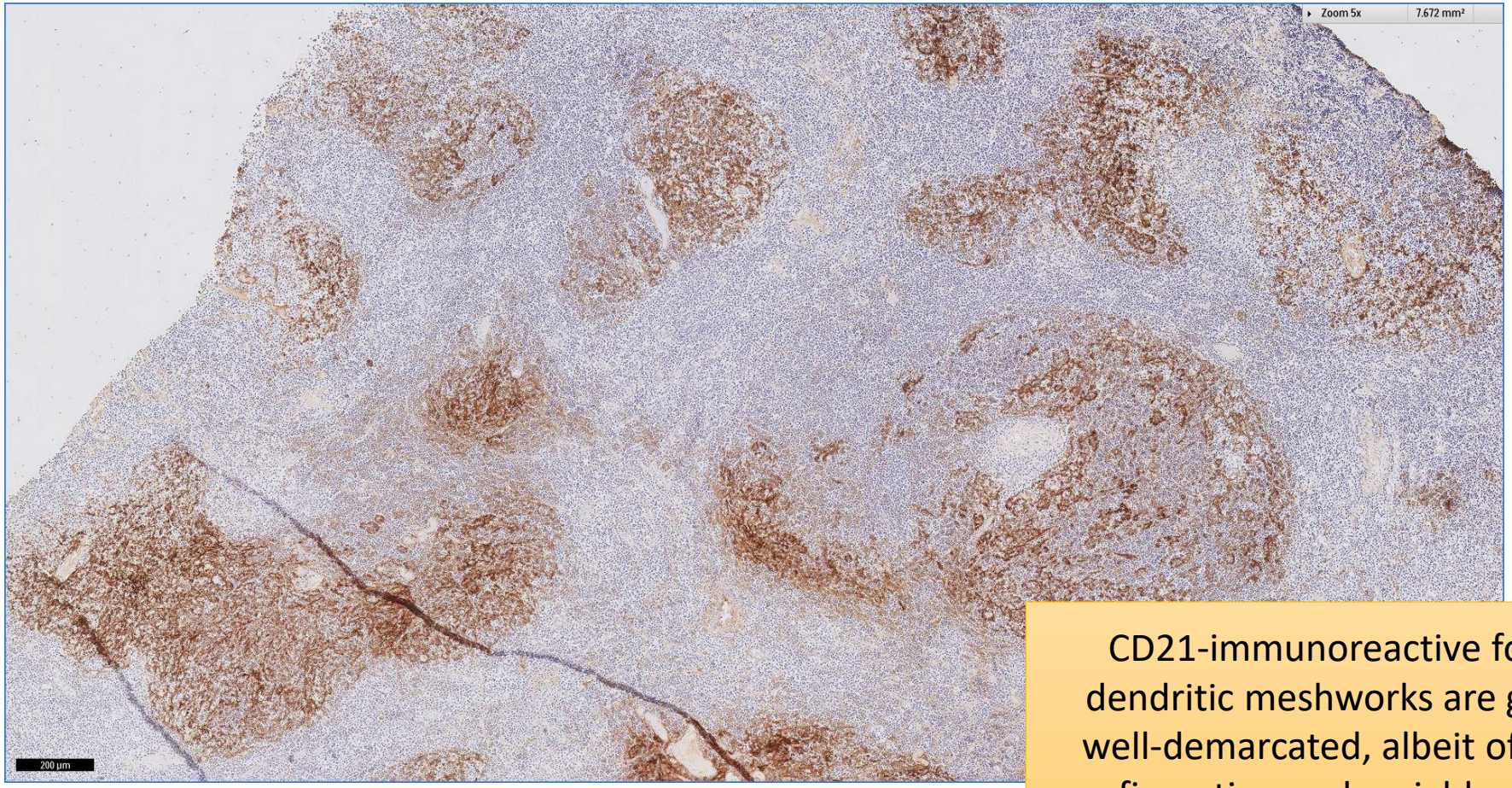
Predominantly centrocytes and monocytoid cells. Centroblasts less than 15 per high power field ($0.159mm^2$)

SGH CASE 32: 17RE155 LYMPH NODE CD20



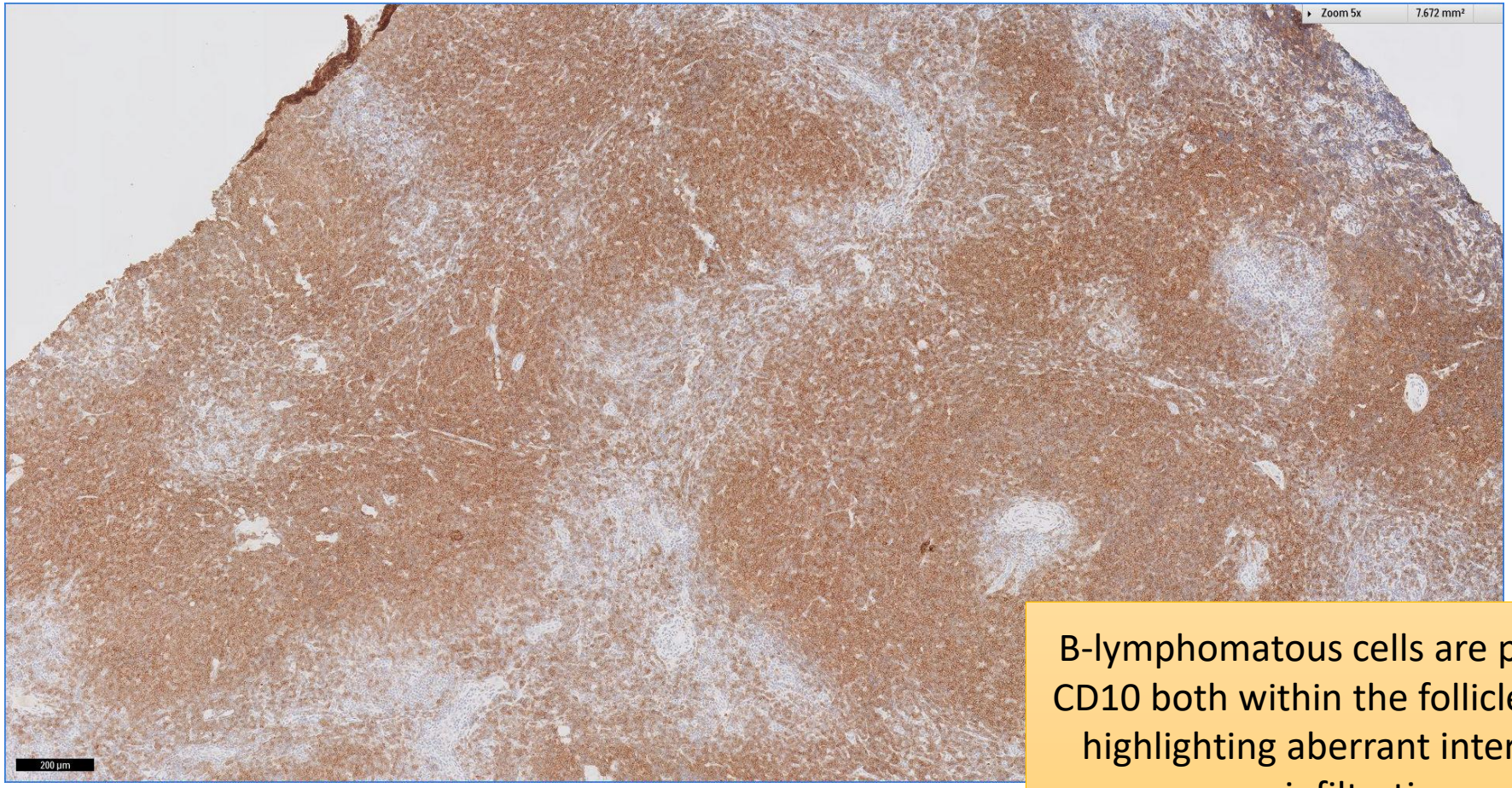
CD20 highlights follicles and interfollicular B-lymphomatous infiltrate

SGH CASE 32: 17RE155 LYMPH NODE CD21



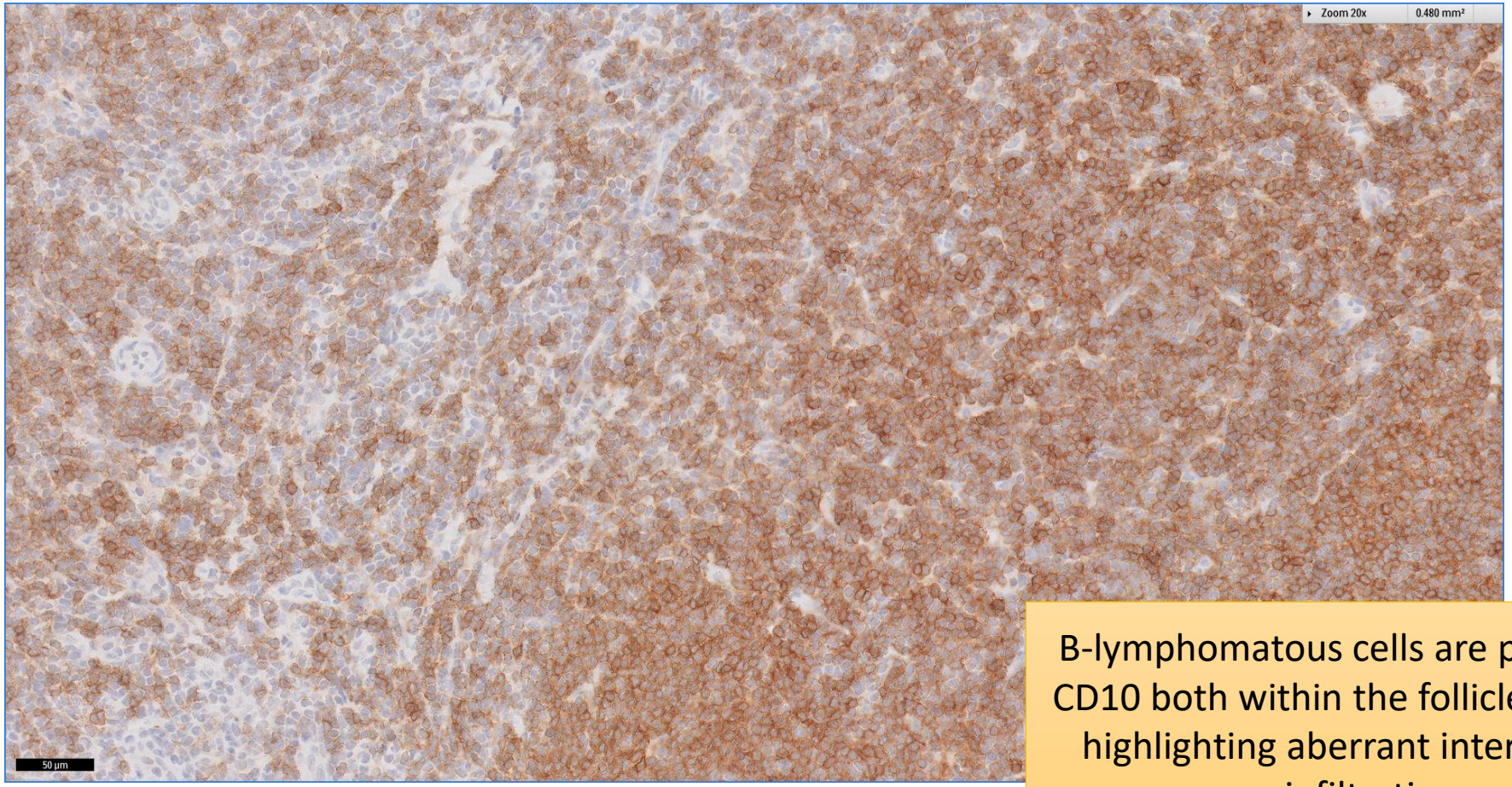
CD21-immunoreactive follicular dendritic meshworks are generally well-demarcated, albeit of variable configuration and variably attenuated

SGH CASE 32: 17RE155 LYMPH NODE CD10



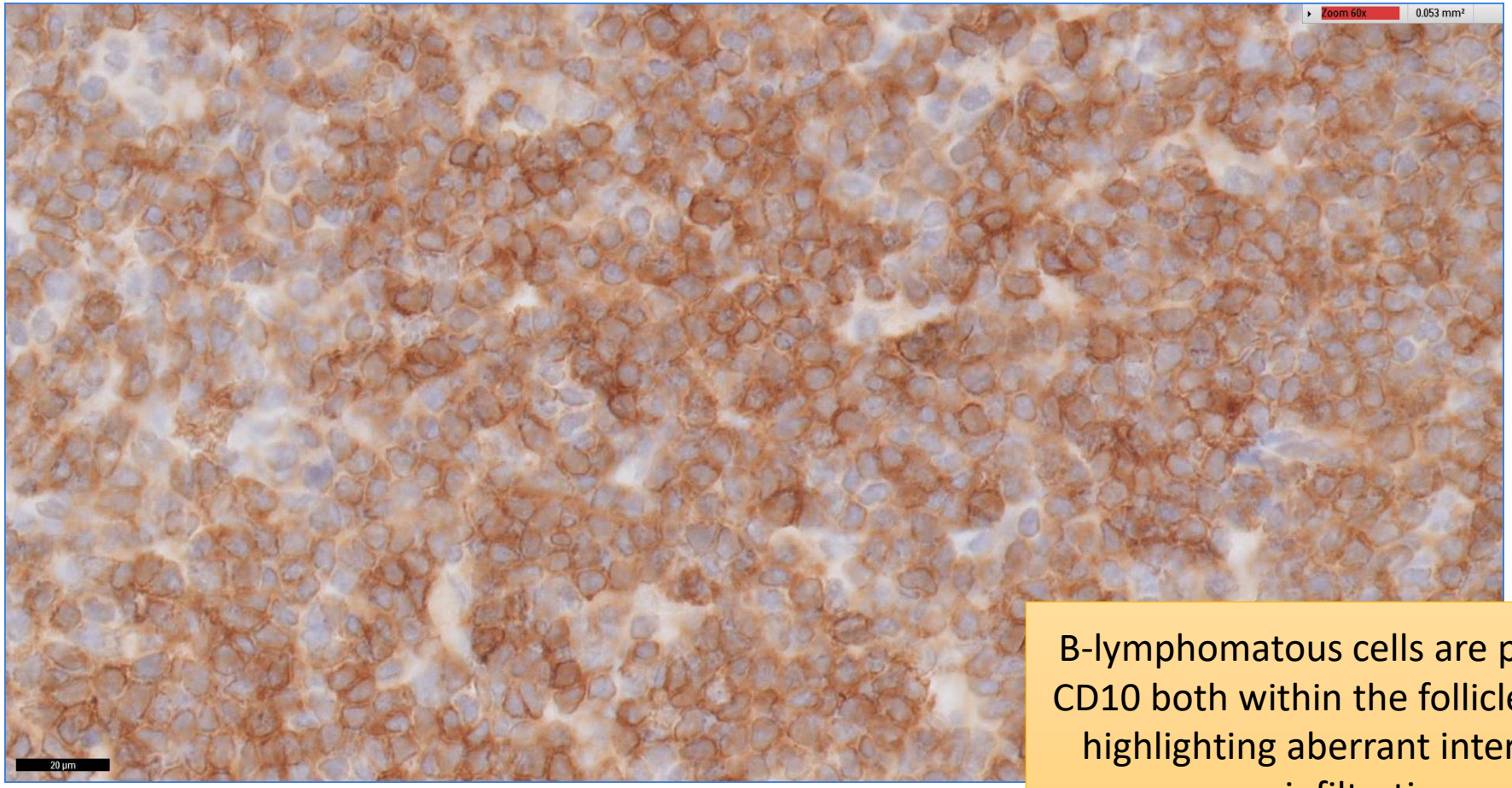
B-lymphomatous cells are positive for CD10 both within the follicles and also highlighting aberrant interfollicular infiltration

SGH CASE 32: 17RE155 LYMPH NODE CD10



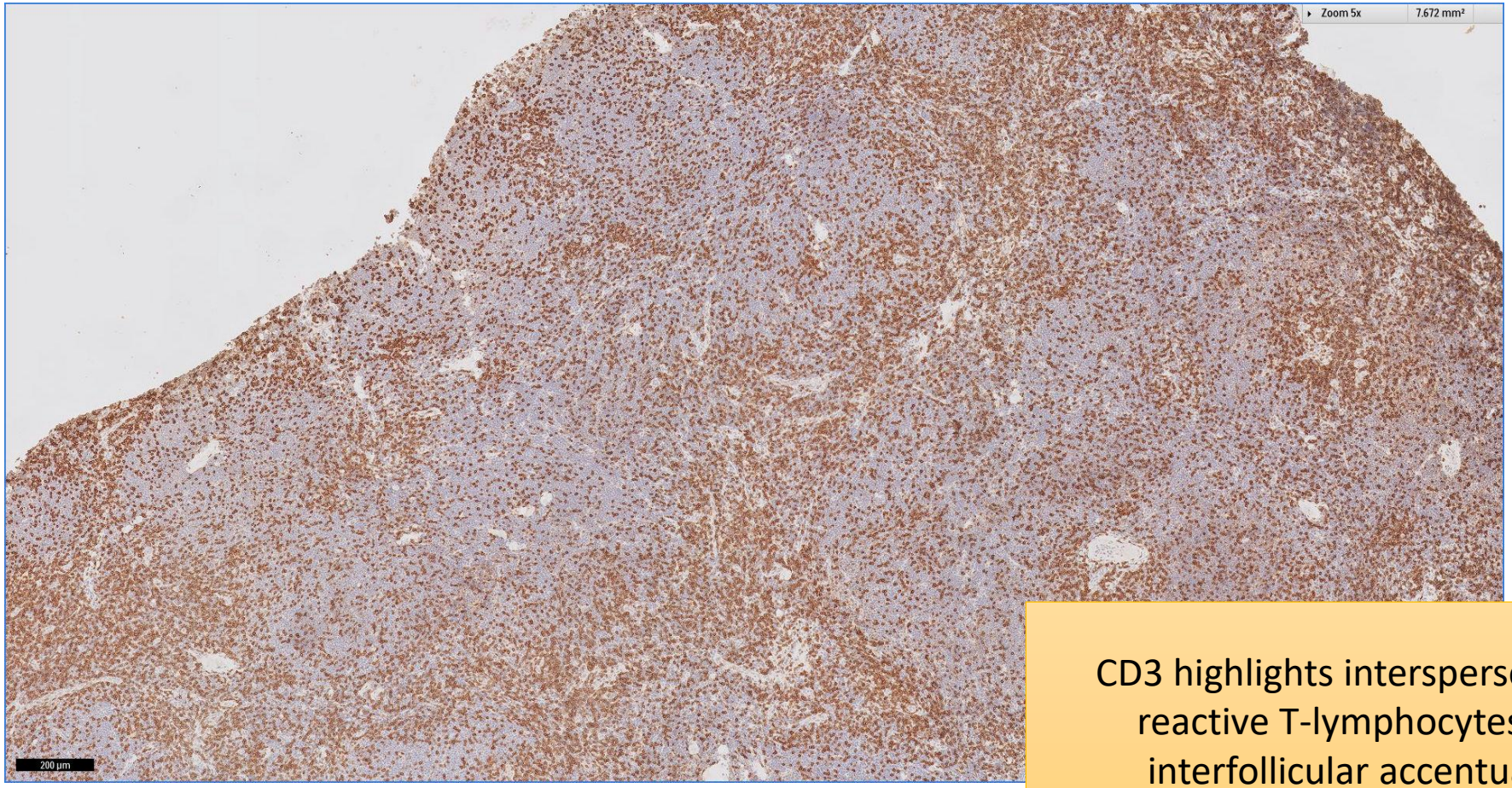
B-lymphomatous cells are positive for CD10 both within the follicles and also highlighting aberrant interfollicular infiltration

SGH CASE 32: 17RE155 LYMPH NODE CD10



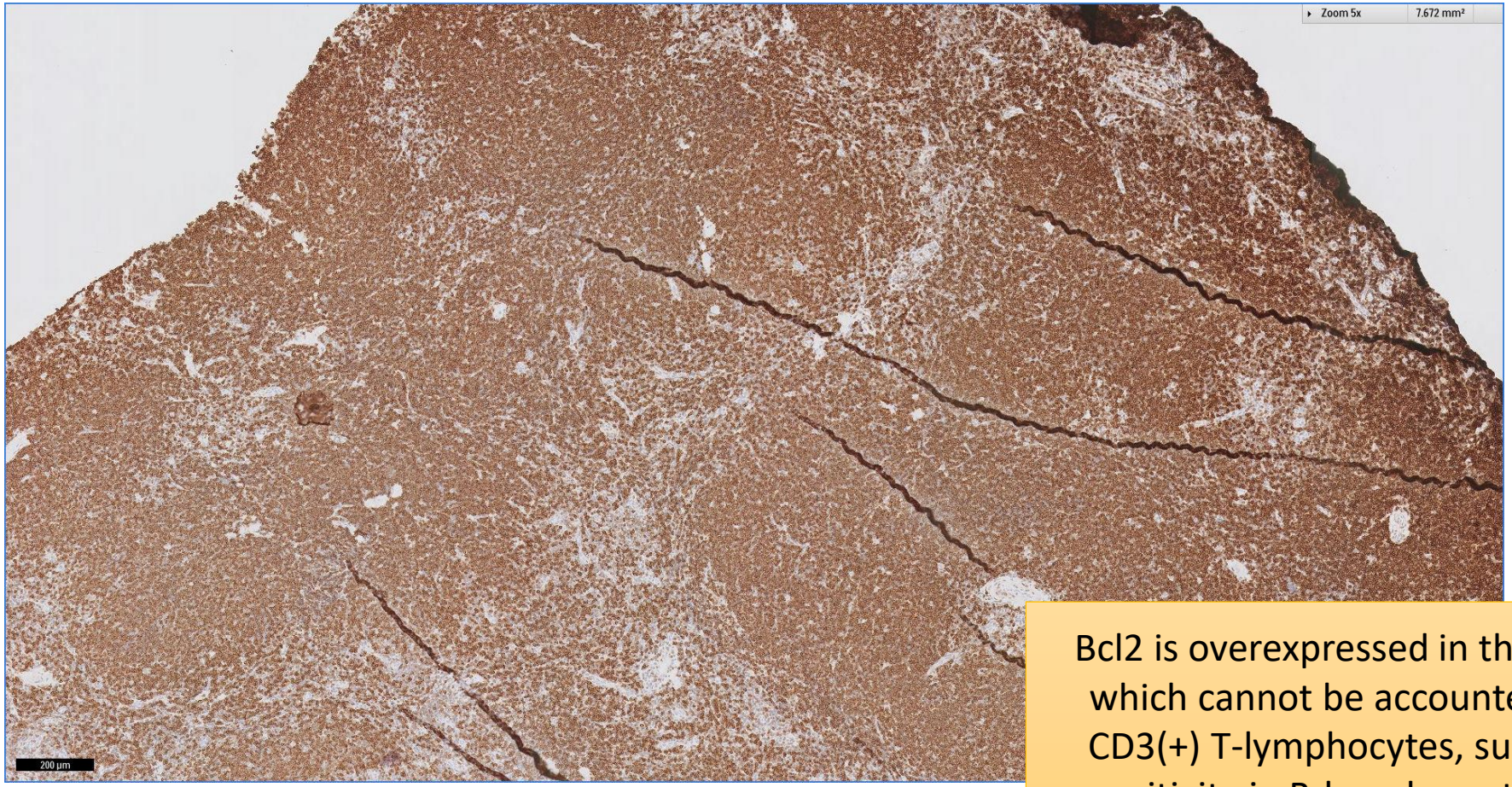
B-lymphomatous cells are positive for CD10 both within the follicles and also highlighting aberrant interfollicular infiltration

SGH CASE 32: 17RE155 LYMPH NODE CD3



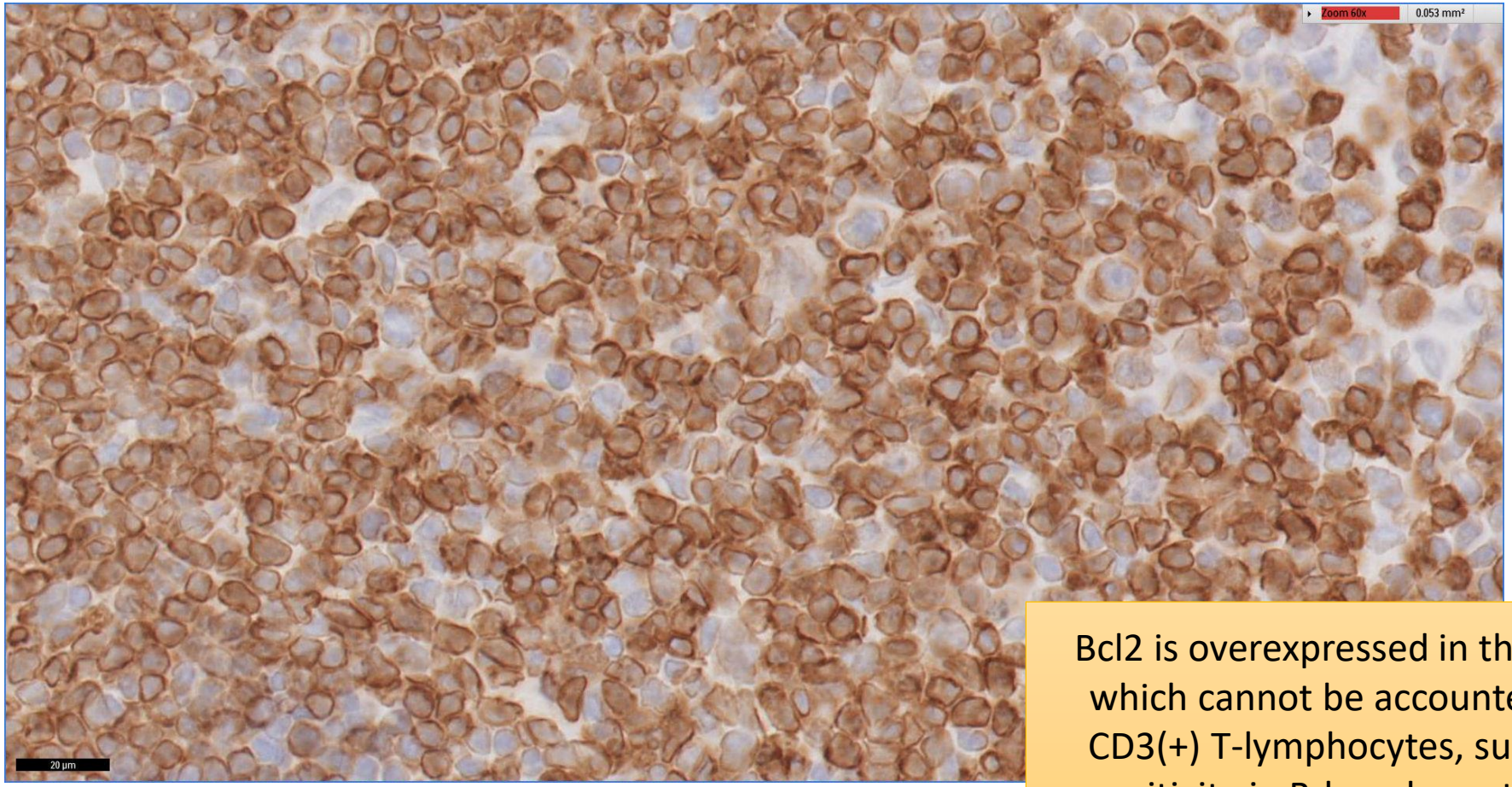
CD3 highlights interspersed small reactive T-lymphocytes with interfollicular accentuation

SGH CASE 32: 17RE155 LYMPH NODE BCL2



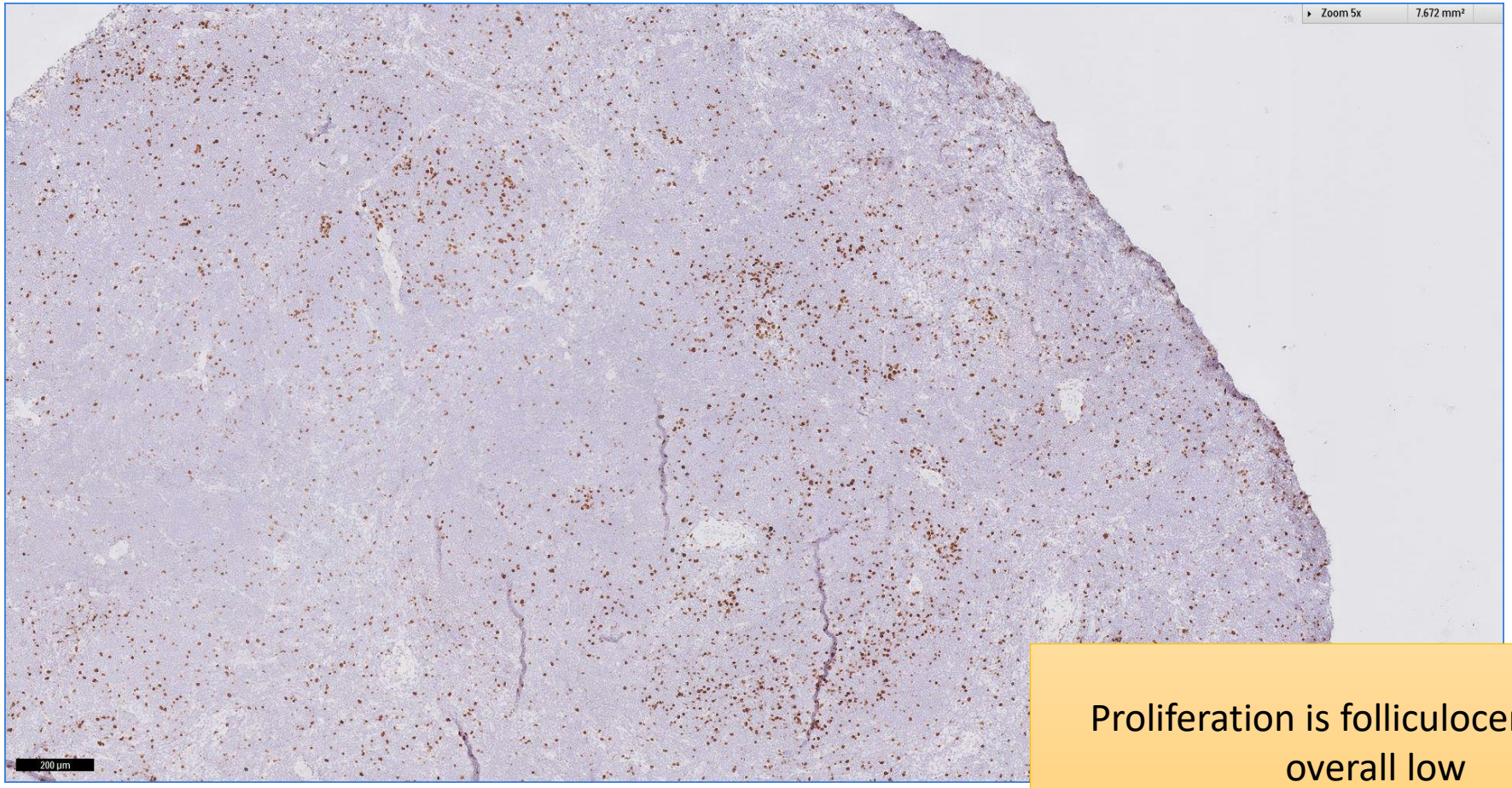
Bcl2 is overexpressed in the follicles which cannot be accounted for by CD3(+) T-lymphocytes, supporting positivity in B-lymphomatous cells

SGH CASE 32: 17RE155 LYMPH NODE BCL2



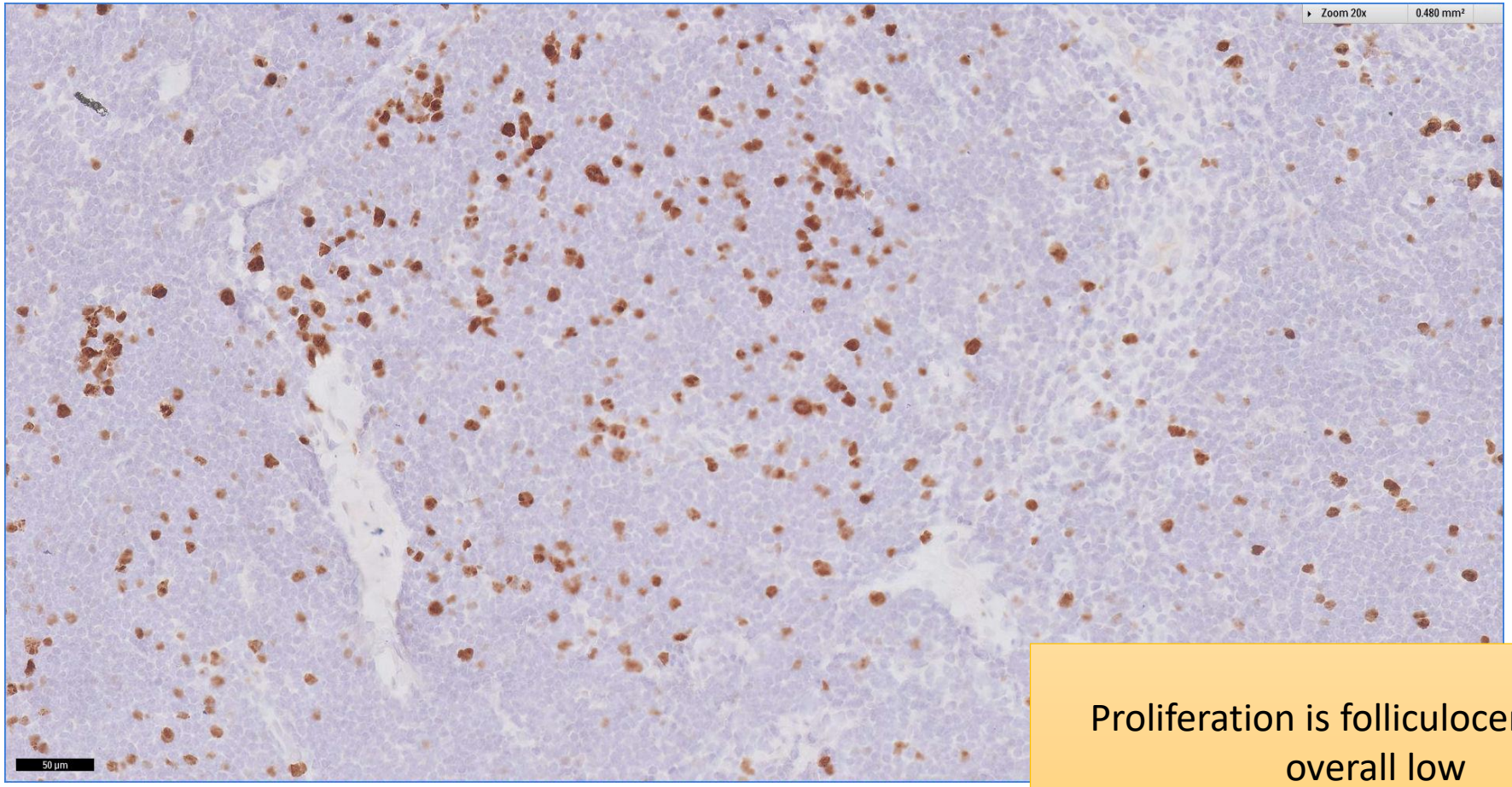
Bcl2 is overexpressed in the follicles which cannot be accounted for by CD3(+) T-lymphocytes, supporting positivity in B-lymphomatous cells

SGH CASE 32: 17RE155 LYMPH NODE KI67



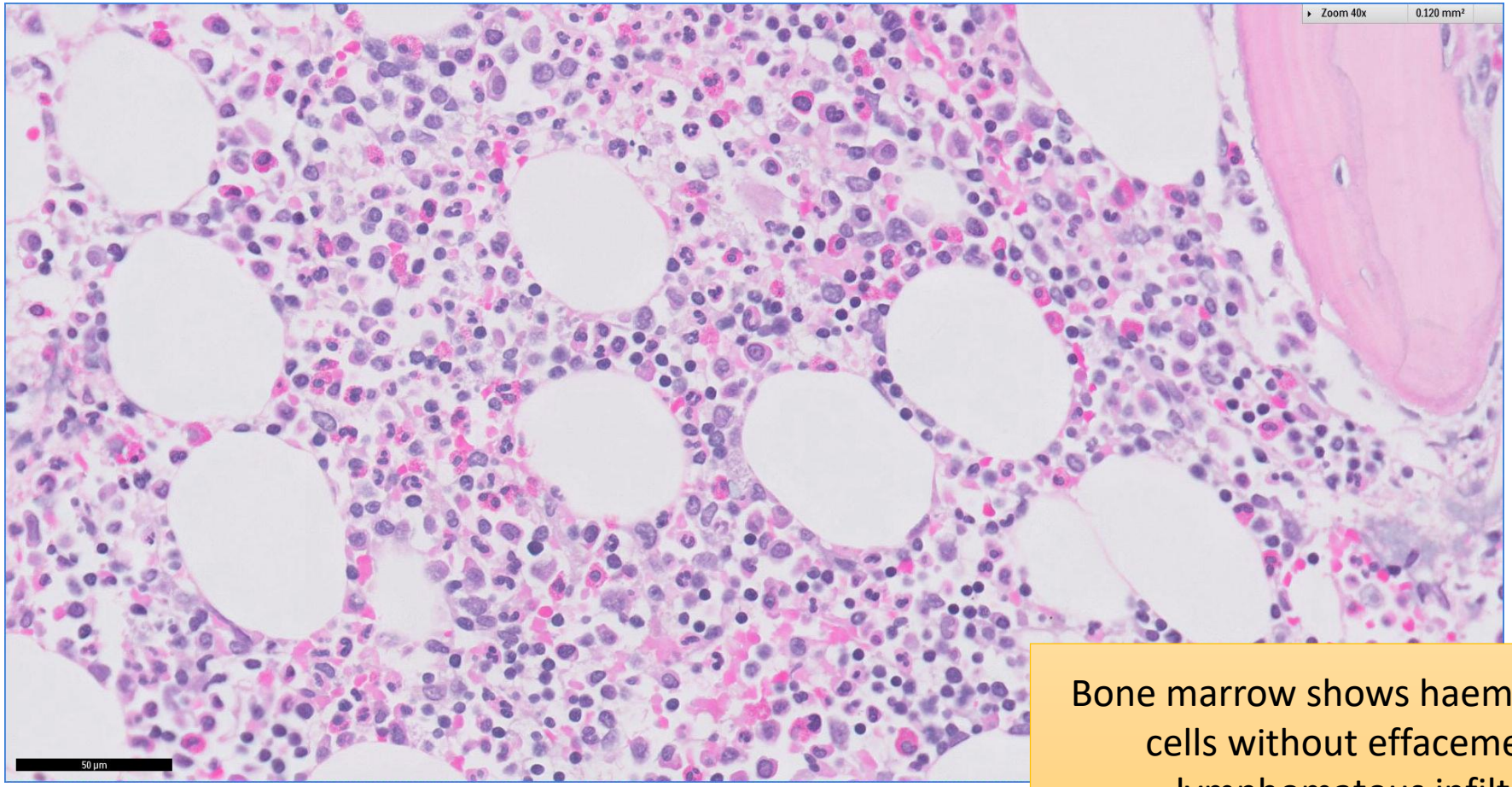
Proliferation is folliculocentric, but overall low

SGH CASE 32: 17RE155 LYMPH NODE KI67



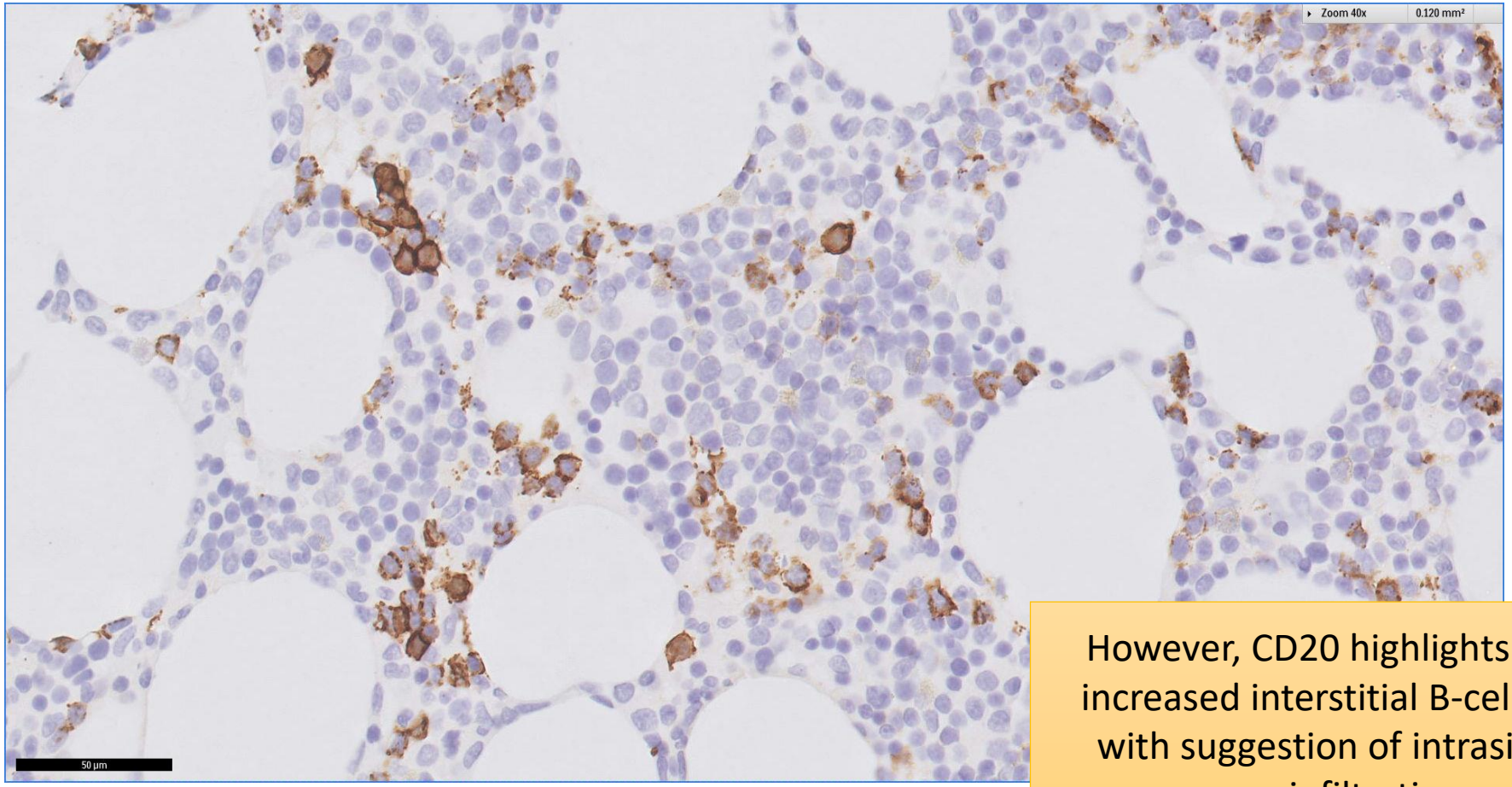
Proliferation is folliculocentric, but overall low

SGH CASE 32: 17RE154 BONE MARROW H&E



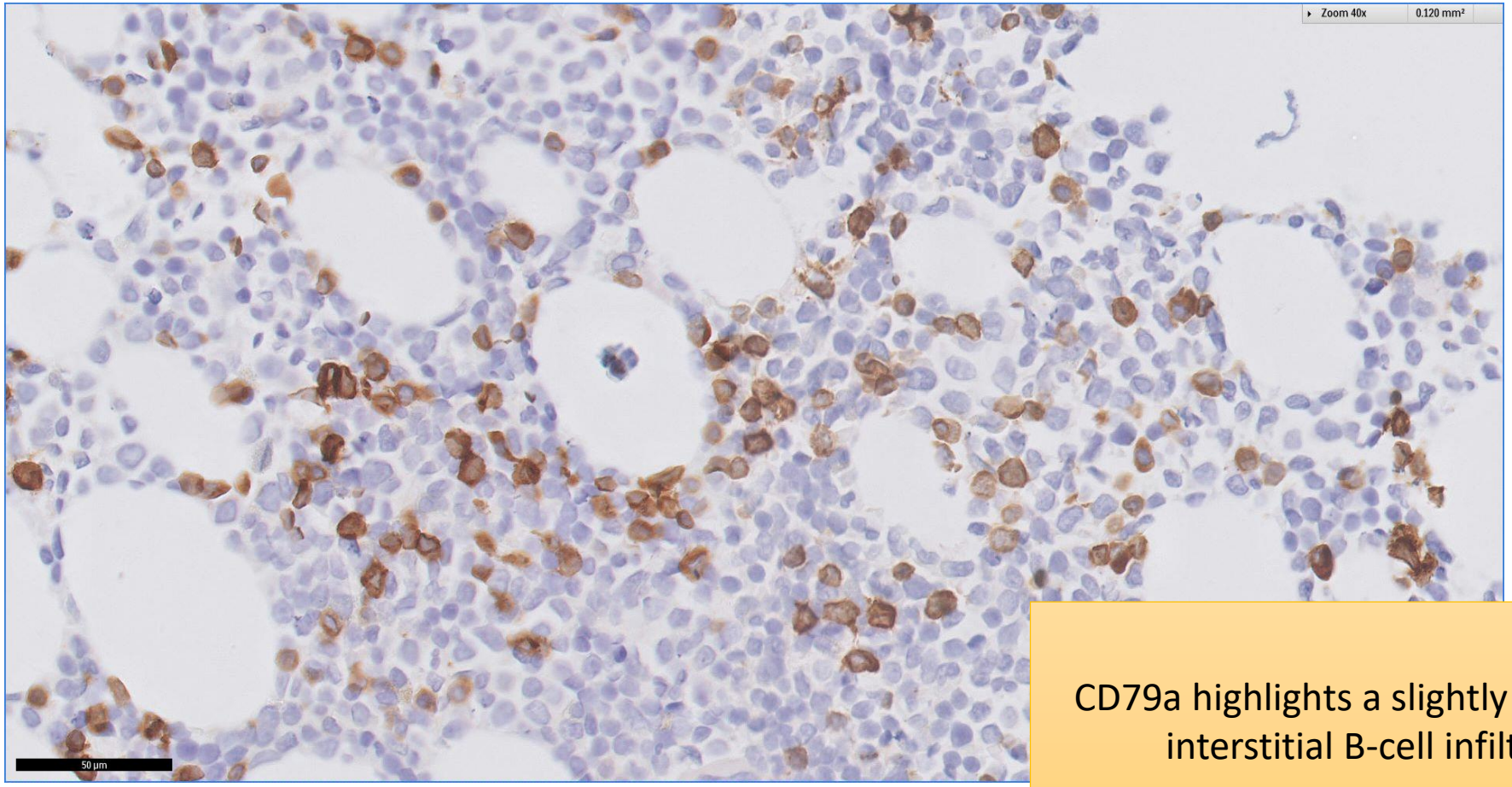
Bone marrow shows haematopoietic cells without effacement by lymphomatous infiltrate

SGH CASE 32: 17RE154 BONE MARROW CD20



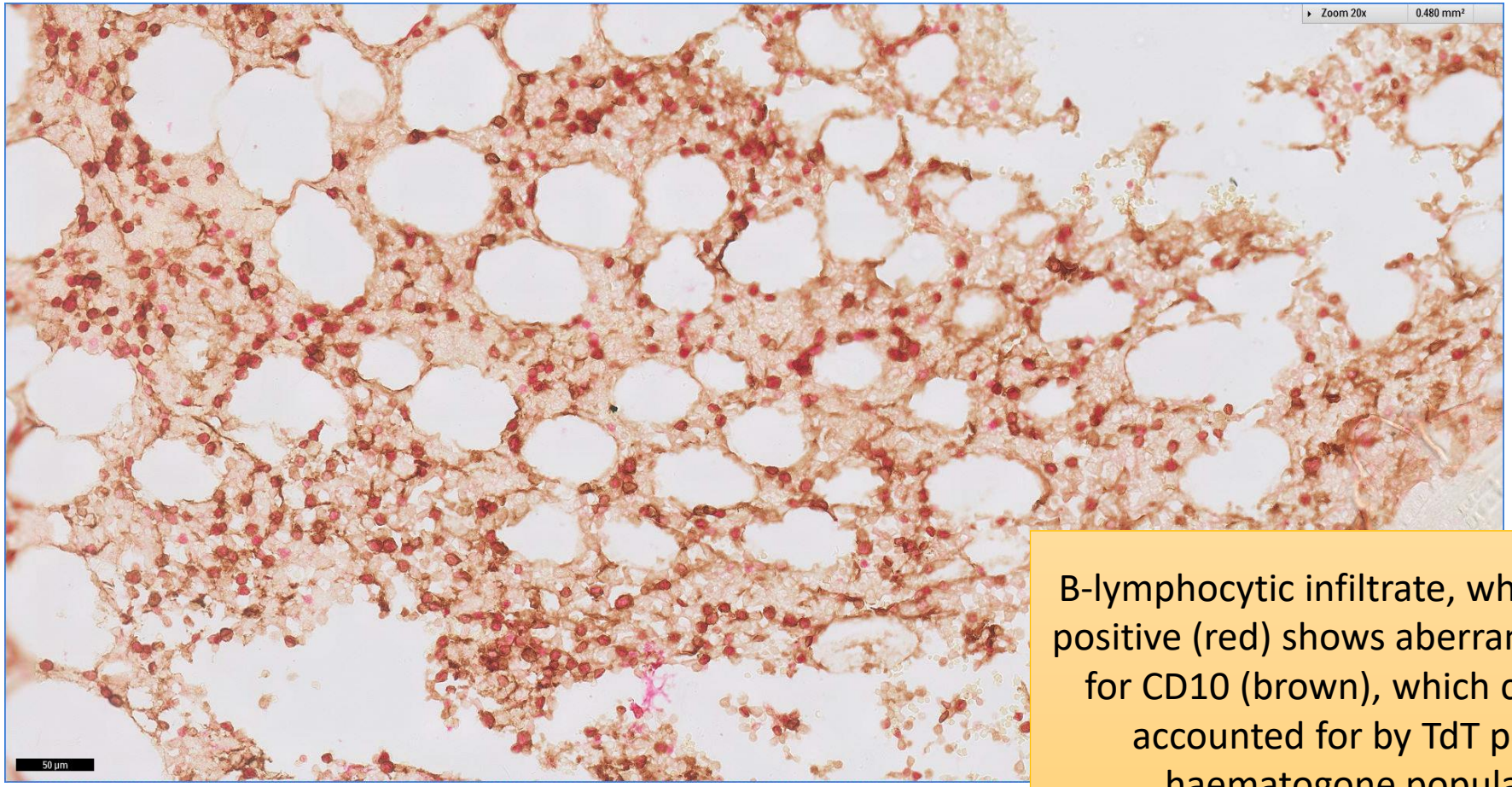
However, CD20 highlights a slightly increased interstitial B-cell infiltrate with suggestion of intrasinusoidal infiltration

SGH CASE 32: 17RE154 BONE MARROW CD79A



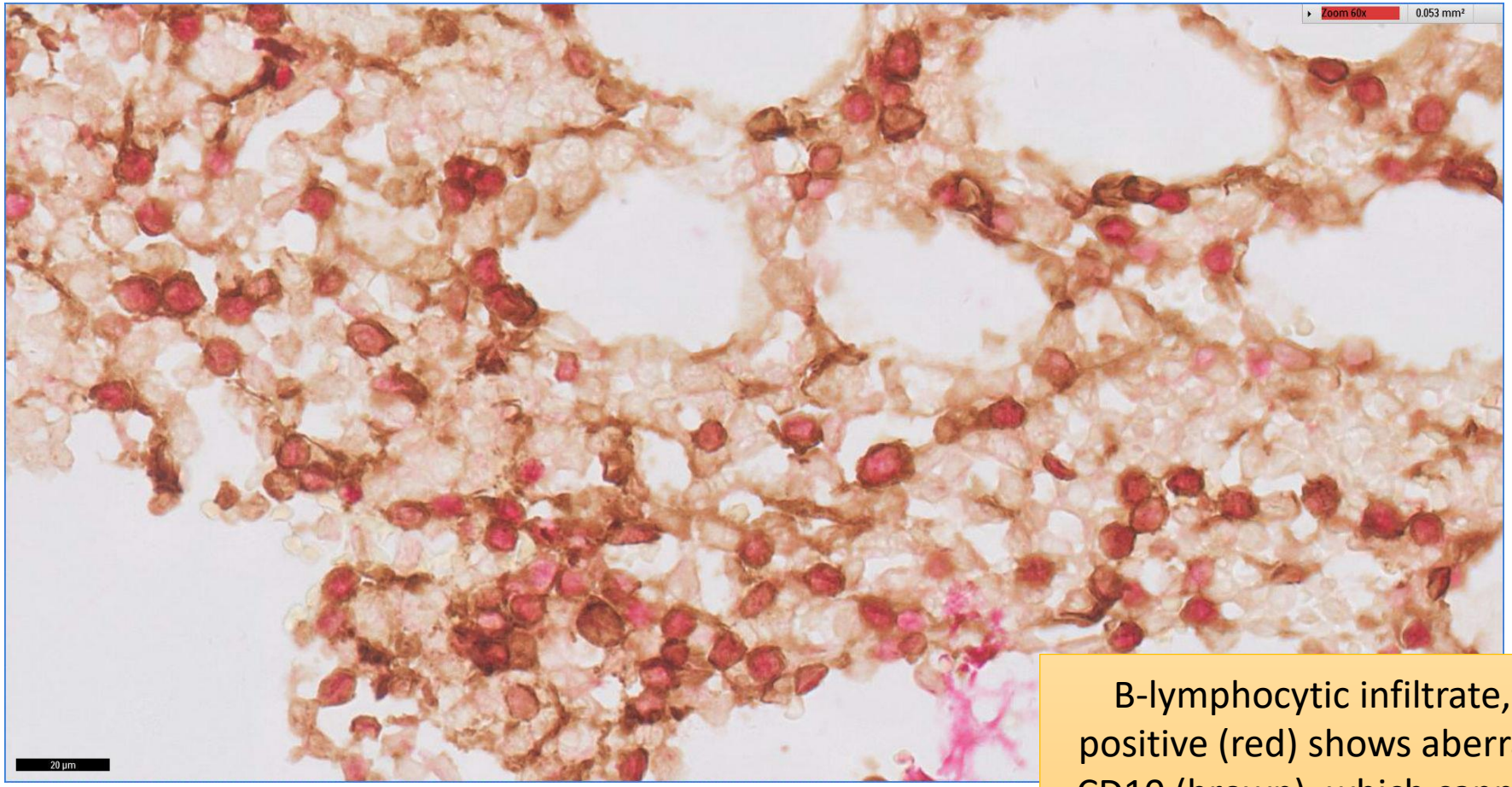
CD79a highlights a slightly increased interstitial B-cell infiltrate

SGH CASE 32: 17RE154 BONE MARROW CD10 (BROWN) PAX5 (RED)



B-lymphocytic infiltrate, which is PAX5 positive (red) shows aberrant positivity for CD10 (brown), which cannot be accounted for by TdT positive haematogone population

SGH CASE 32: 17RE154 BONE MARROW CD10 (BROWN) PAX5 (RED)



B-lymphocytic infiltrate, which is PAX5 positive (red) shows aberrant positivity for CD10 (brown), which cannot be accounted for by TdT positive haematogone population

SGH CASE 32: 17RE155 & 17RE154

- Diagnosis
  - 17RE154: Bone marrow with low level involvement by follicular lymphoma (unusual interstitial infiltrate of CD10+ B-cells)
  - 17RE155: Follicular lymphoma, low grade (WHO Grade 1-2) in lymph node