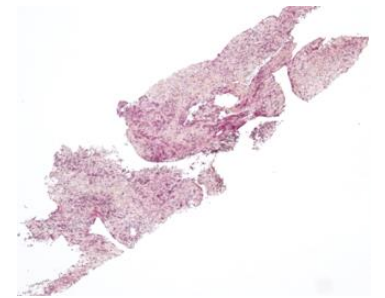
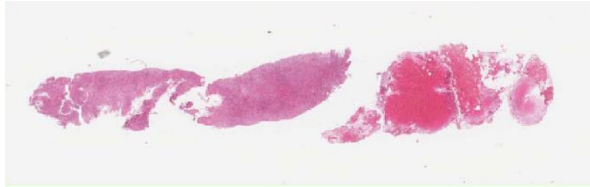


Diagnostic de lymphome de Hodgkin sur biopsie ganglionnaire à l'aiguille: est ce envisageable?

Professeur Alexandra Traverse-Glehen

Hospices Civils de Lyon

Université Lyon 1



Lymphome de Hodgkin

- 1840 nouveaux cas diagnostiqués en France en 2011
- 0,5% des cancers, **15% des lymphomes**
- **Pic adultes jeunes (20-30 ans) et sujets plus âgés (> 60 ans)**
- **Cancer le plus fréquent chez l'adulte de moins de 40 ans**
- **Peut se voir chez l'enfant et l'adolescent** exceptionnel avant 5 ans
- variations géographique, Sex Ratio: 1,4 : 1
- **Cancer de bon pronostic** (survie relative à 5 ans de 84%): 0,2% des décès par cancer
- **Efficacité des thérapeutiques actuelles en première ligne**
- **10 à 20 % de rechute**: RC de 12 à 30 %, mediane de progr 12 mois
- **TT ciblé**: Immunothérapie anti-PDL1 2016-17 première et deuxième ligne

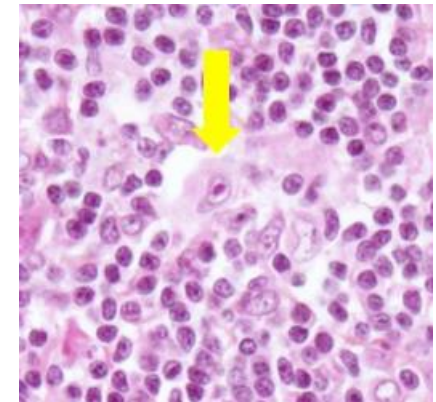
OMS 2016

- 95%

- Lymphome de Hodgkin classique (LHC): cellules de Hodgkin et de Reed Sternberg

- variantes

- scléro-nodulaire (70%)
- à cellularité mixte
- riche en lymphocytes
- à déplétion lymphocytaire

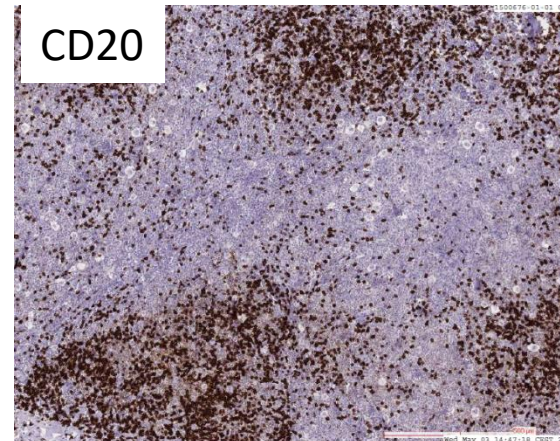
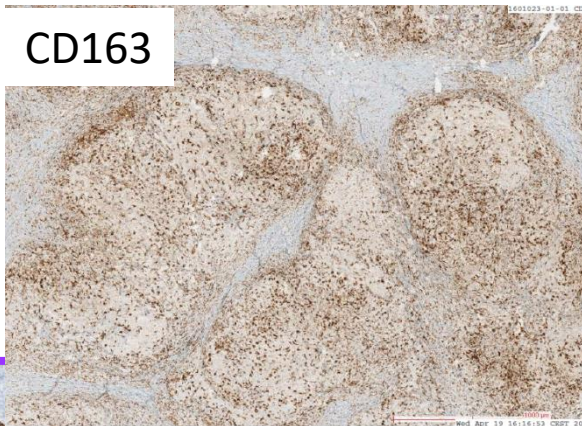
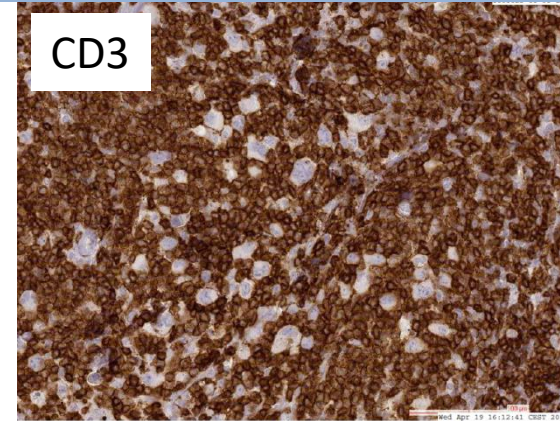
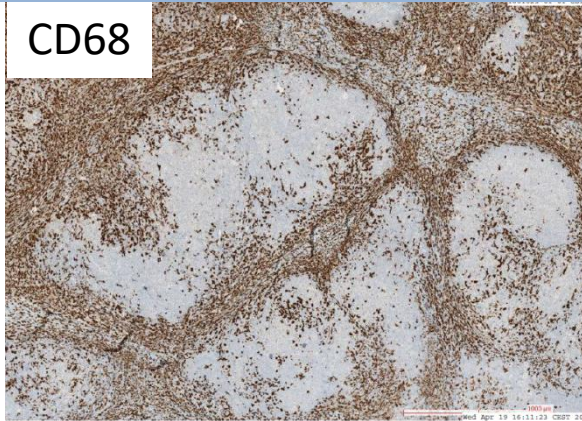
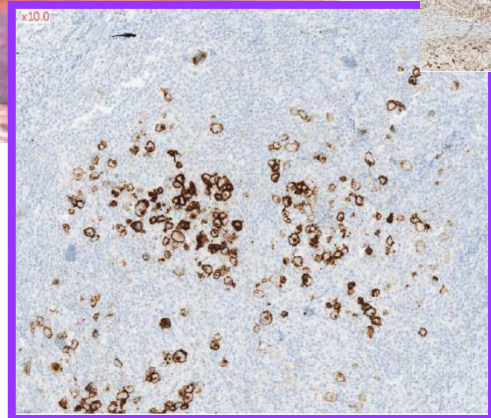
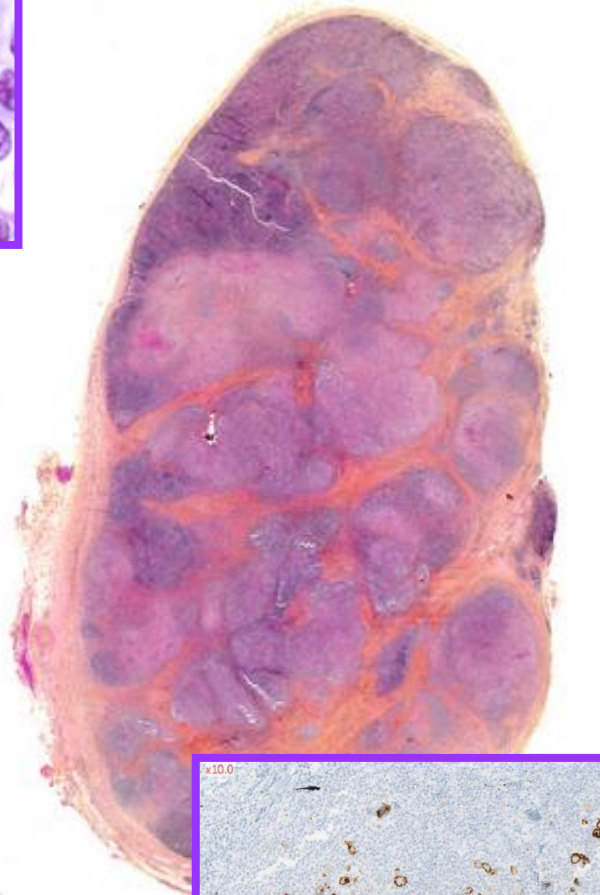
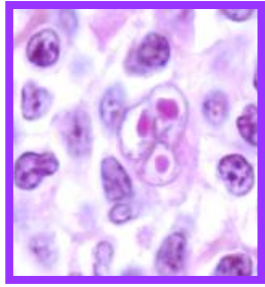


- 5%

- Lymphome de Hodgkin nodulaire à prédominance lymphocytaire (LHNPL): cellules LP

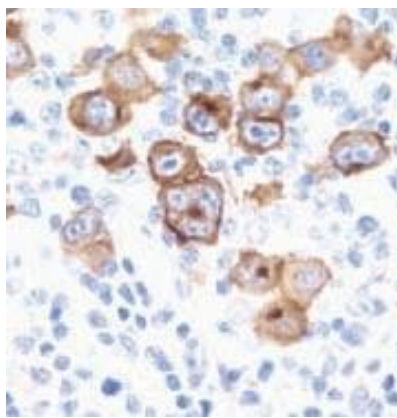
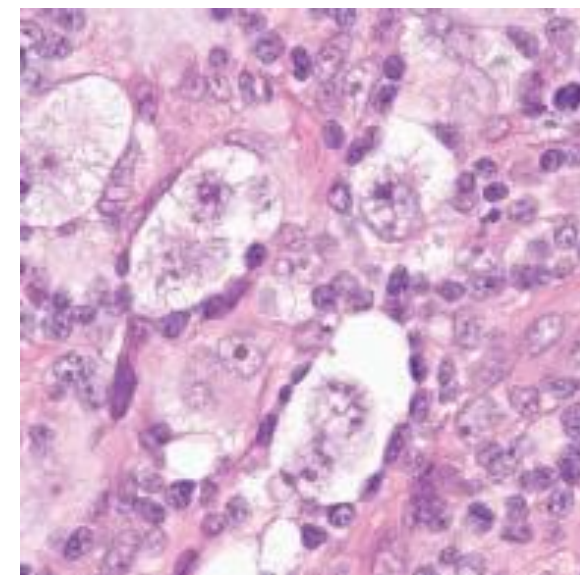
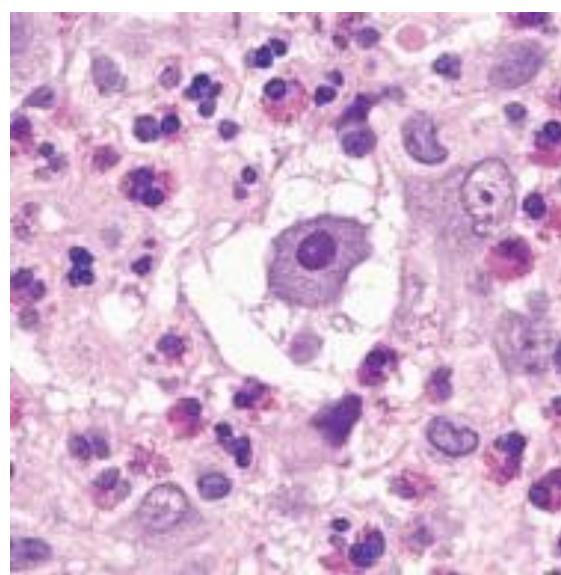
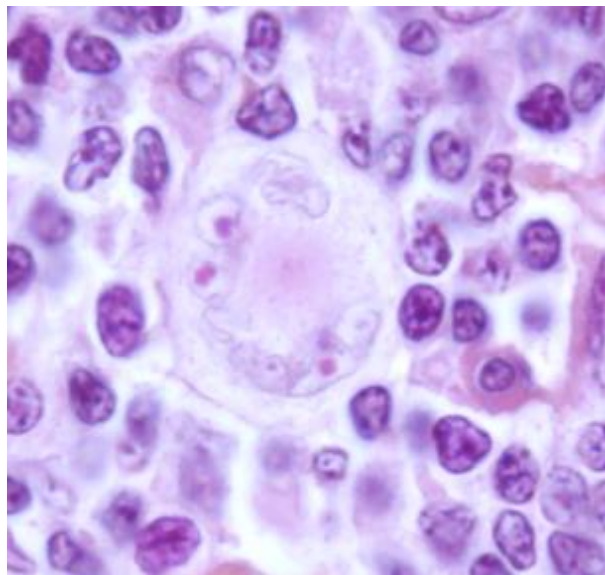
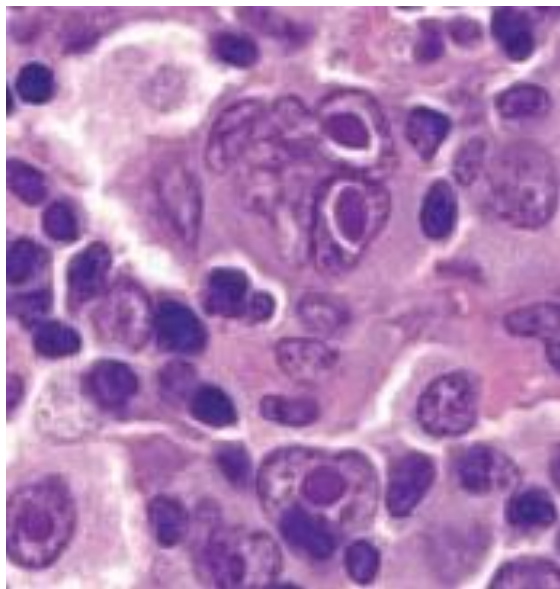


Lymphome de Hodgkin classique: morphologie unique

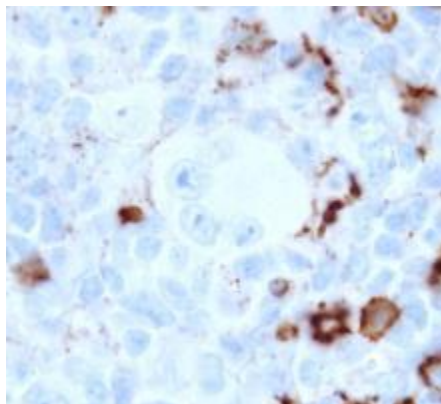


Rareté des cellules tumorales
Microenvironnement prédominant+++
Fibrose+++

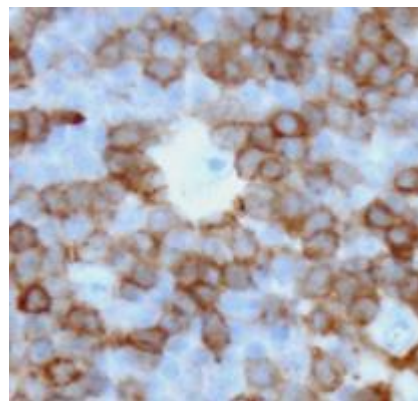
Lymphome de Hodgkin classique



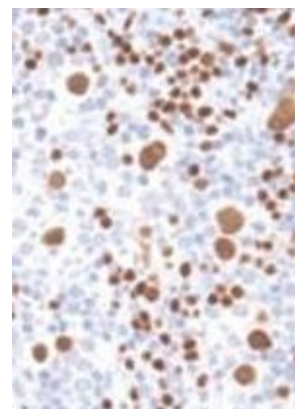
CD30+ CD15+/-



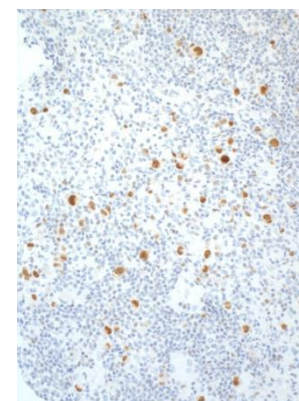
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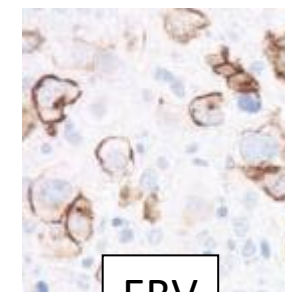
CD3 -



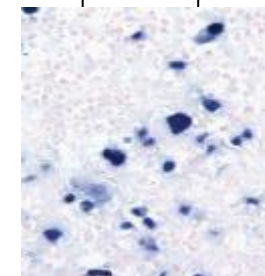
PAX5



MUM1



EBV



CLINICAL PRACTICE GUIDELINES

Hodgkin lymphoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up[†]

D. A. Eichenauer¹, B. M. P. Aleman², M. André^{3,4}, M. Federico⁵, M. Hutchings⁶, T. Illidge^{7,8}, A. Engert¹ & M. Ladetto⁹, on behalf of the ESMO Guidelines Committee*

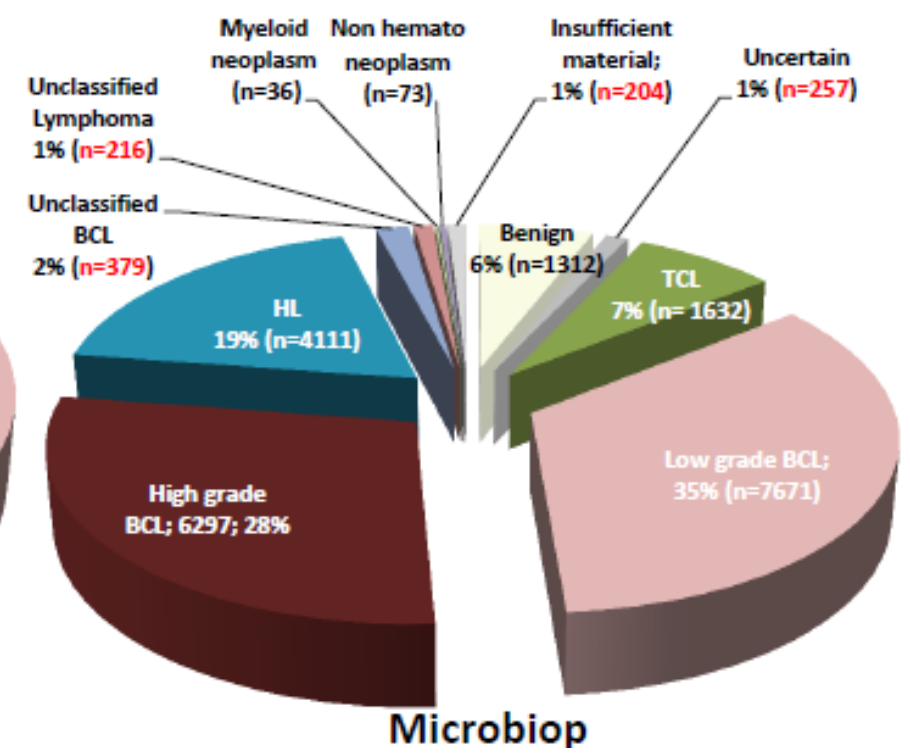
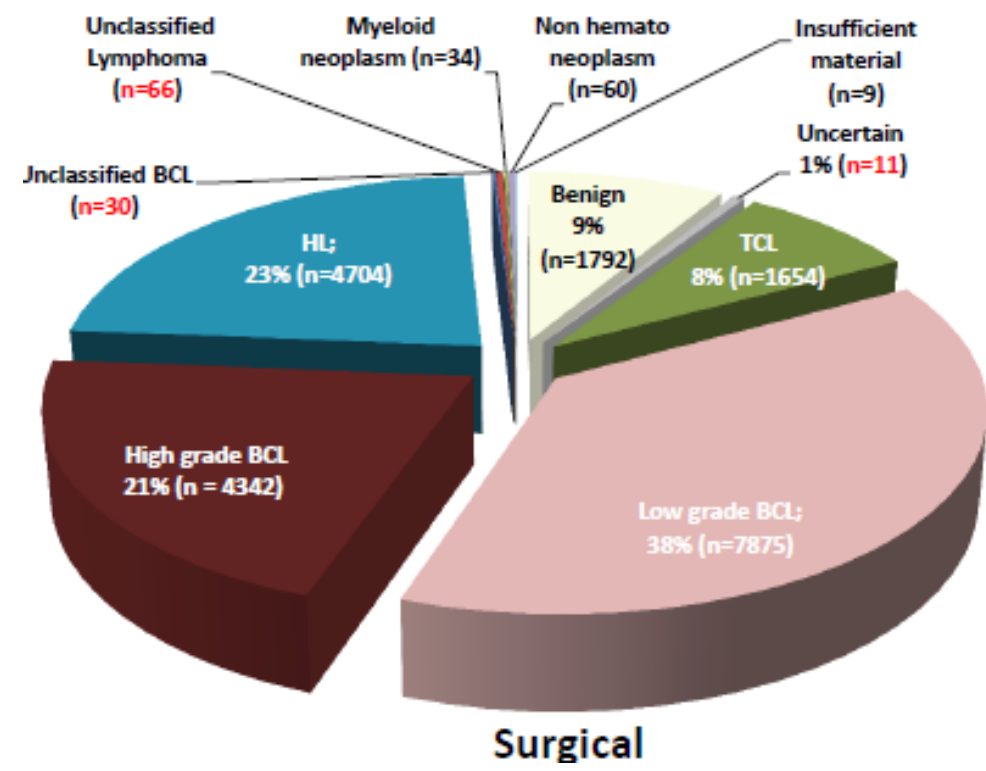
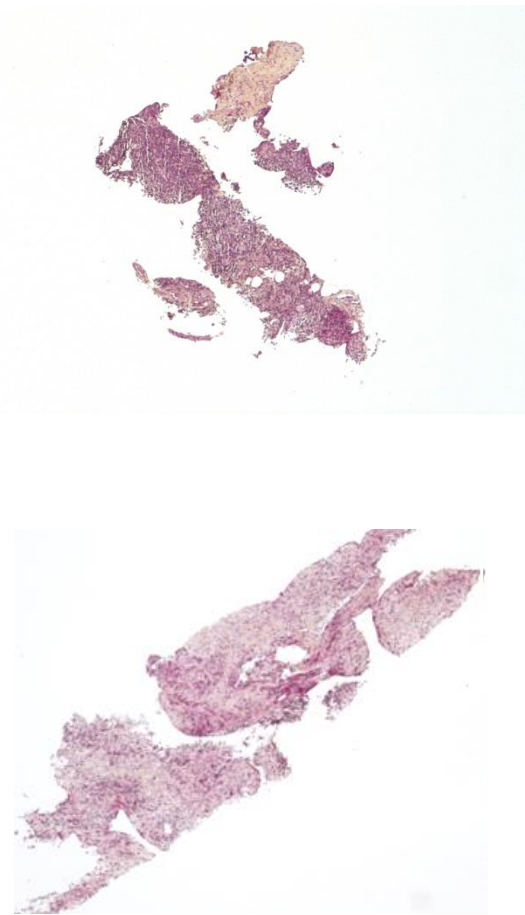
Diagnosis

Pathological diagnosis should be made according to the World Health Organization (WHO) classification from an excisional lymph node biopsy or a sufficiently large surgical specimen to provide enough material for fresh frozen and formalin-fixed samples. In cHL, the presence of Hodgkin and Reed–Sternberg (HRS) cells is disease-defining, whereas the detection of lymphocyte predominant (LP) cells is required for the diagnosis of NLPHL. The immunophenotype of the malignant cells in cHL and NLPHL differs significantly. In contrast to HRS cells that stain consistently positive for CD30 and CD15, occasionally positive for CD20 and negative for CD45, LP cells are characterised by the expression of CD20 and CD45 but lack CD15 and CD30.

Biopsie exérèse
Biopsie chirurgicale assez large

Microbiopsie dans le diagnostic de Hodgkin en France

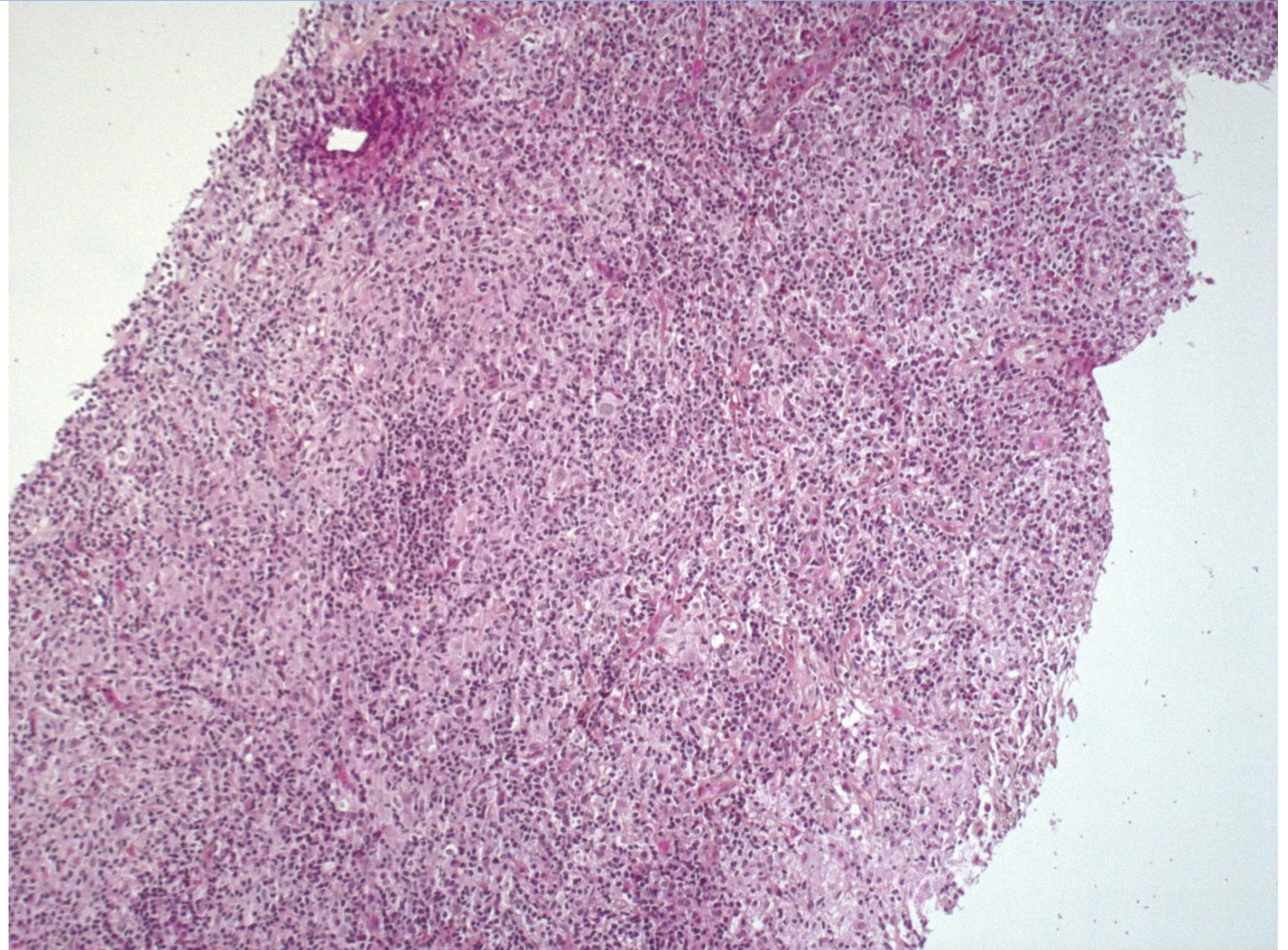
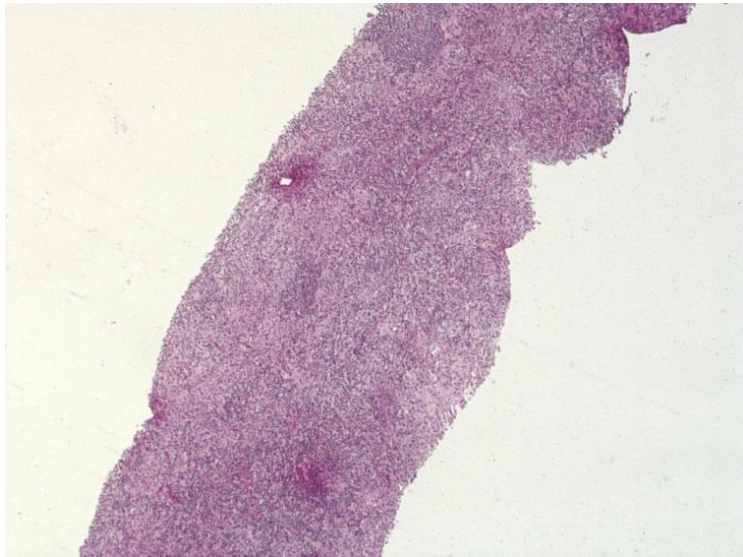
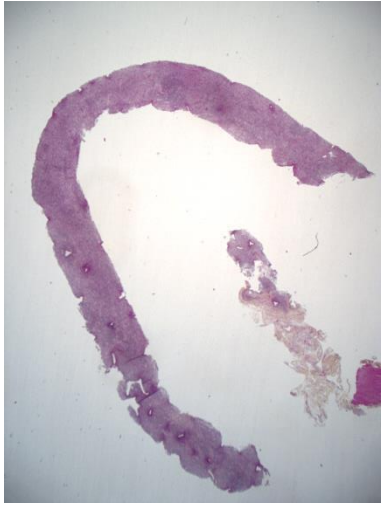
D'après Lymphopath 2010-2018

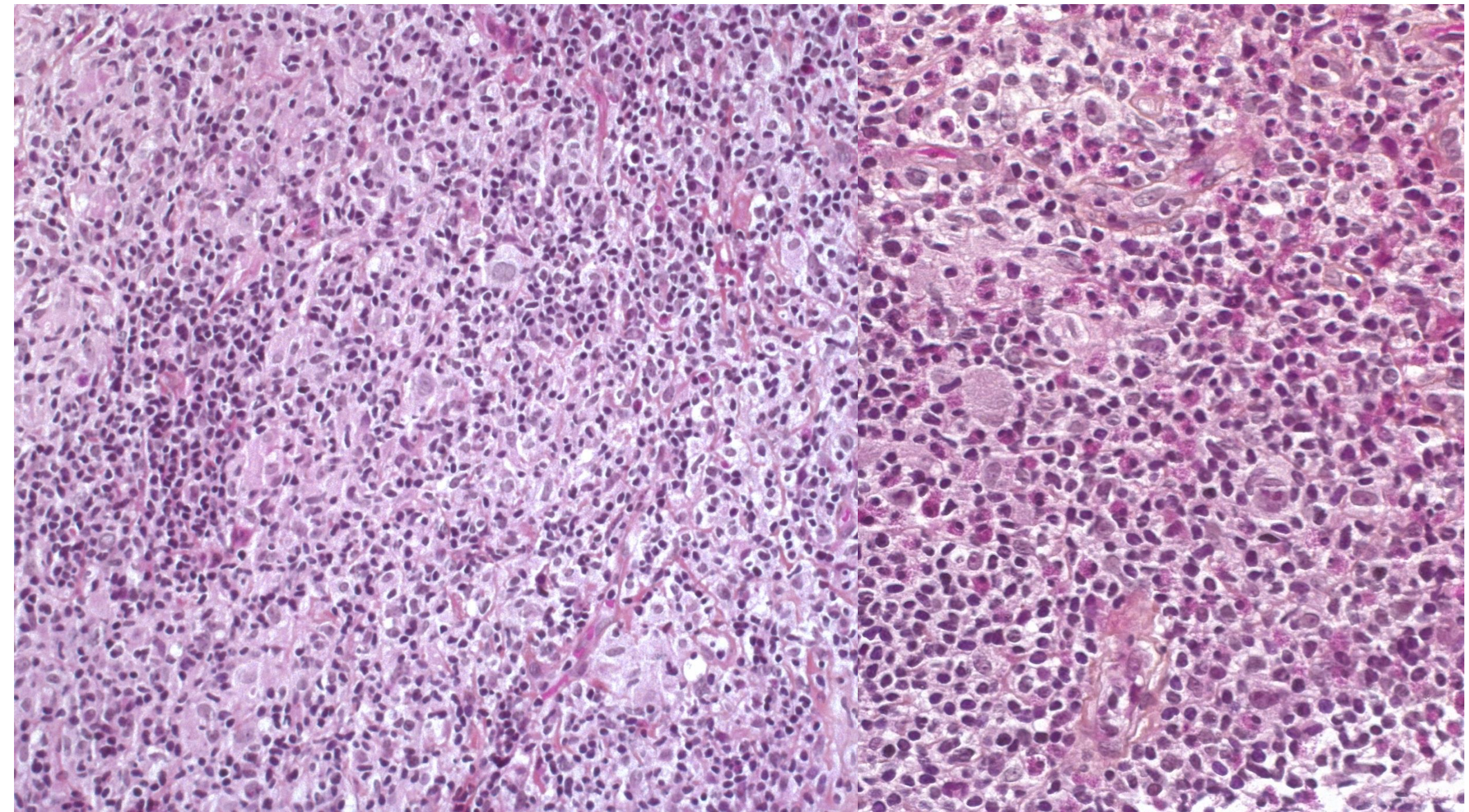


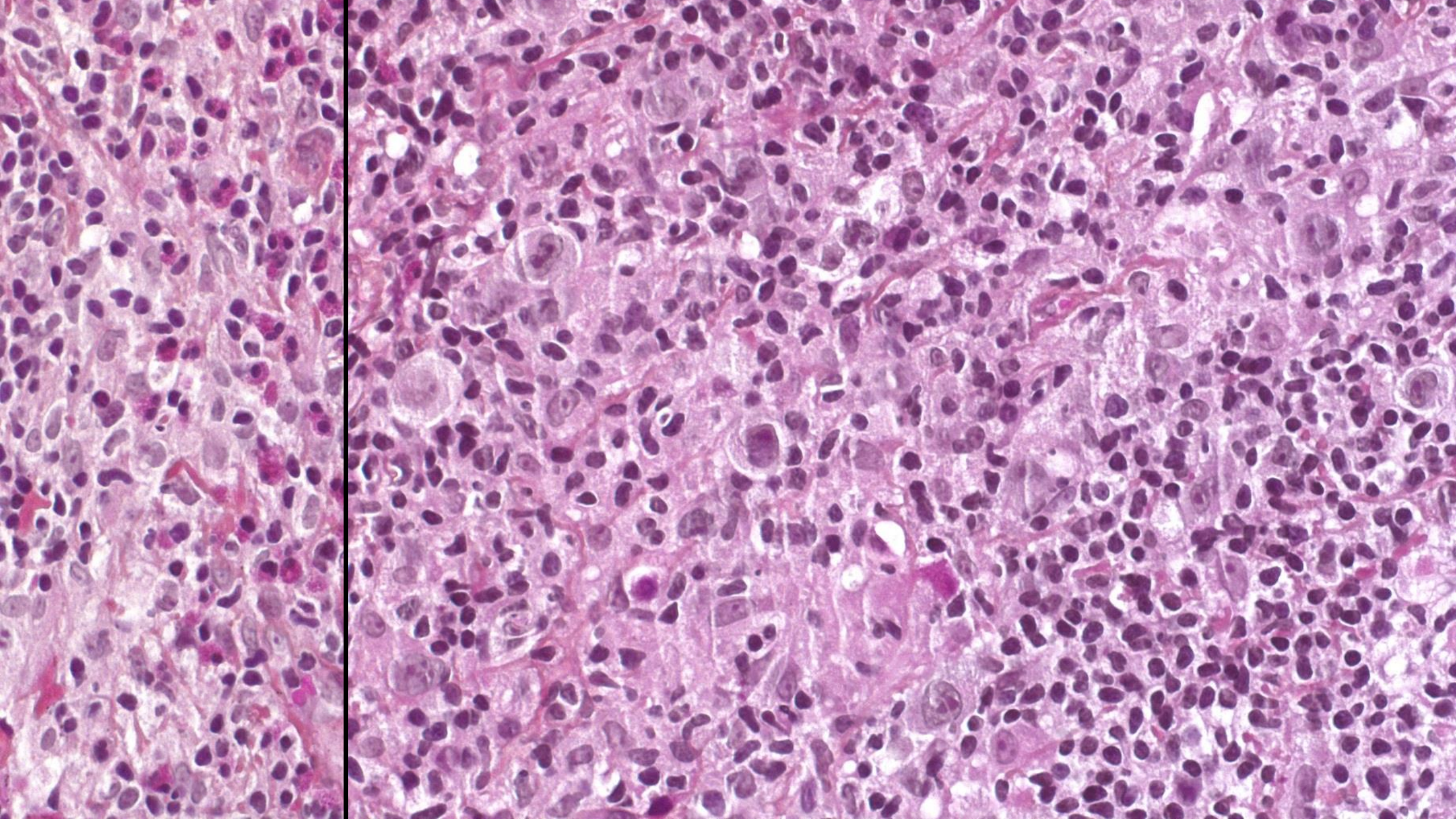
Retour d'expérience au CHU de Lyon

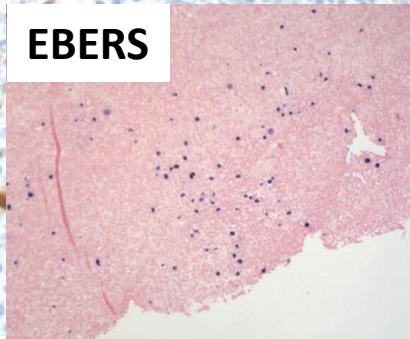
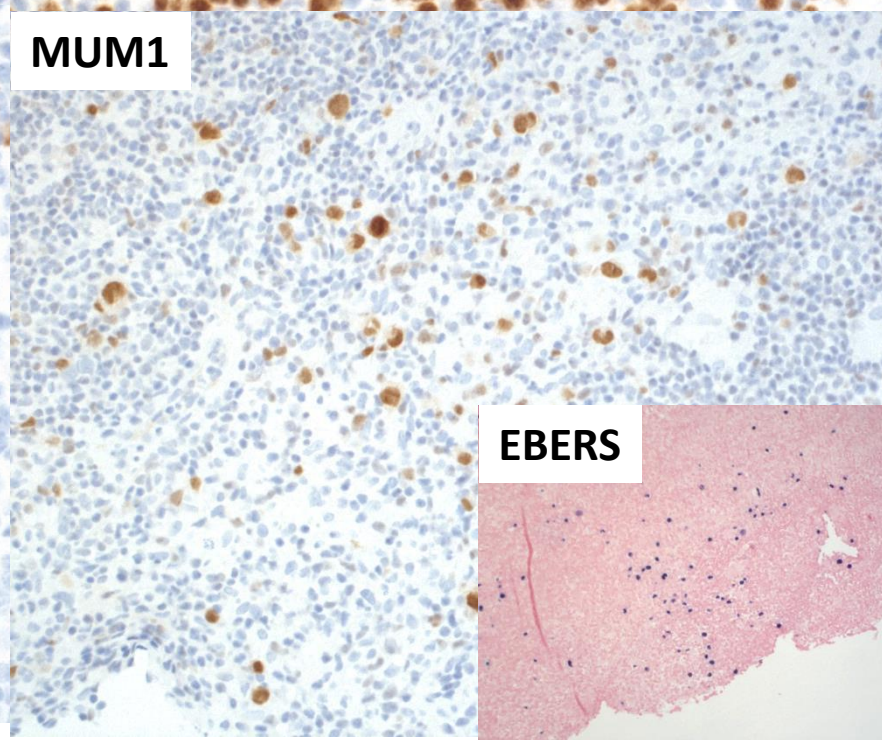
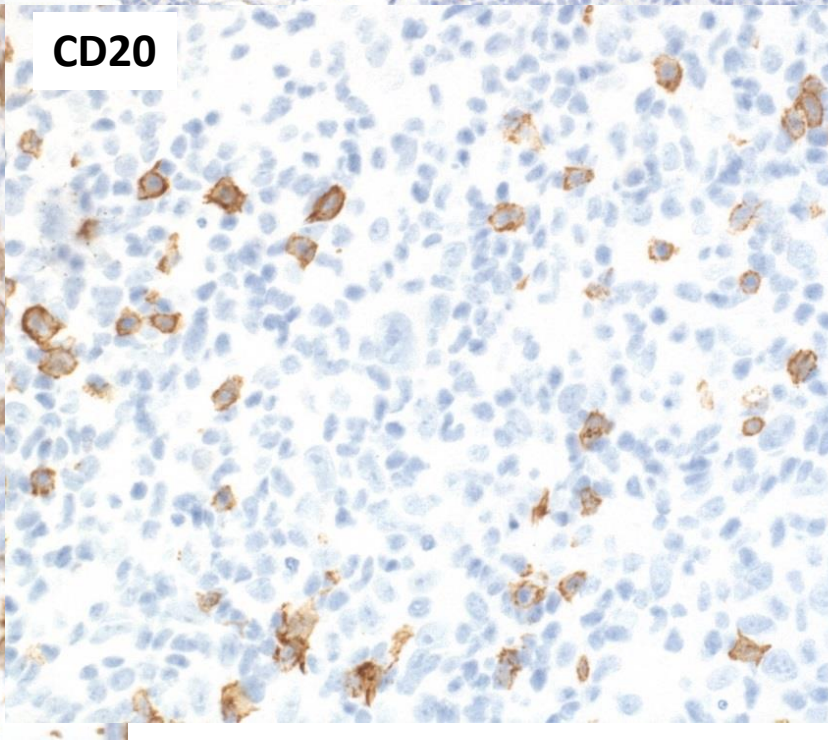
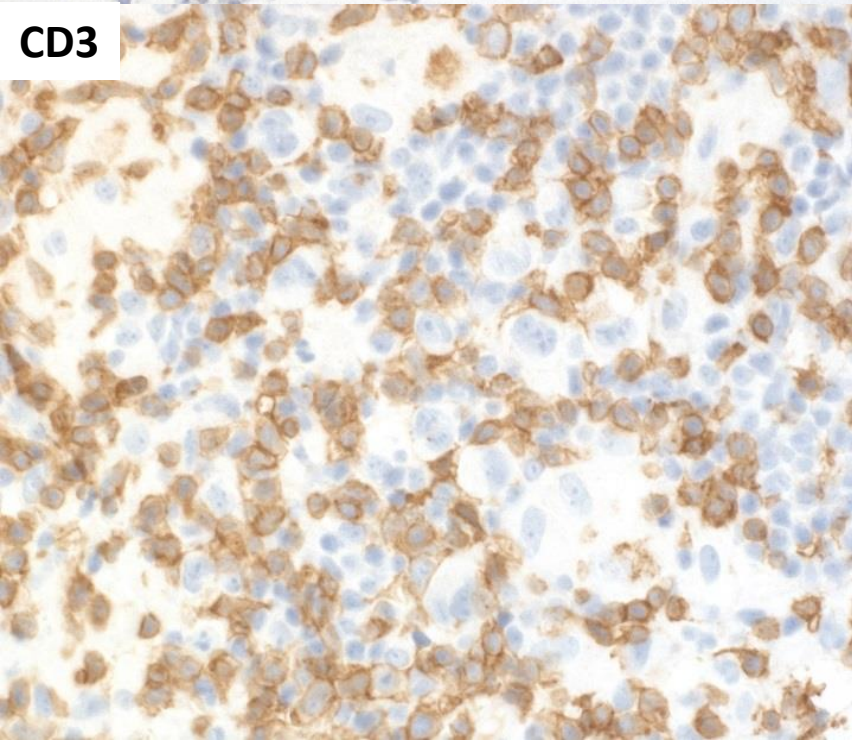
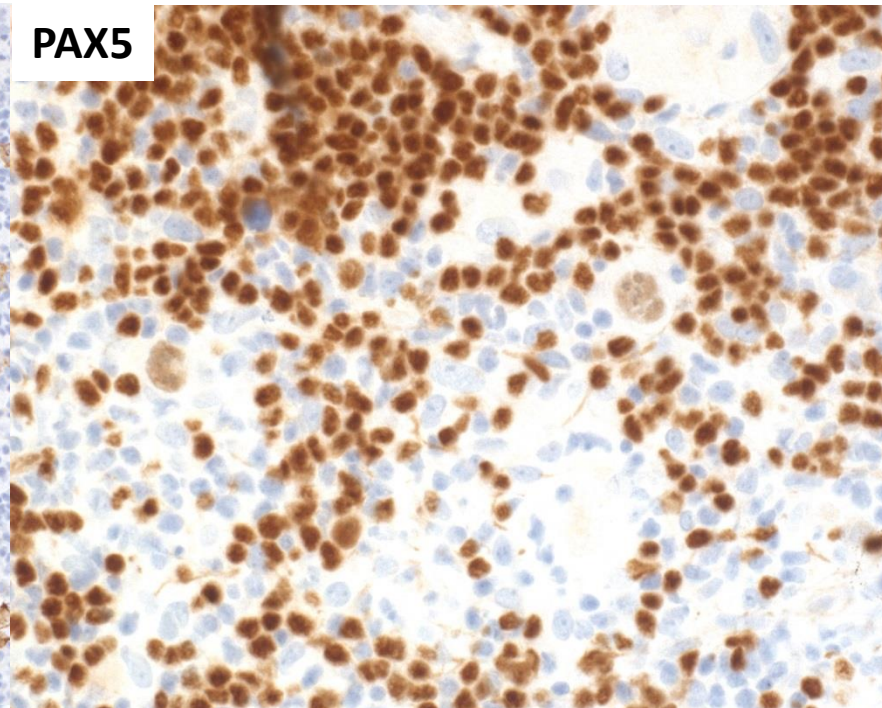
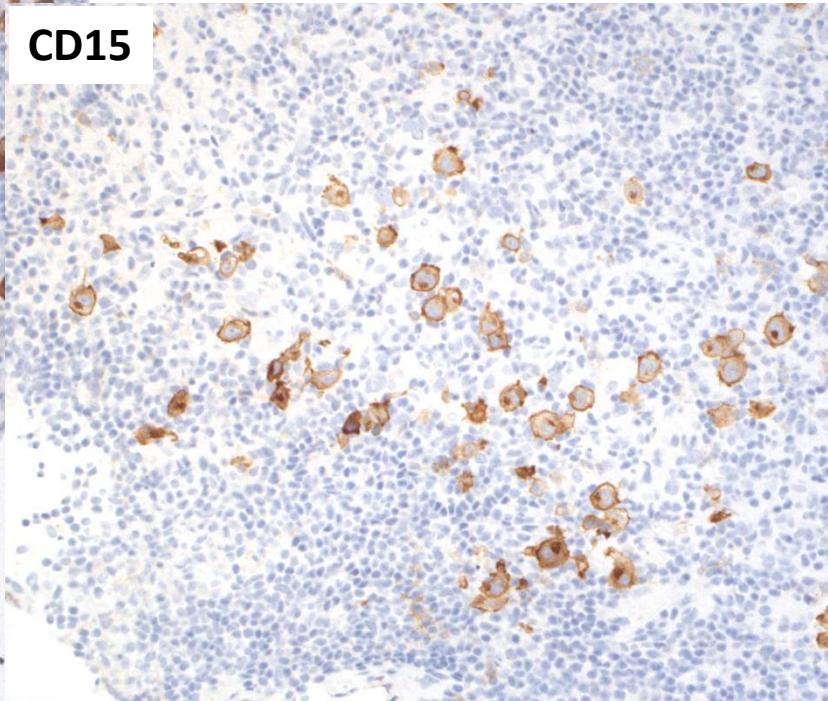
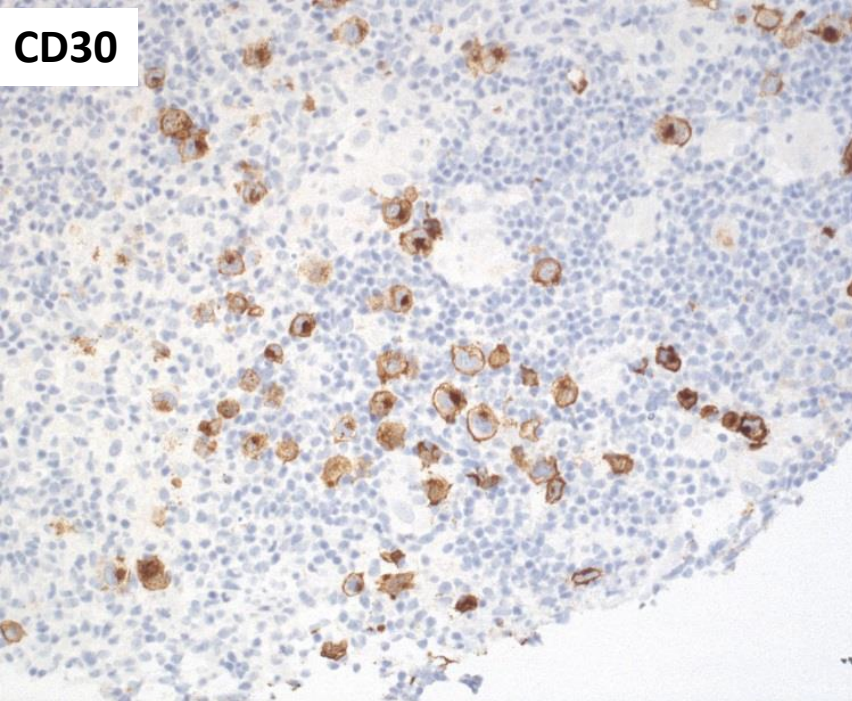
- **2017 : 1264 diagnostics de lymphomes**
 - **193 microbiopsies ganglionnaires (15%),** 1071 biopsie exérèse ganglionnaires
- **95 diagnostics de Hodgkin**
 - Hodgkin classique: 64 biopsies exérèses et 16 microbiopsies
 - Poppema: 13 biopsies exérèses et 2 microbiopsies
- **Diagnostic de Hodgkin classique possible sur microbiopsie:**
 - 70% des patients ne sont pas rebiopsiés
 - 20% non diagnostiqués: nécessité d'une seconde biopsie
 - 10% mal classés sur la micro biopsie:
 - bénin, AITL, DLBCL EBV+, LBRT, small B cell lymphoma
- **Diagnostic de Poppema a été suspecté sur les 2 microbiopsies, Biopsie exérèse pour confirmation**

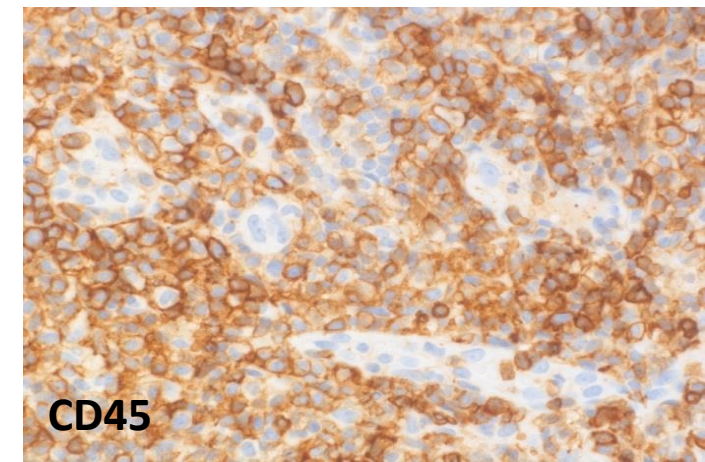
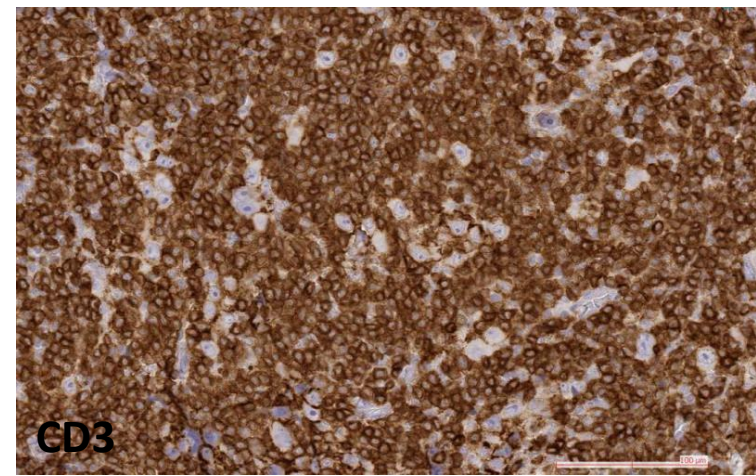
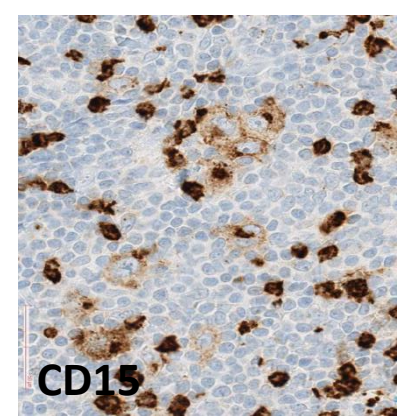
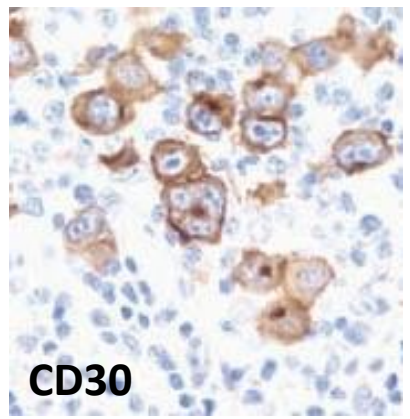
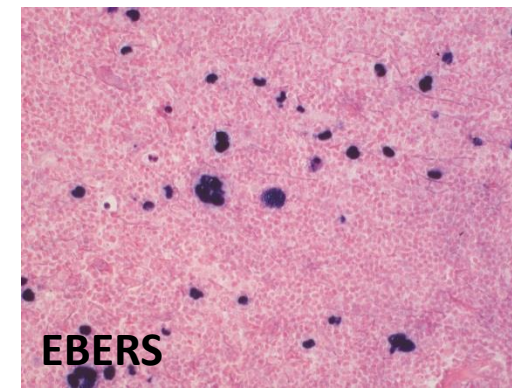
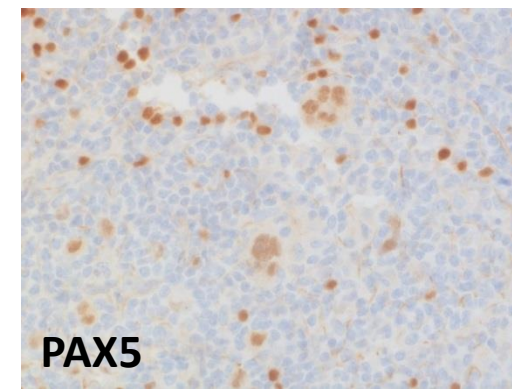
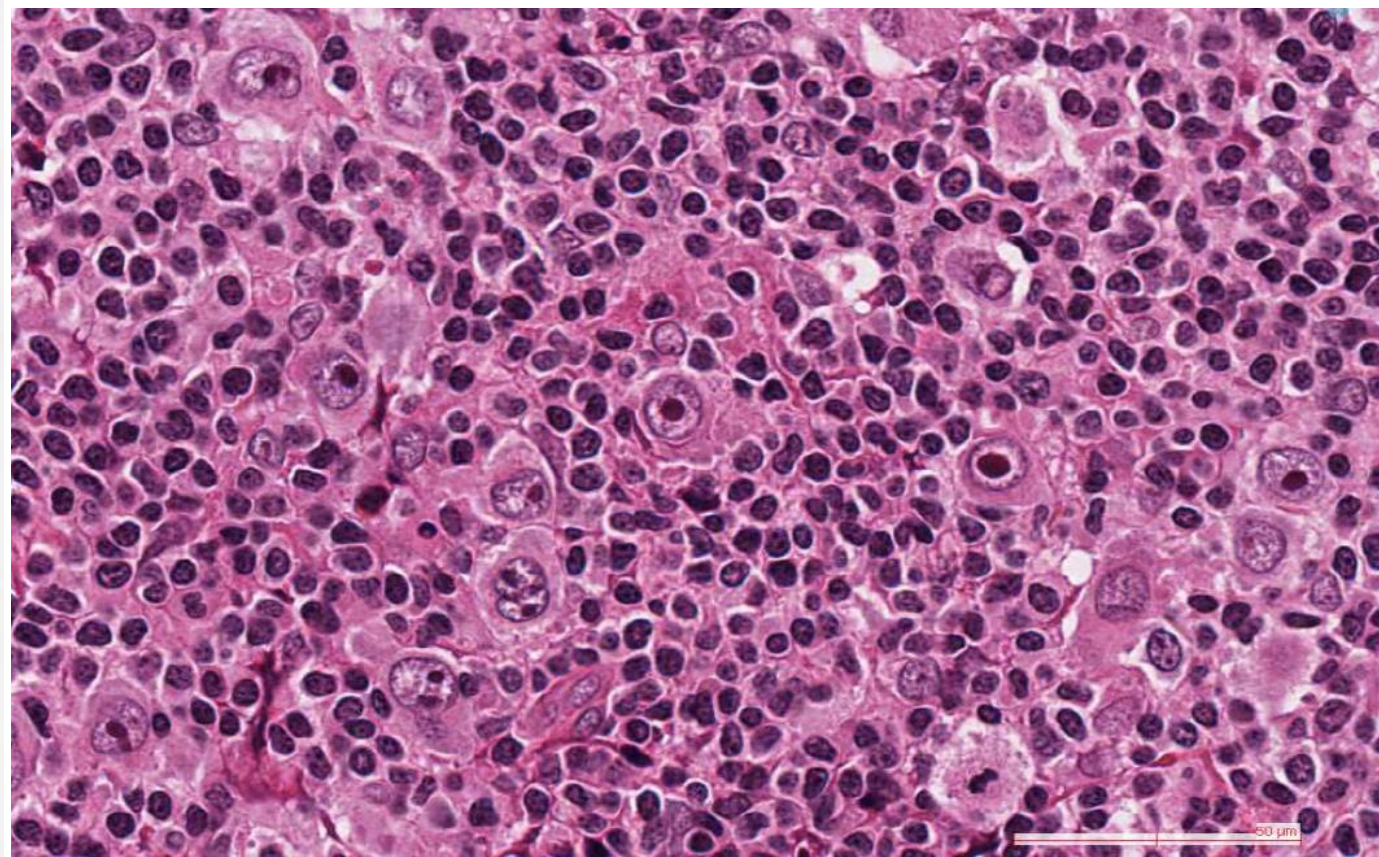
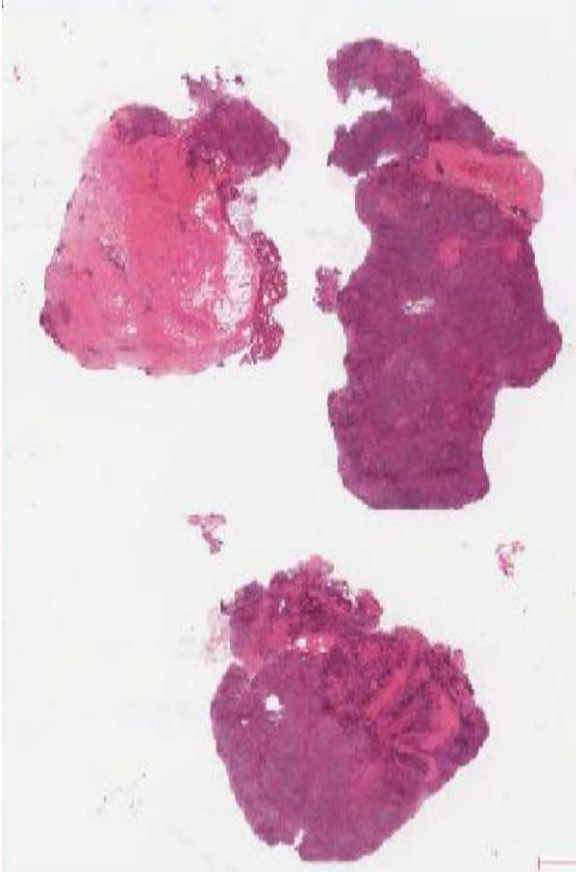
Diagnostics envisageables sur microbiopsie?



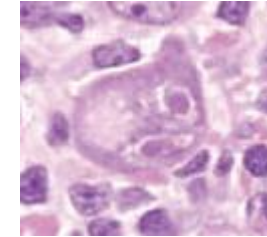
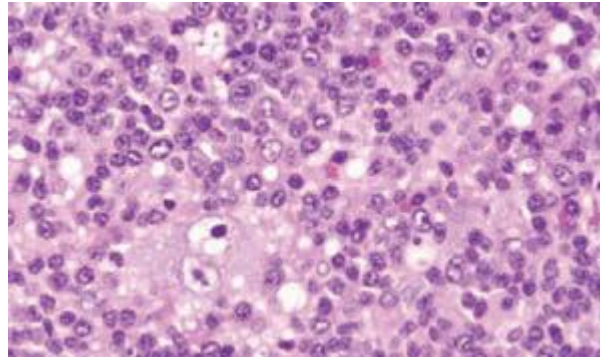






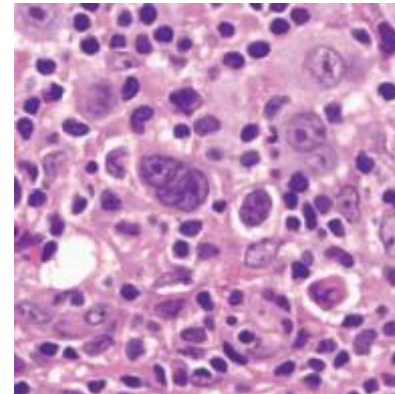
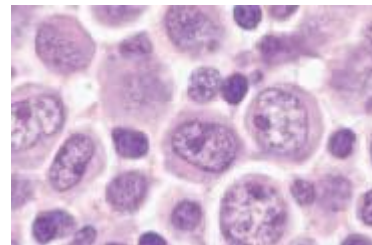
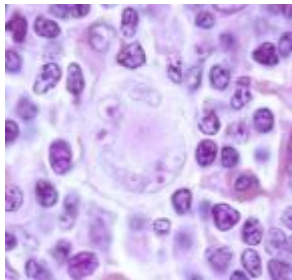


Pièges diagnostiques

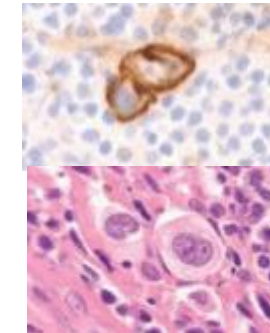


CMV

« Hodgkin like cell » dans adénites réactionnelles



carcinome

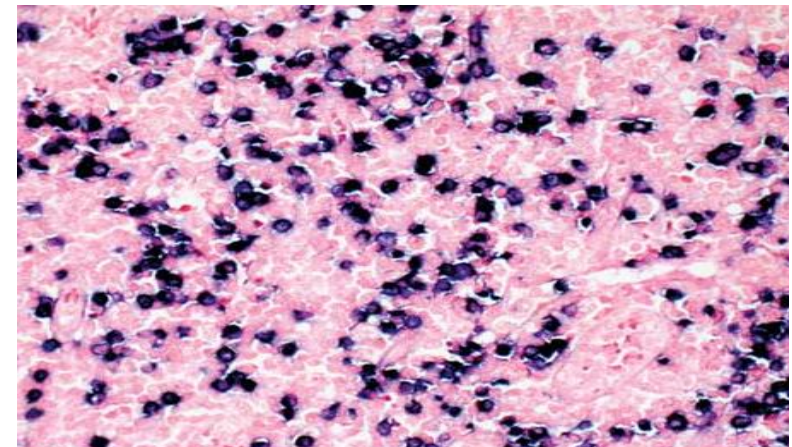
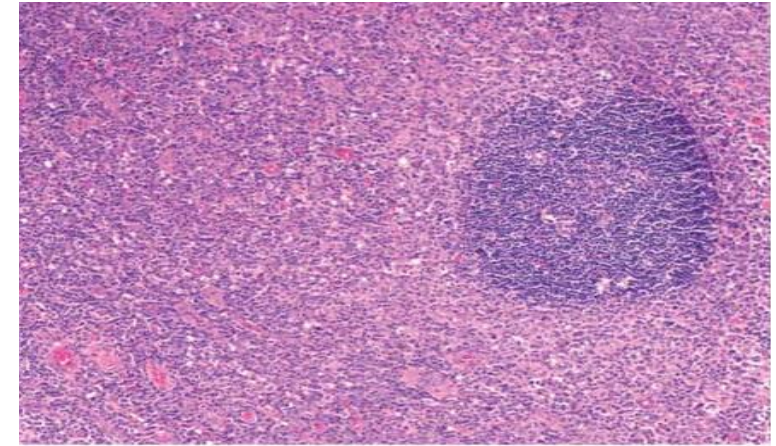


« Hodgkin like cell » dans Lymphomes non Hodgkiniens

« Hodgkin like cell » dans adénites réactionnelles

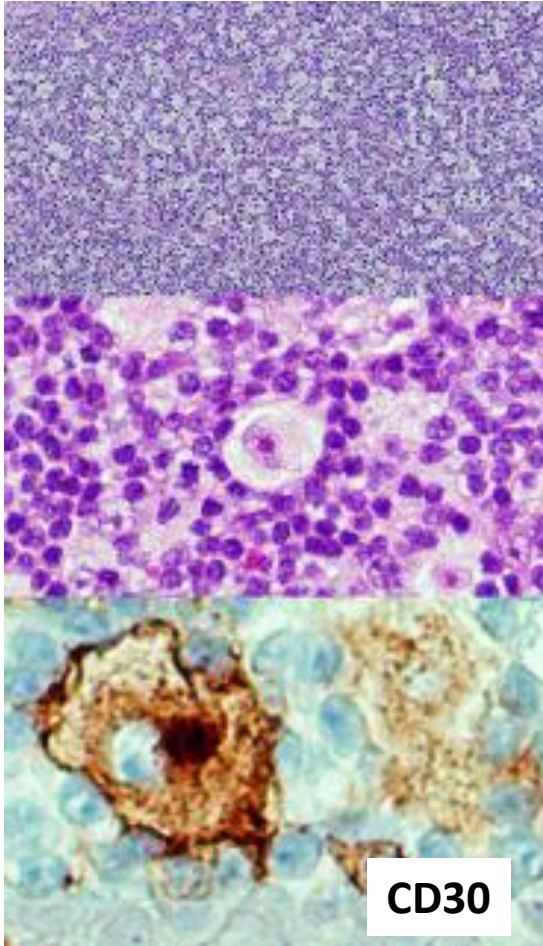
Exemple: Mononucléose Infectieuse

- Aspect souvent pseudo-tumoral
- Clinique++++
 - Enfant, adulte jeune
 - AEG, Fièvre, Hypertrophie amygdalienne
 - Polyadénopathies cervicales
 - Serologie +
 - IH: Hodgkin like cell **CD20+, CD30+, CD15-**



« Hodgkin like cell » dans adénites réactionnelles

Ex: Hyperplasie lymphoïde avec hyperplasie des cellules de Langerhans



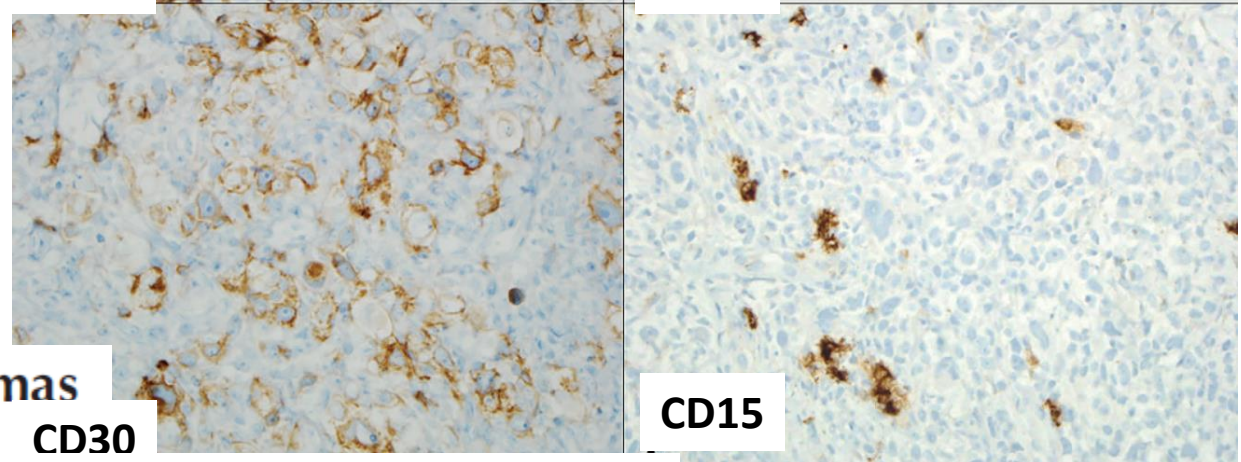
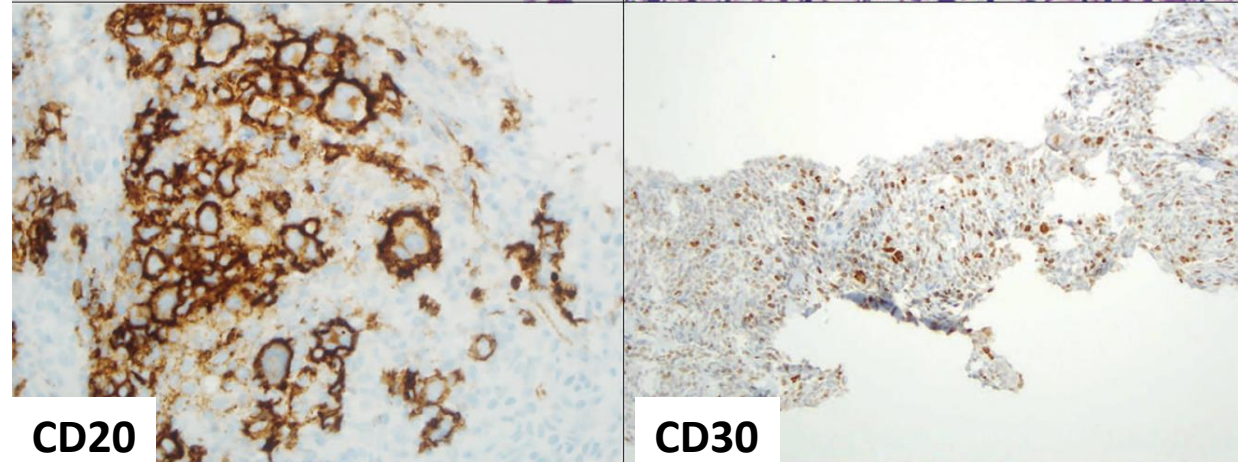
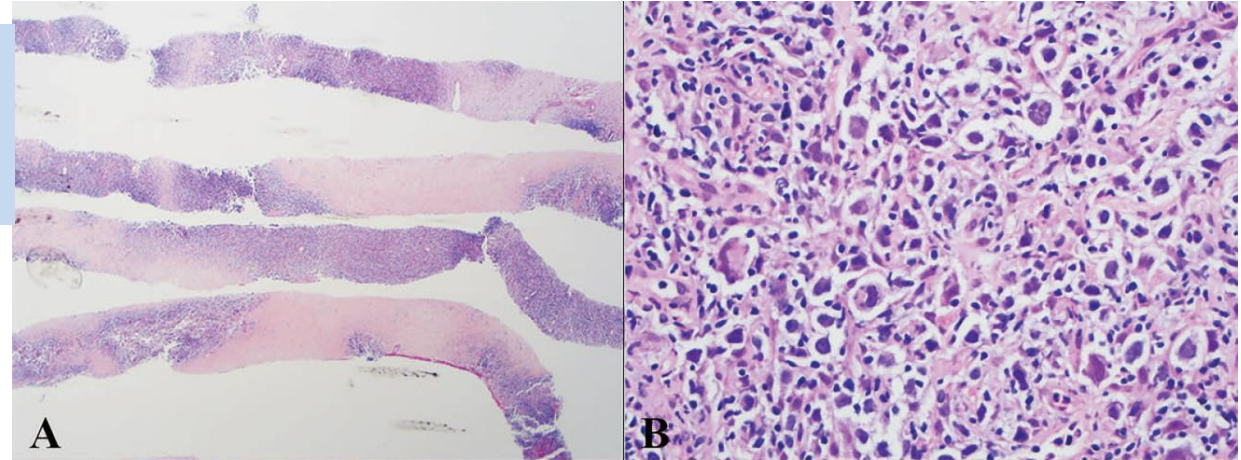
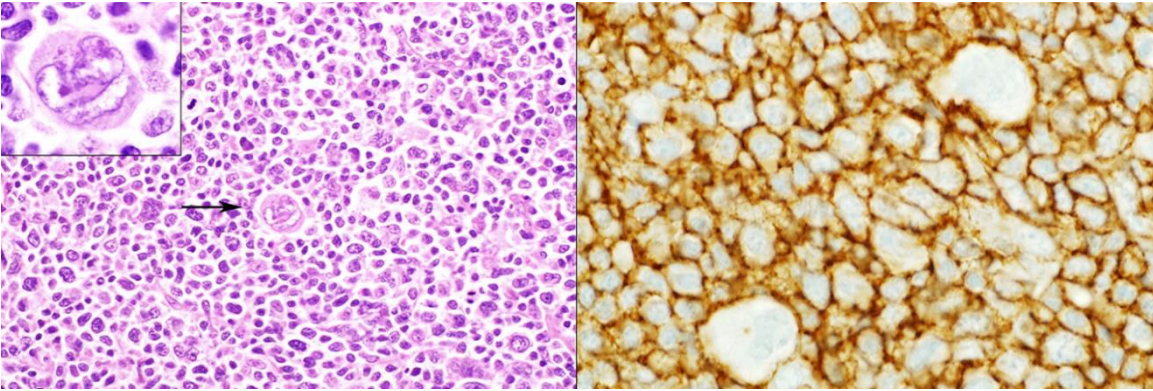
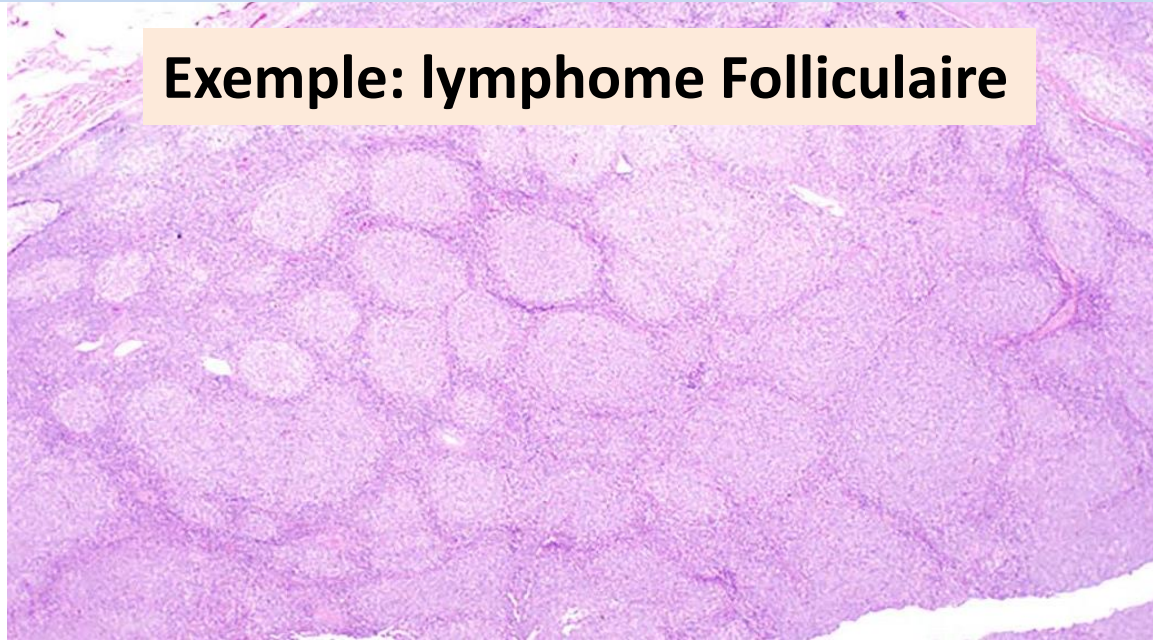
Hyperplasie lymphoïde avec des cellules de Langerhans atypiques

- Infiltration diffuse
- microenvironnement inflammatoire: éosino, histiocytes, IB plasmocytes, +/- emperipolesis
- **Cellules Hodgkin like PS100+ CD30+/- CD4+**
- CD15-, PAX5- EBER-
- BRAF V600E –

4 cas décrits diagnostiqué initialement comme des Hodgkin classique

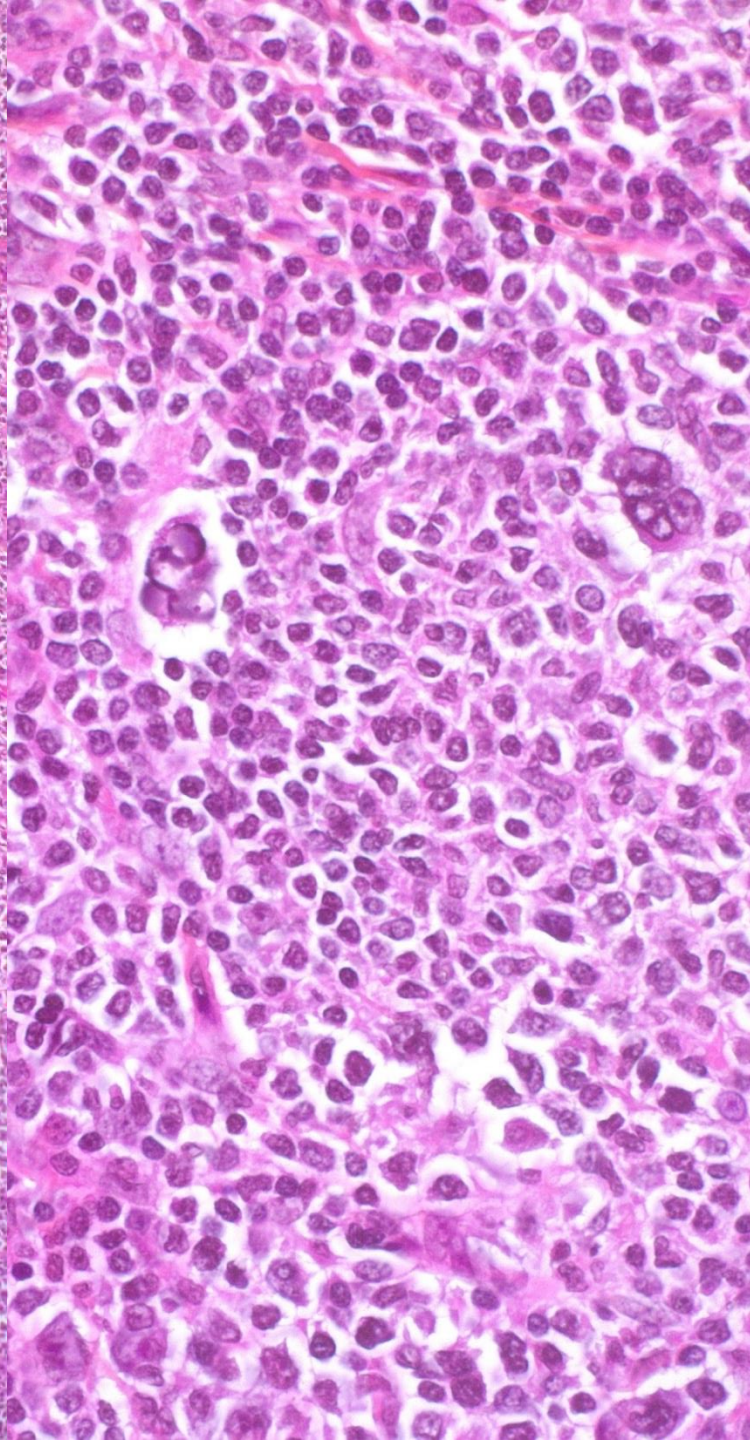
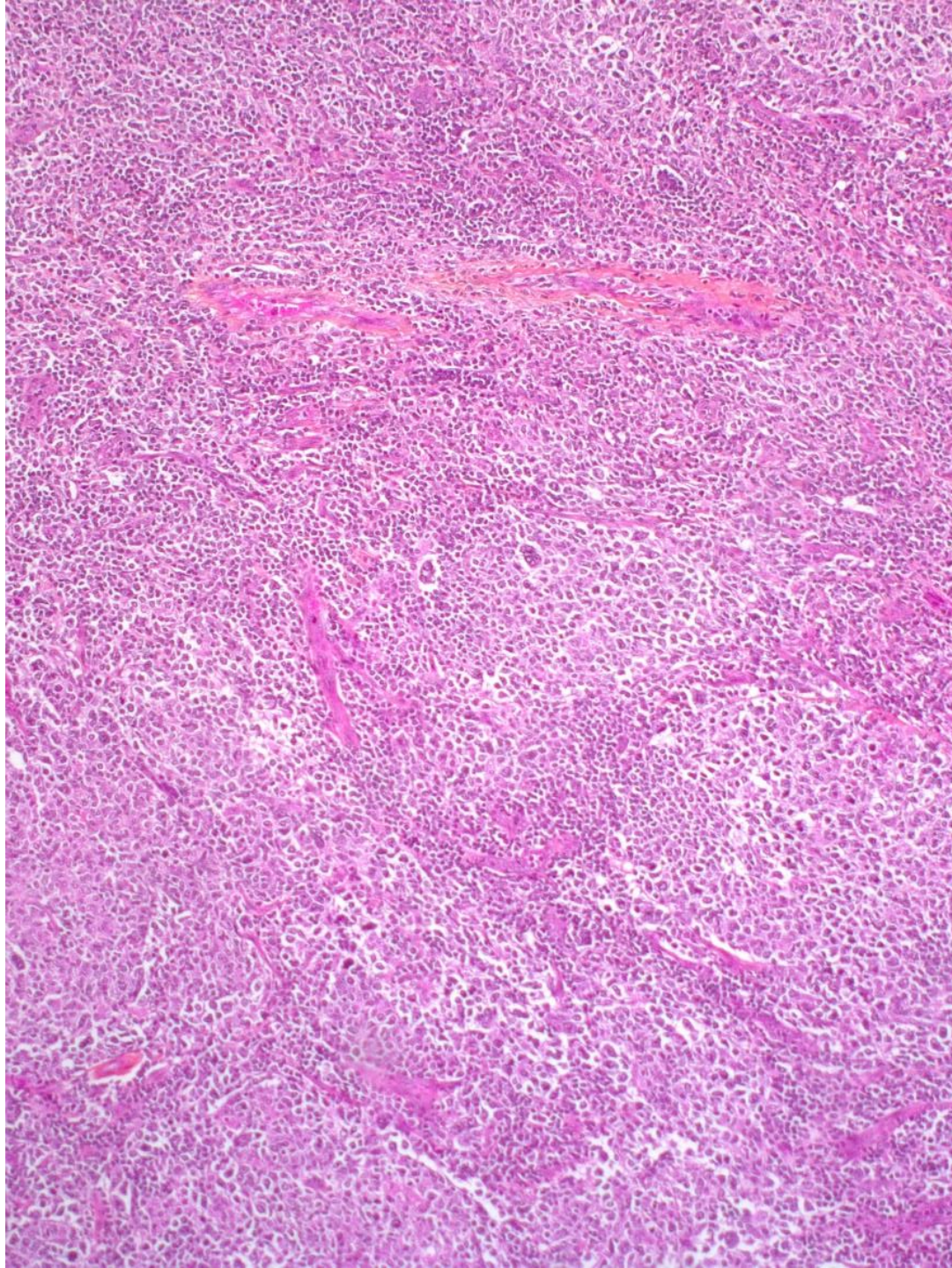
« Hodgkin like cell » dans lymphomes B à petites cellules

Exemple: lymphome Folliculaire

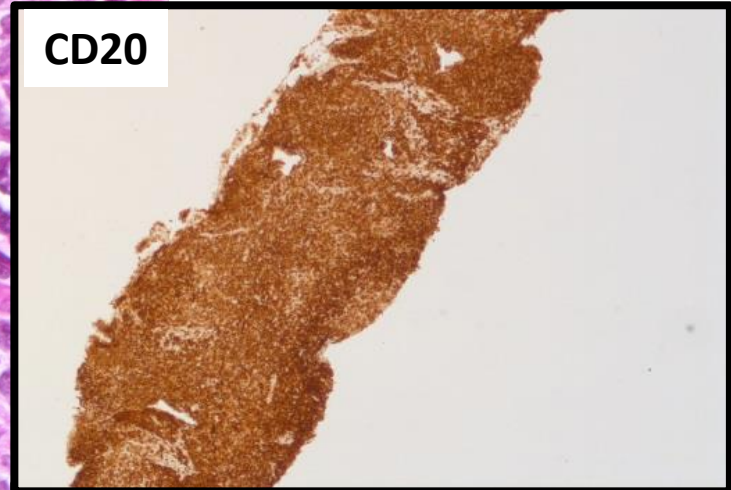


Reed-Sternberg-Like Cells in Non-Hodgkin Lymphomas

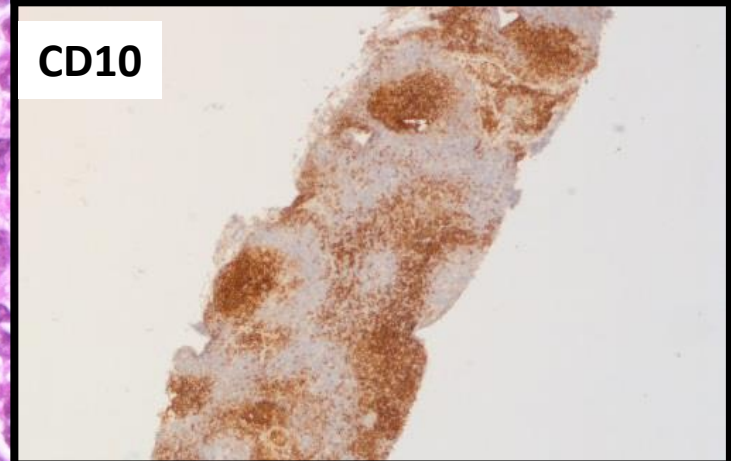
Juan C. Gomez-Gelvez, MD; Lauren B. Smith, MD



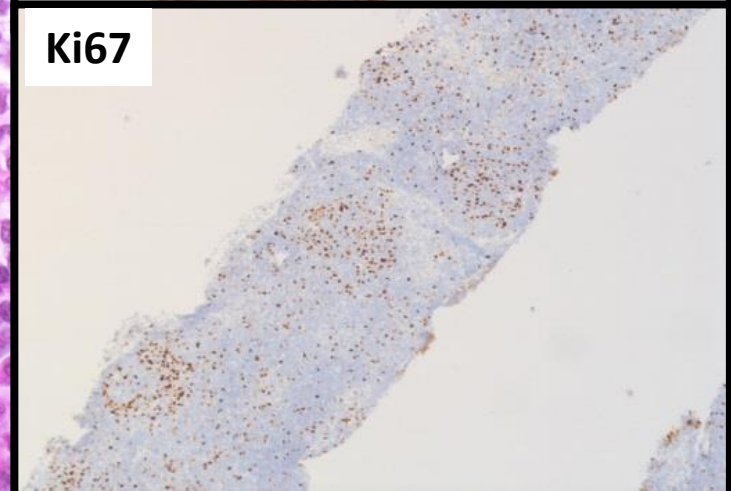
CD20



CD10

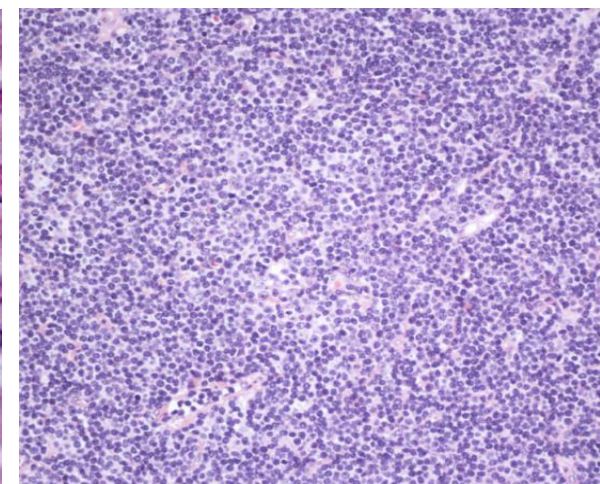
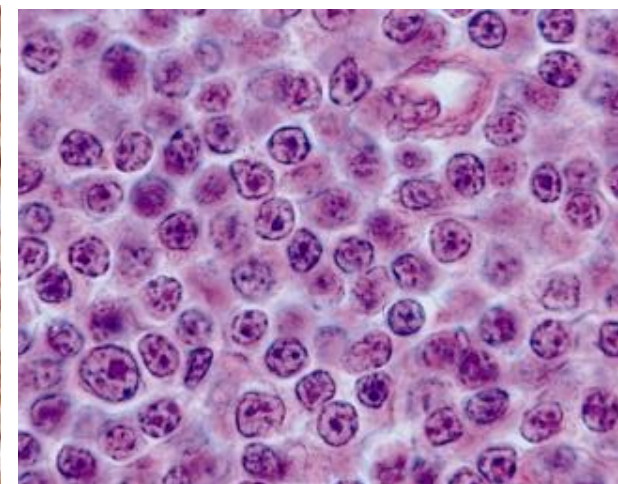
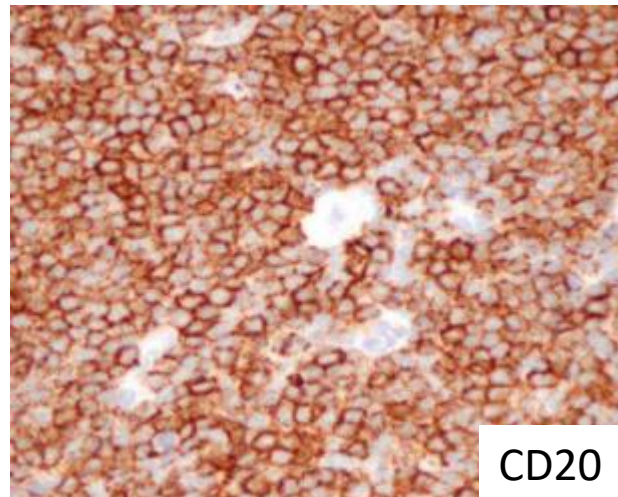
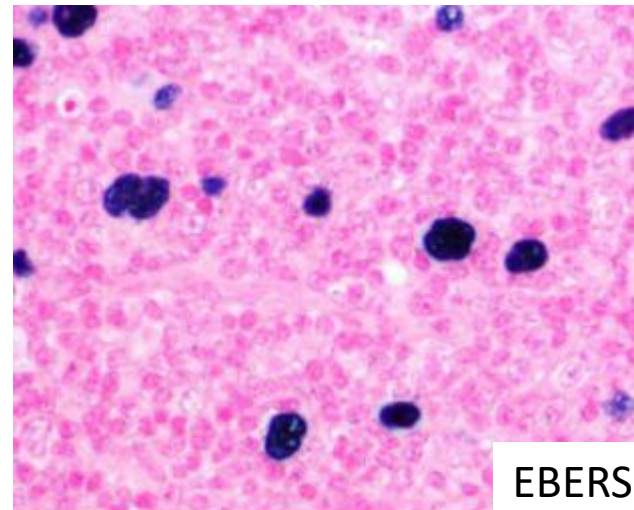
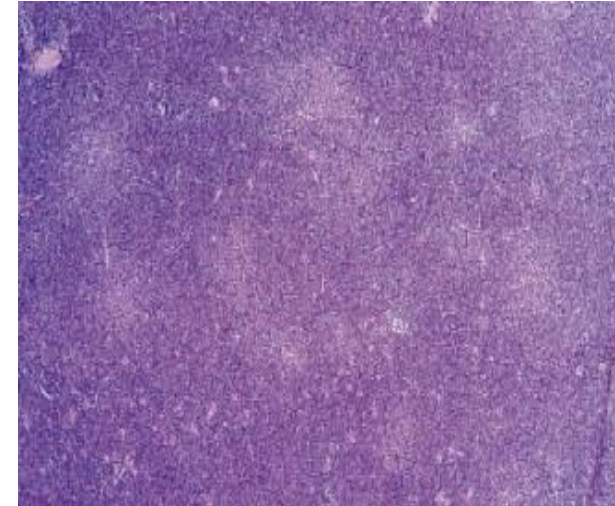
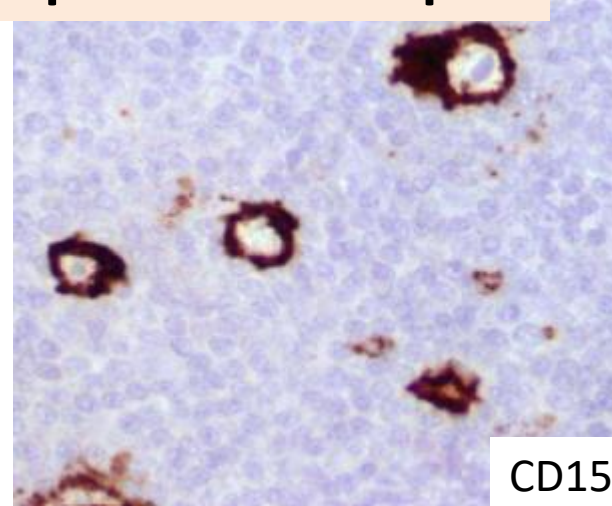
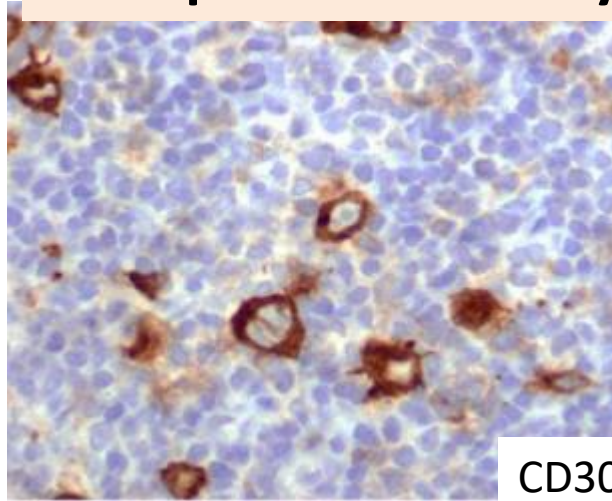
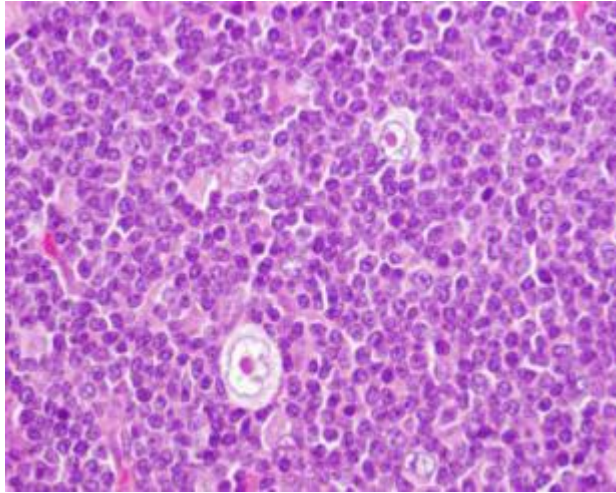


Ki67

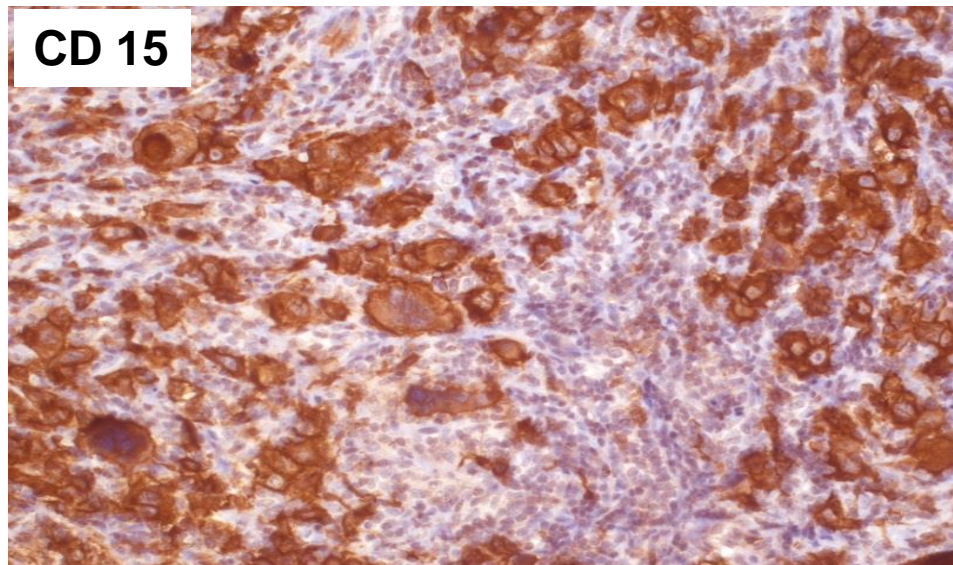
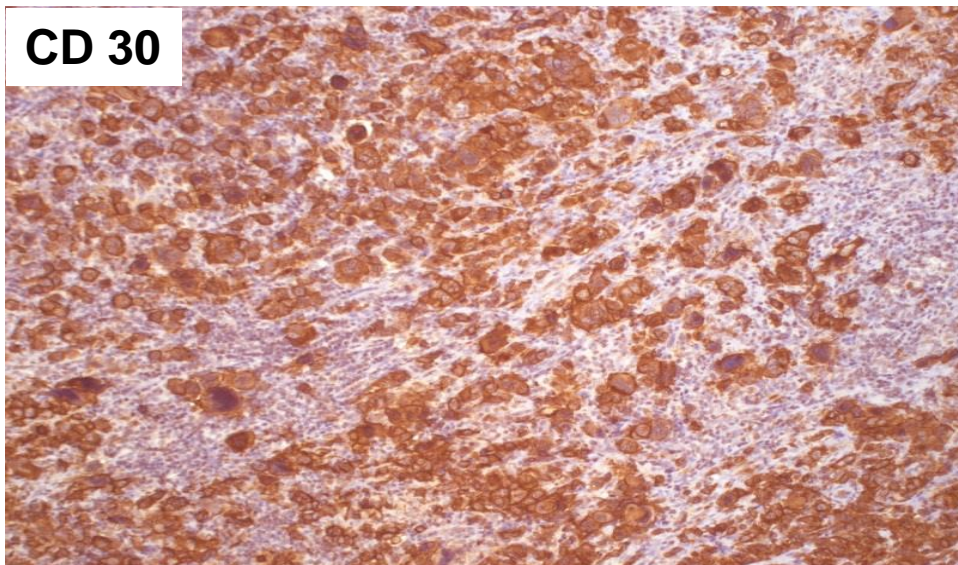
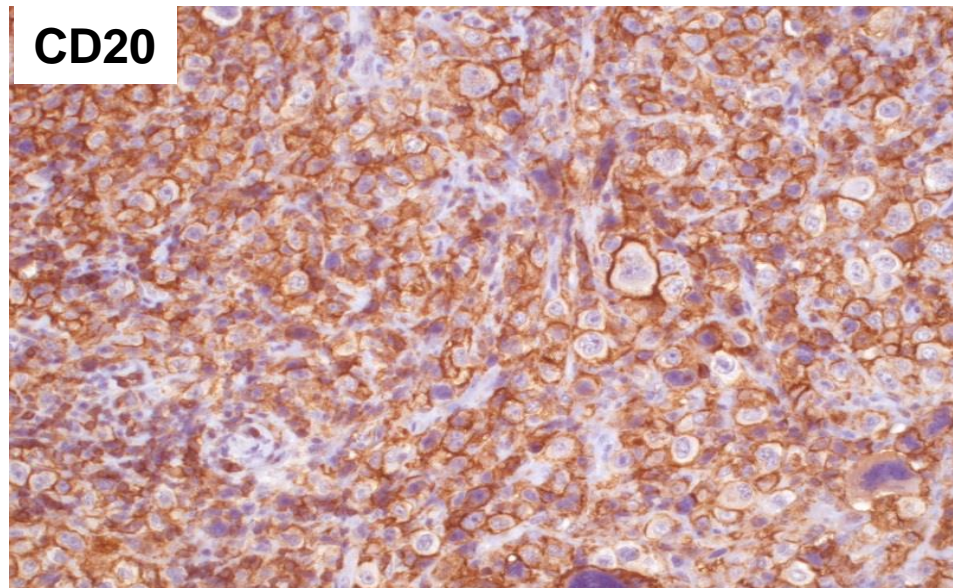
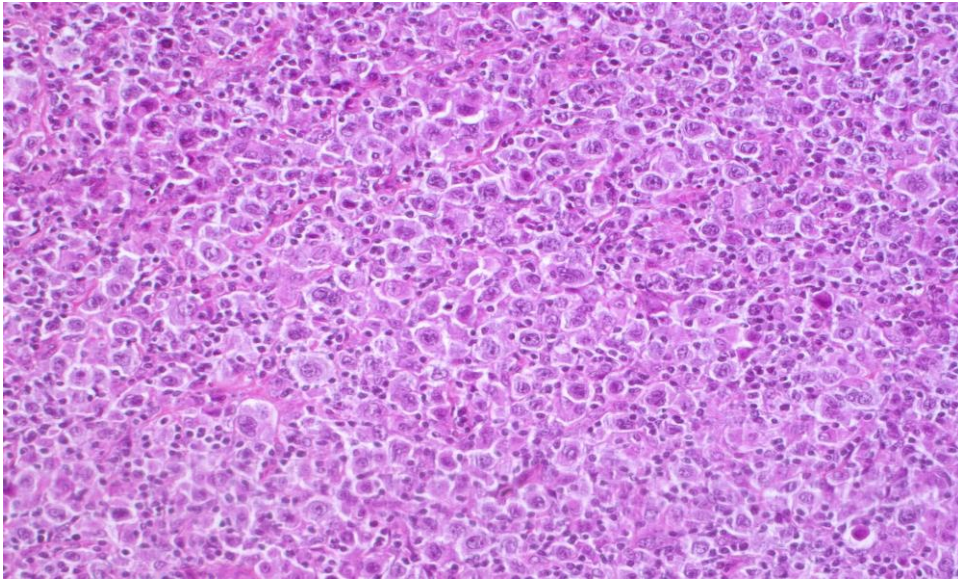


« Hodgkin like cell » dans lymphomes B à petites cellules

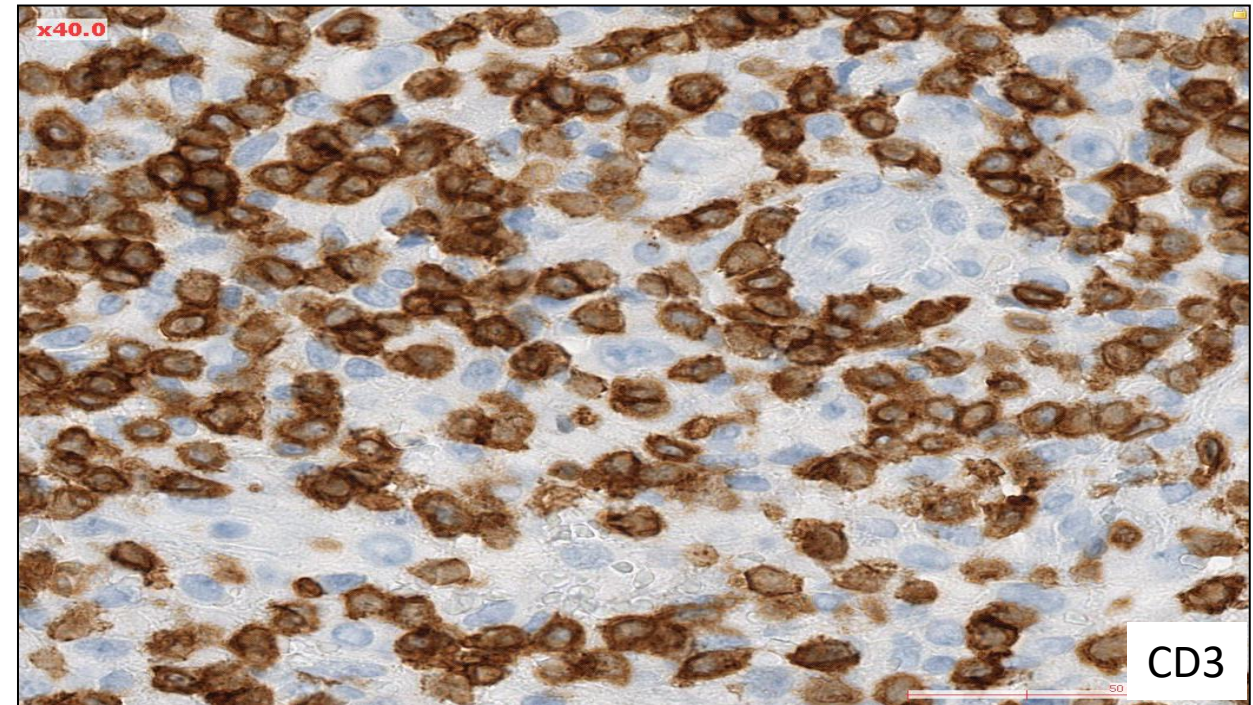
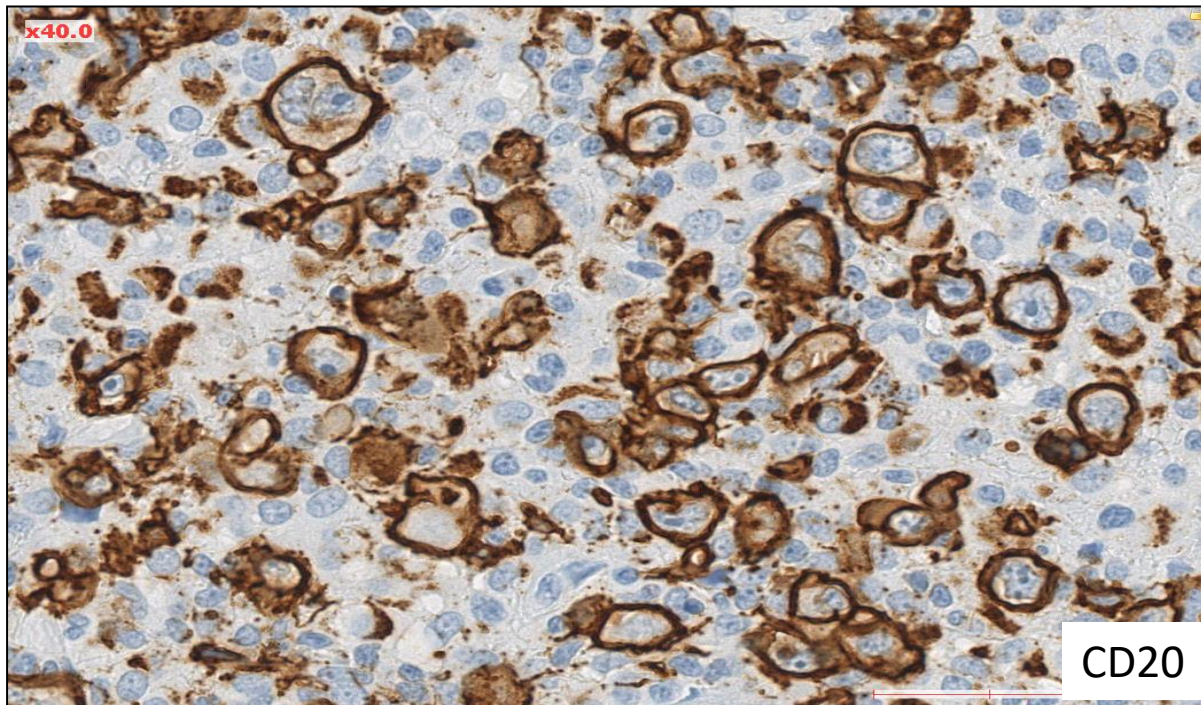
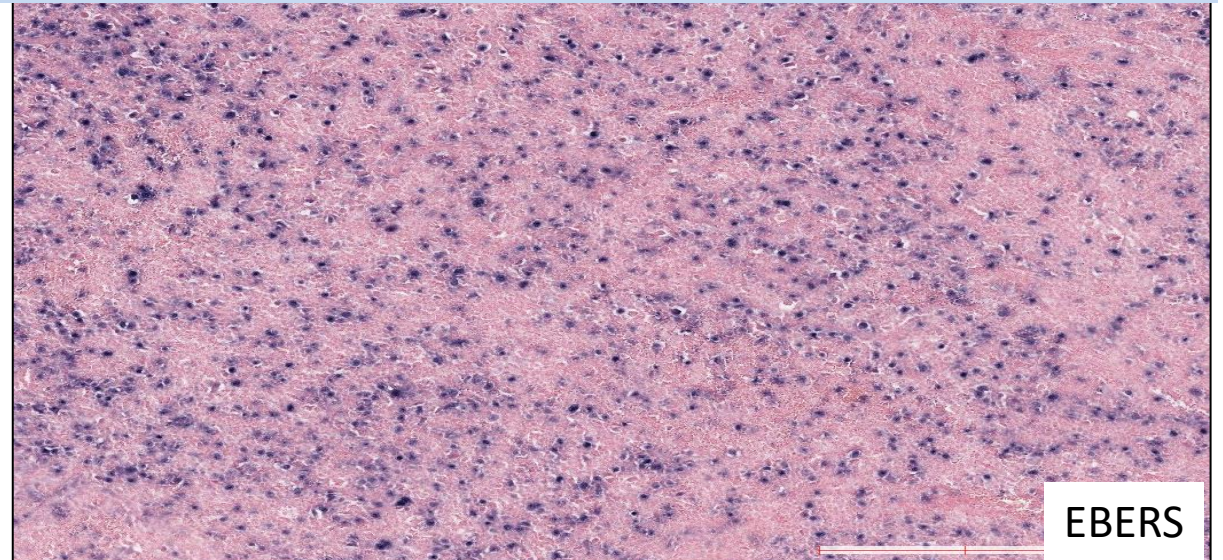
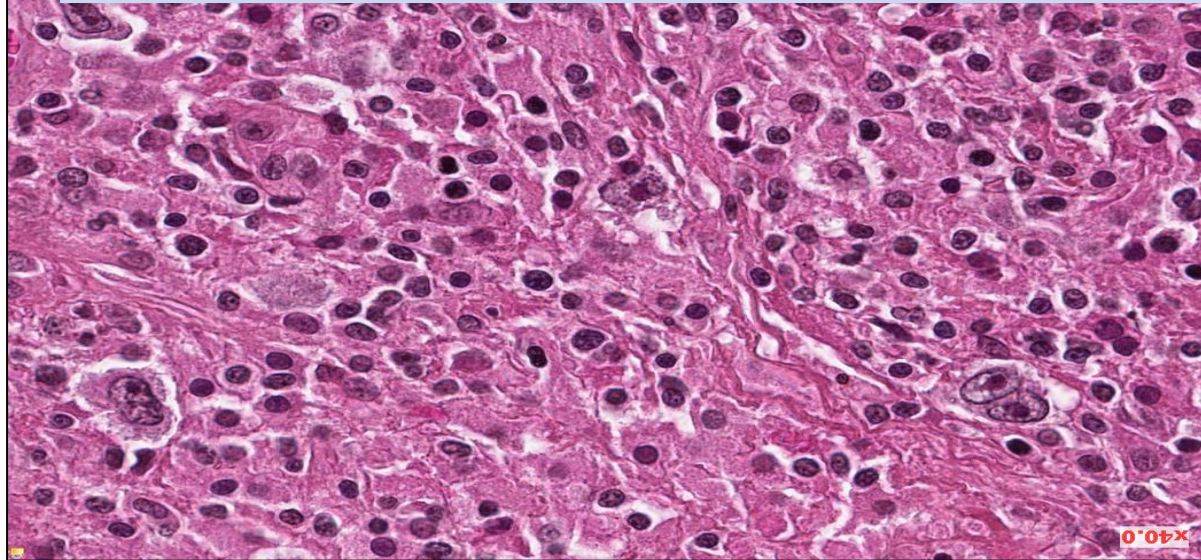
Exemple: Leucémie Lymphoïde Chronique



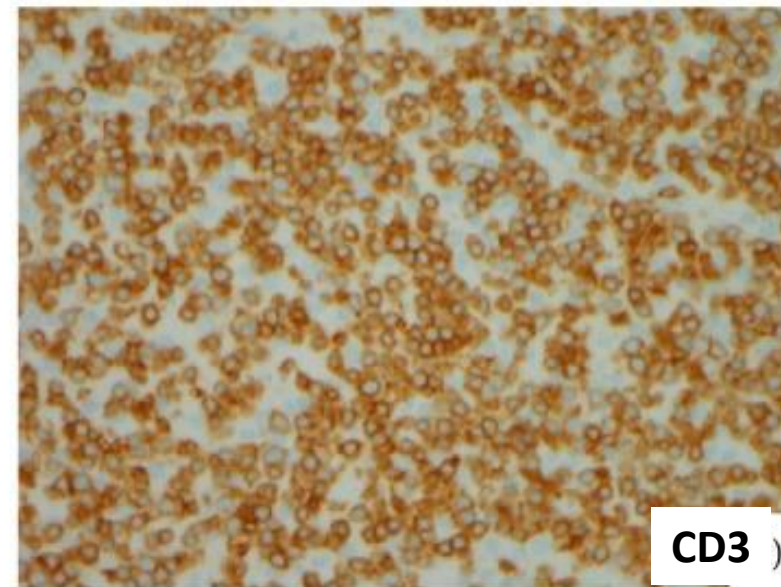
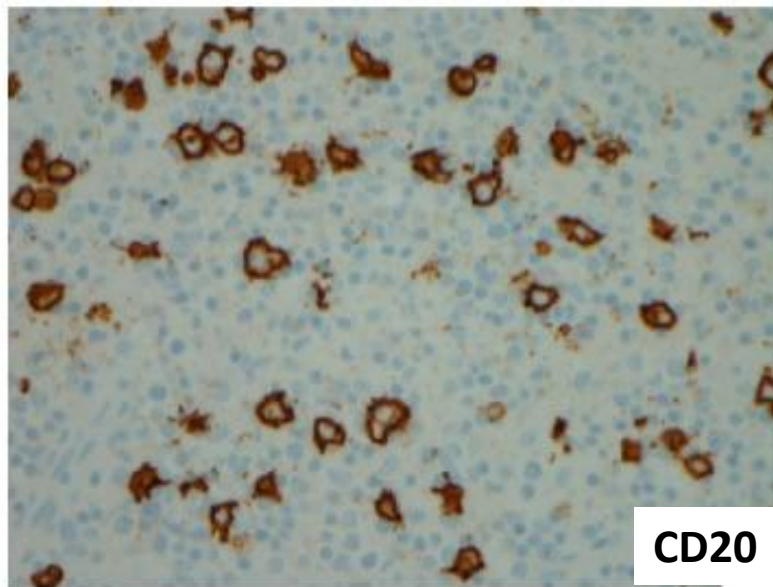
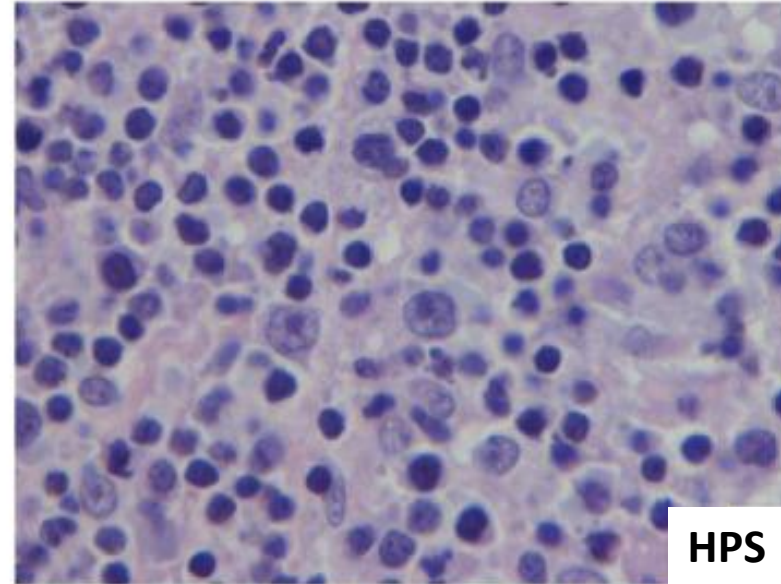
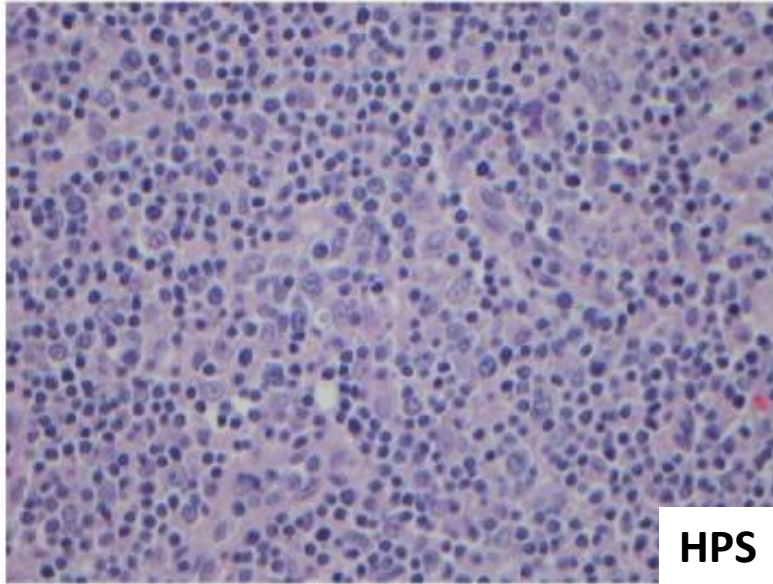
« Hodgkin like cell » dans Lymphomes B inclassables intermédiaires entre lymphome de Hodgkin et lymphome B à grandes cellules



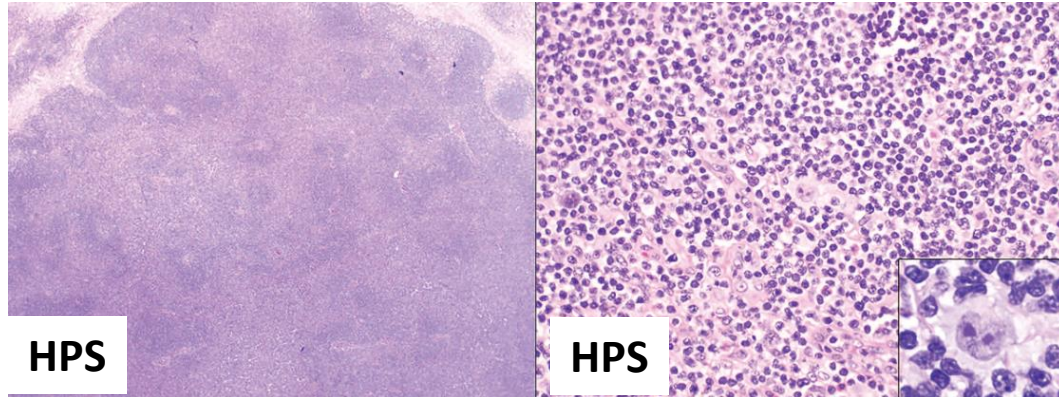
« Hodgkin like cell » dans lymphomes B à grandes cellules EBV+



« Hodgkin like cell » dans lymphomes B riche en T et histiocytes

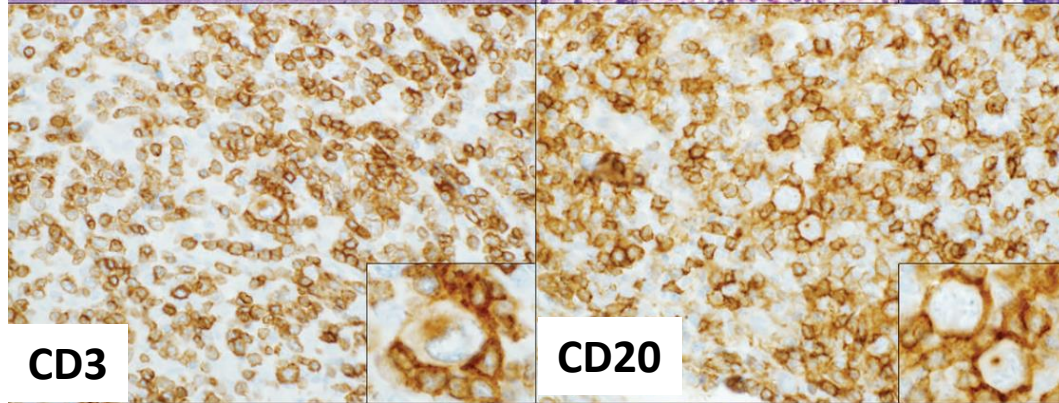
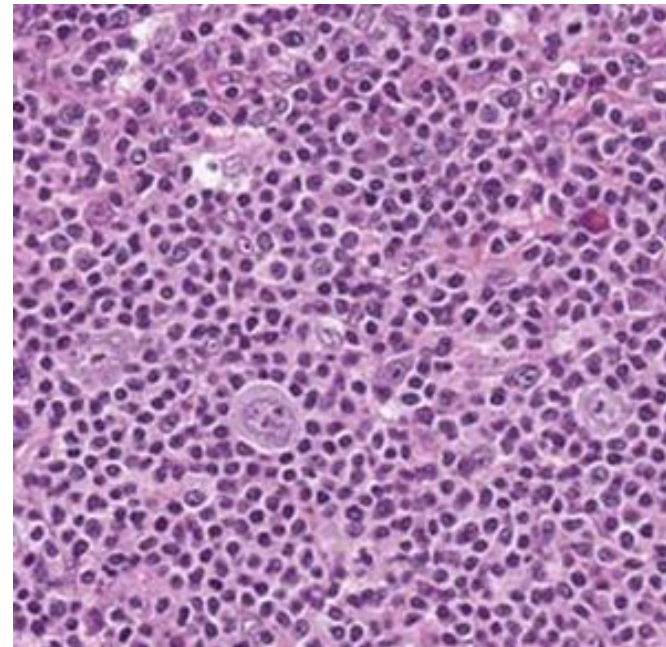


« Hodgkin like cell » dans lymphomes T



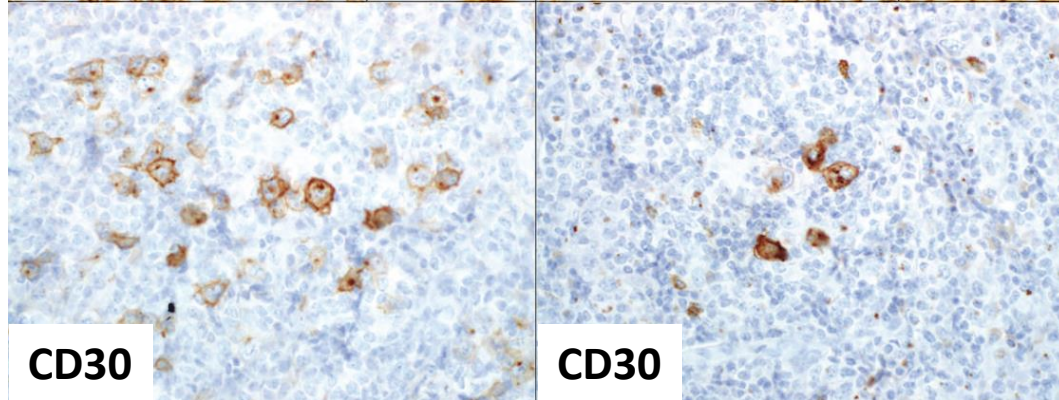
HPS

HPS



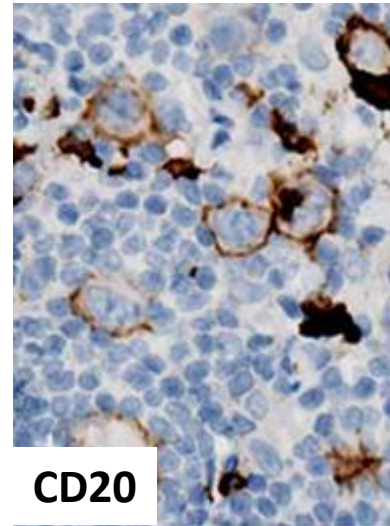
CD3

CD20



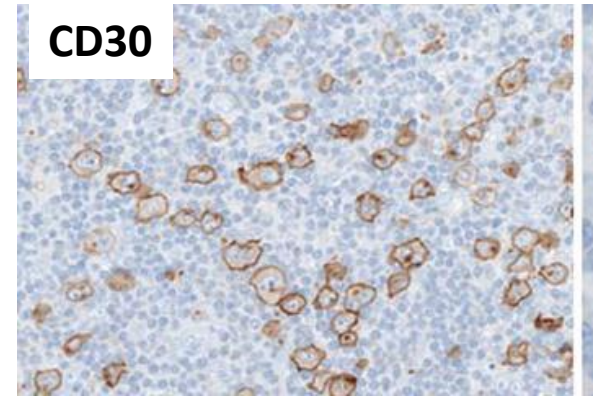
CD30

CD30

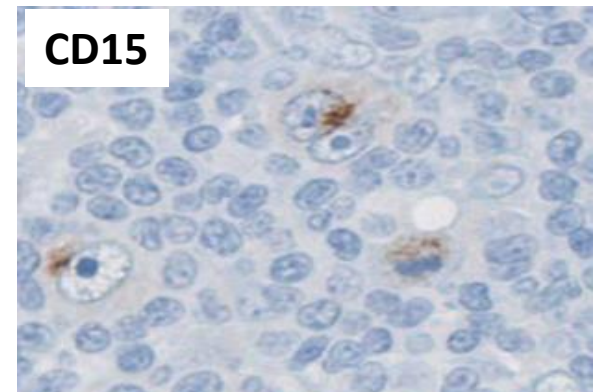


CD20

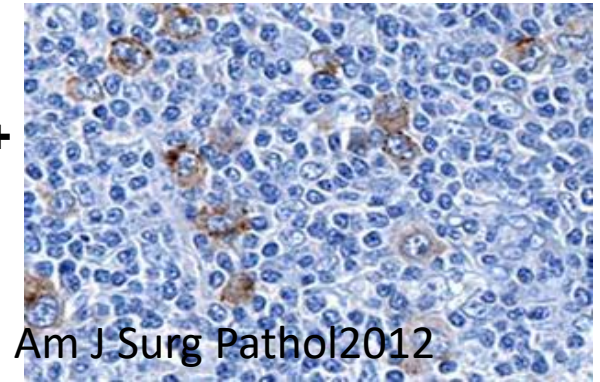
**CD3+CD4+
CXCL13+
PD1+
CD10+/-
CFD CD21+**



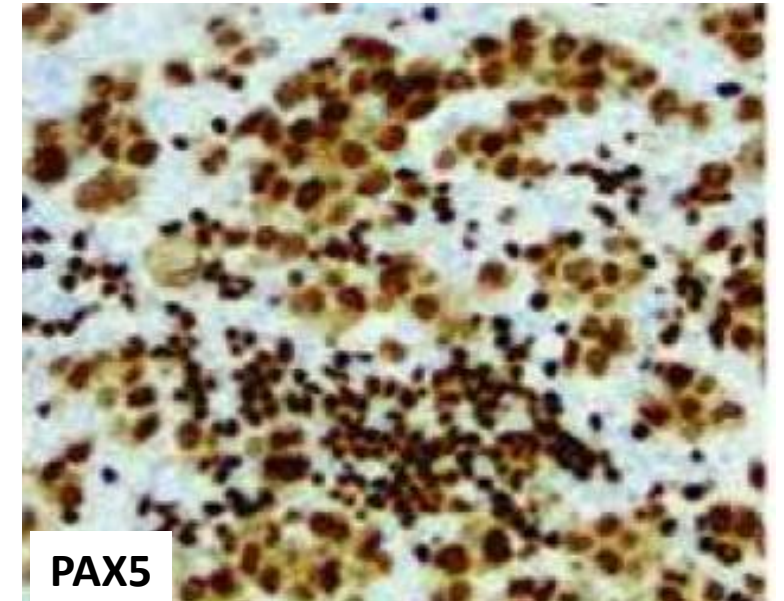
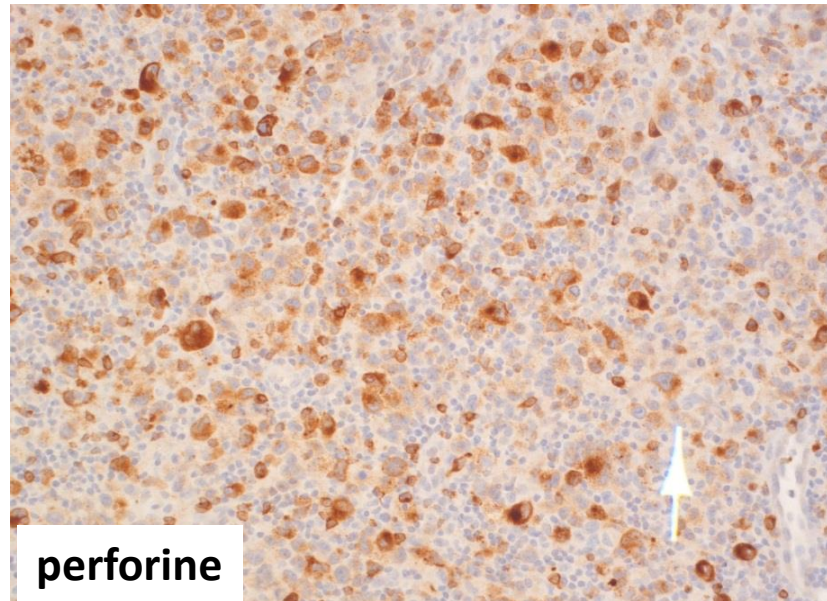
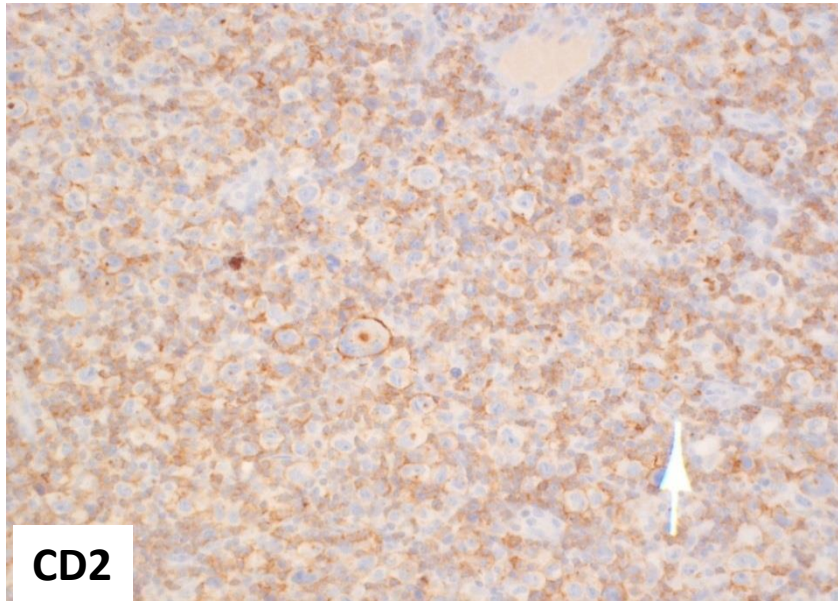
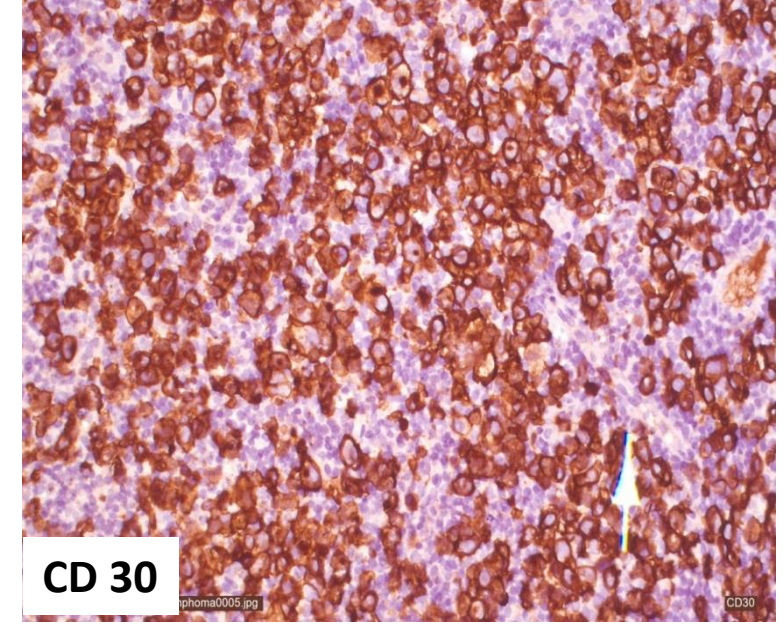
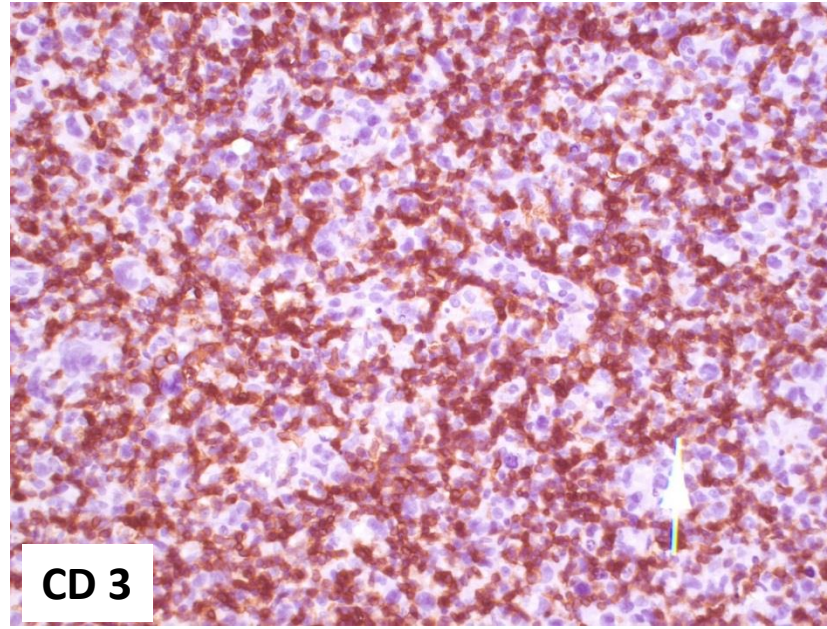
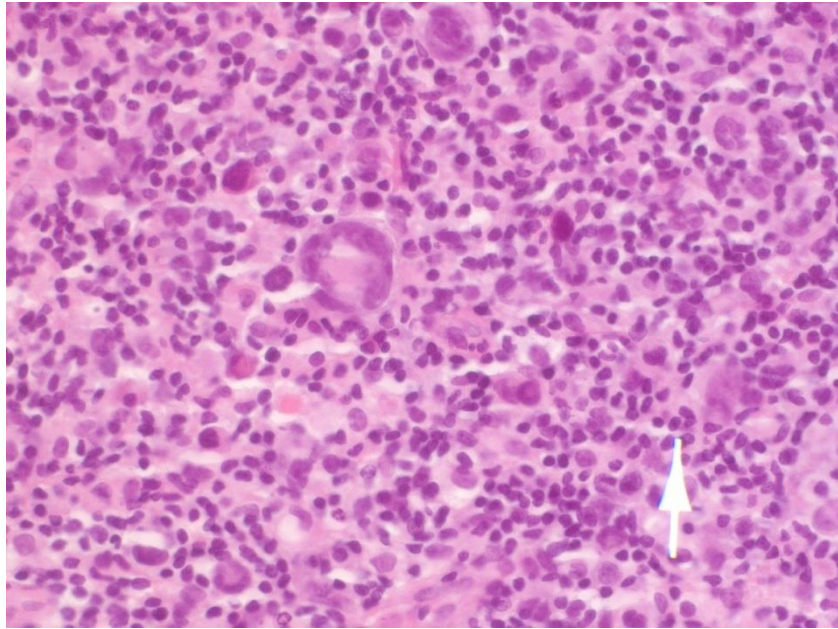
CD30



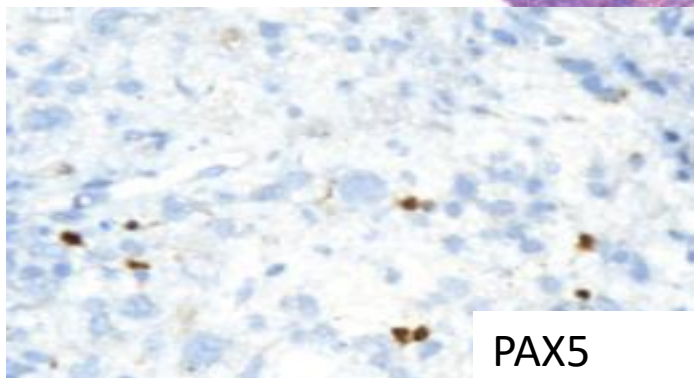
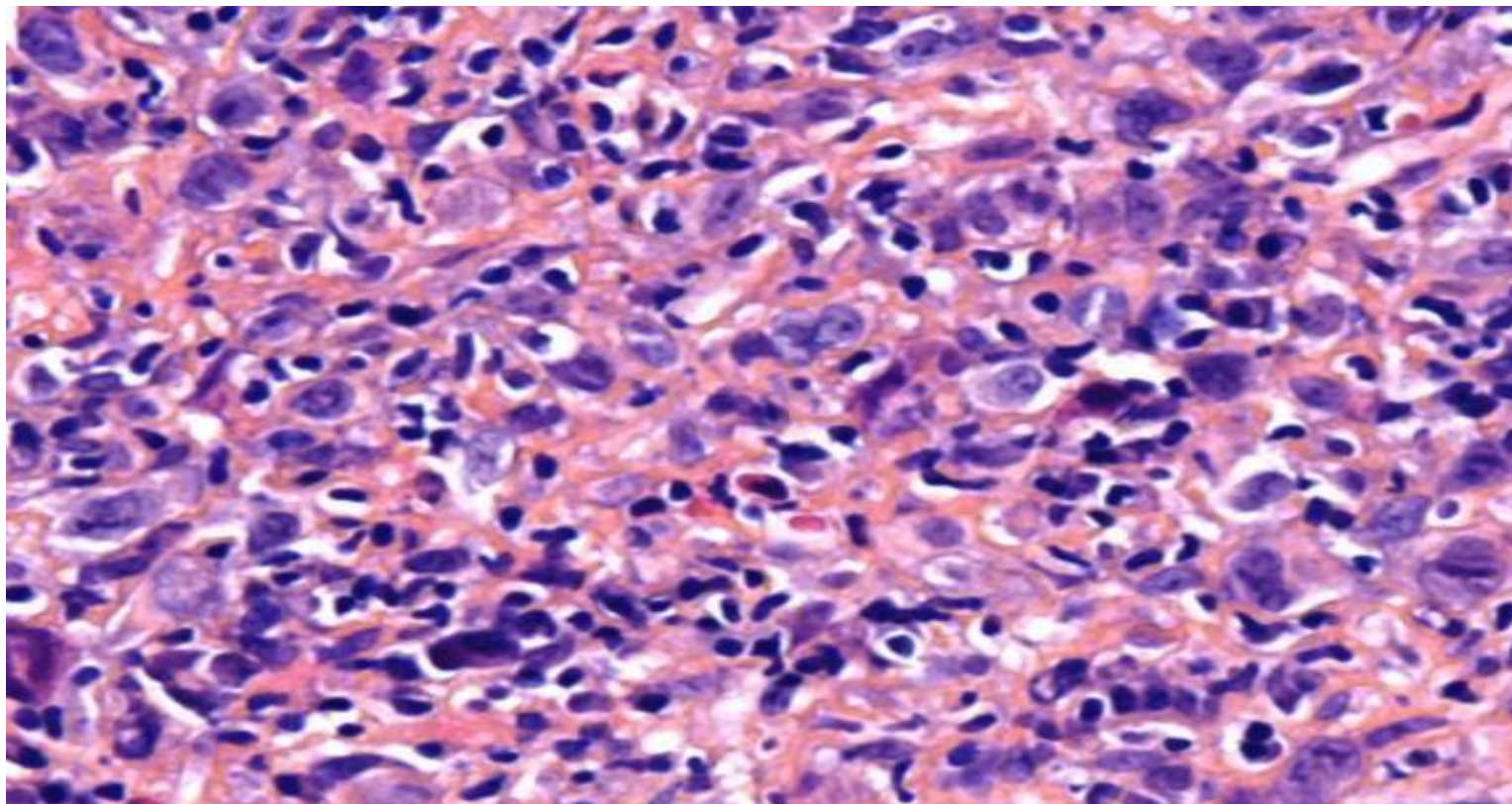
CD15



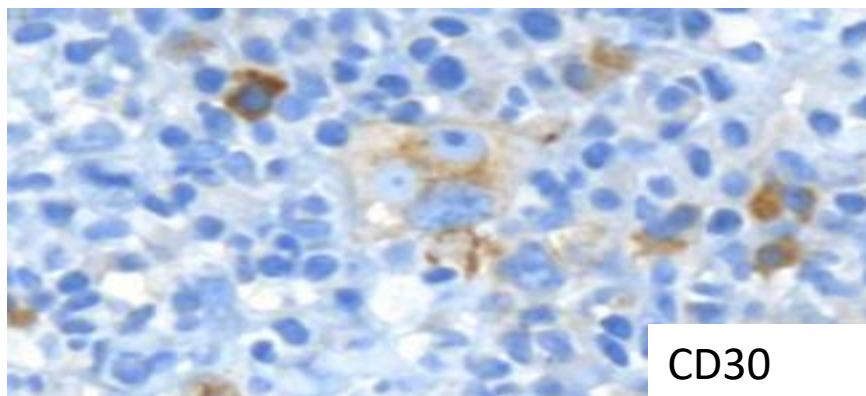
« Hodgkin like cell » dans lymphomes T: lymphome T anaplasique



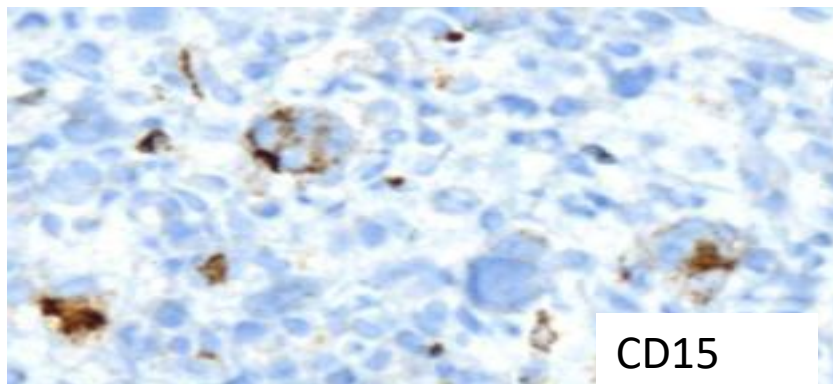
« Hodgkin like cell » dans les tumeurs non hématopoïétiques



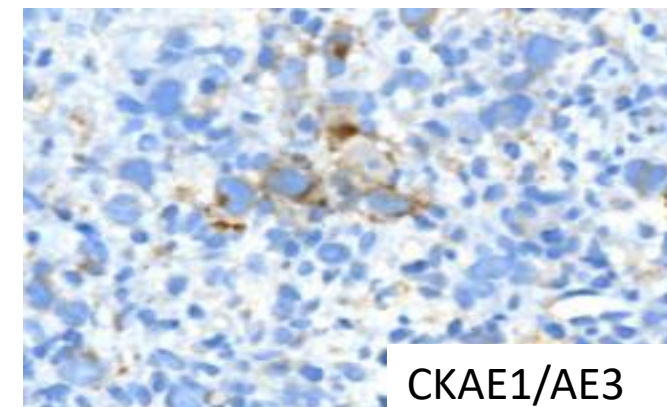
PAX5



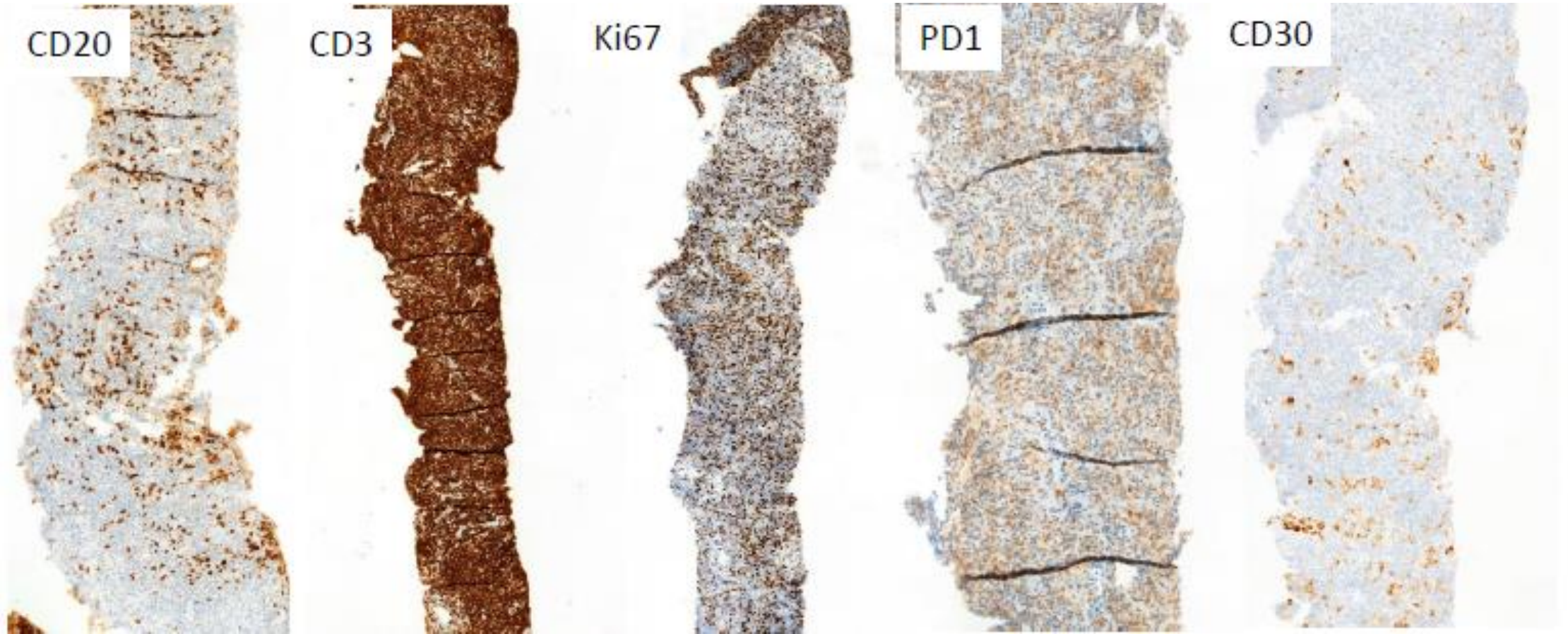
CD30



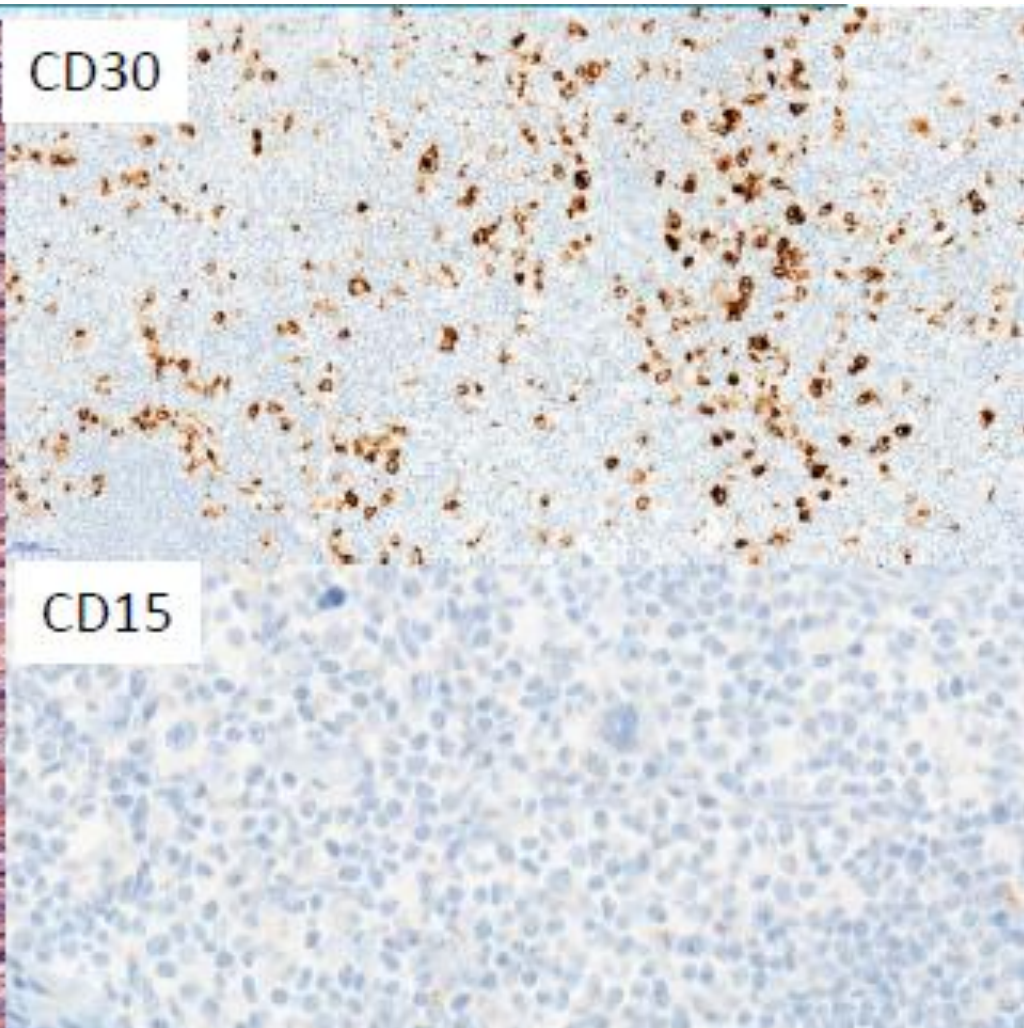
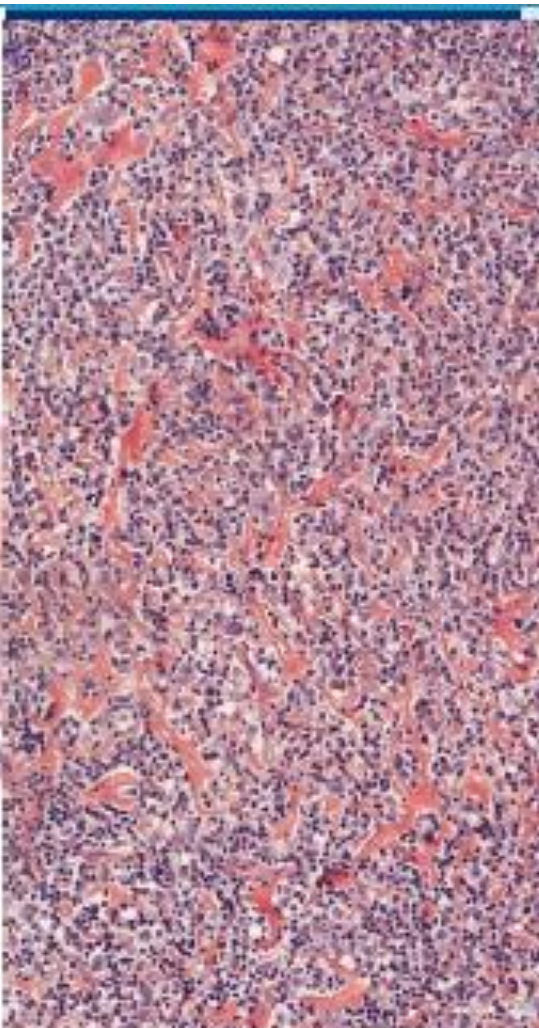
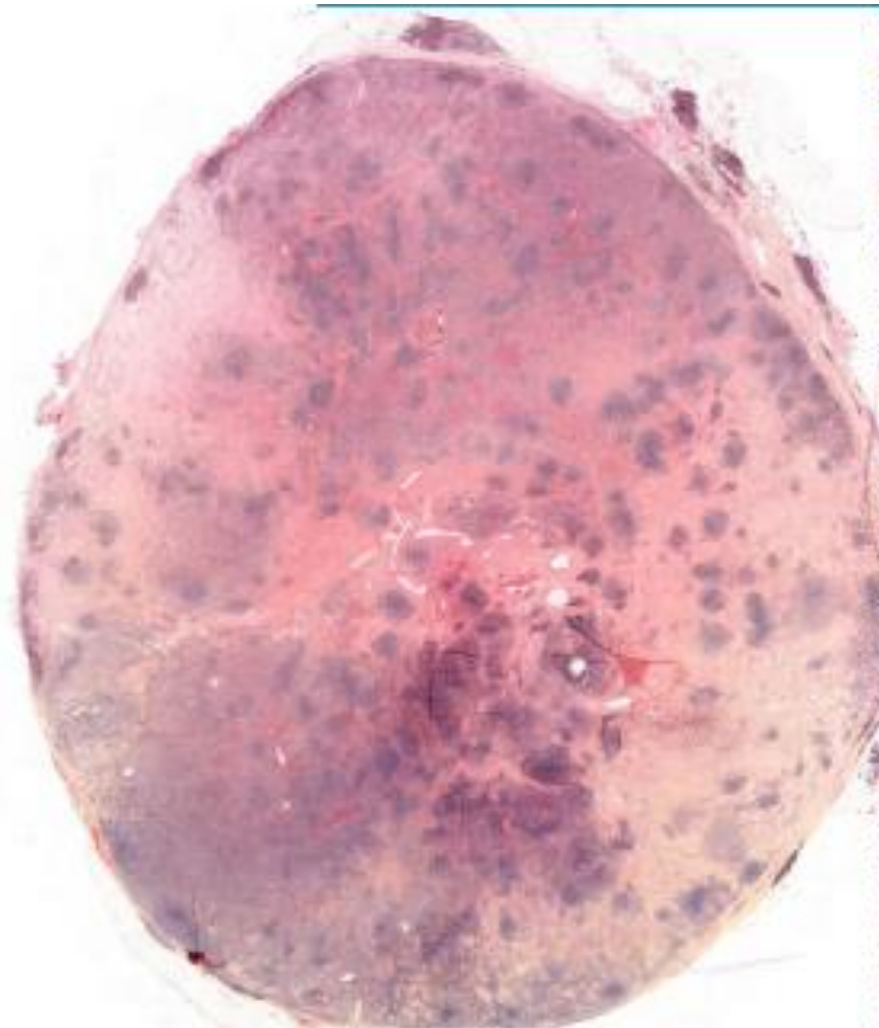
CD15



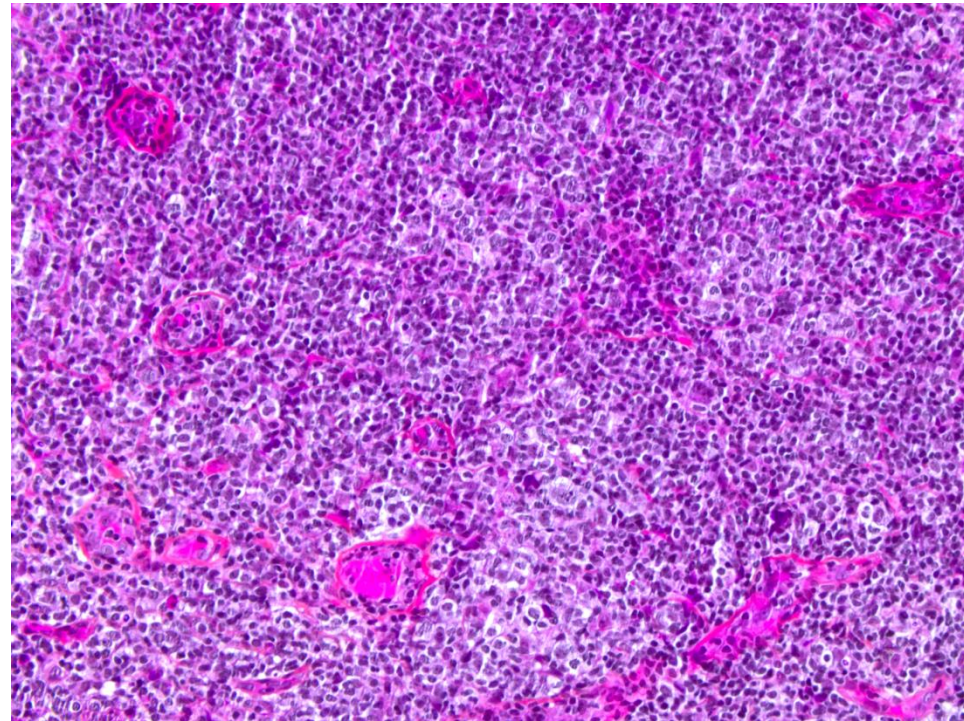
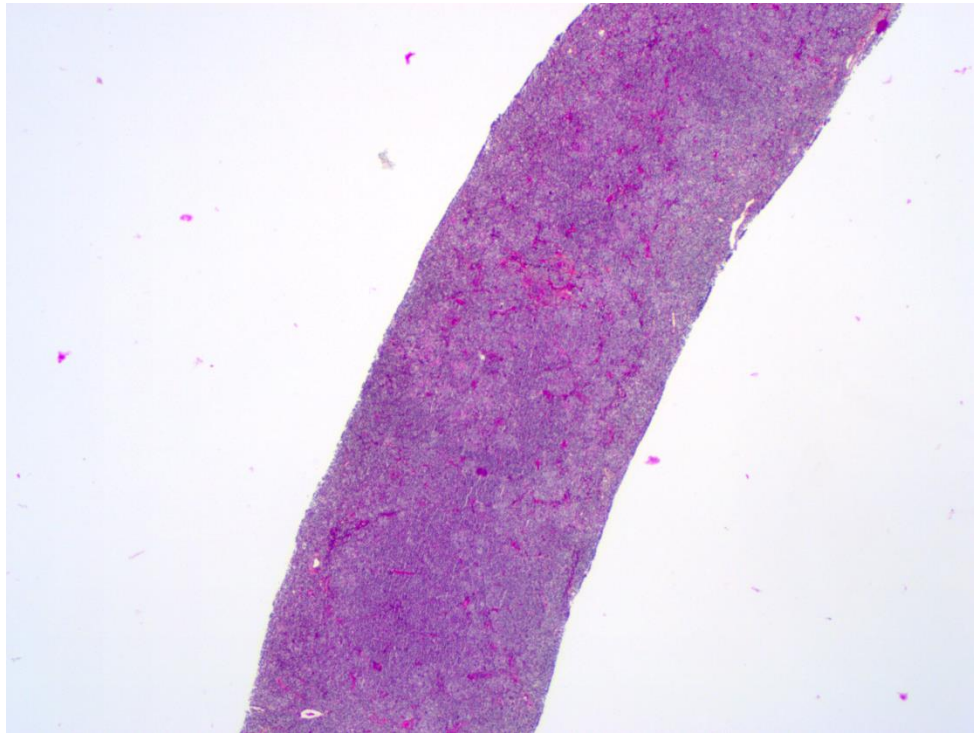
CKAE1/AE3

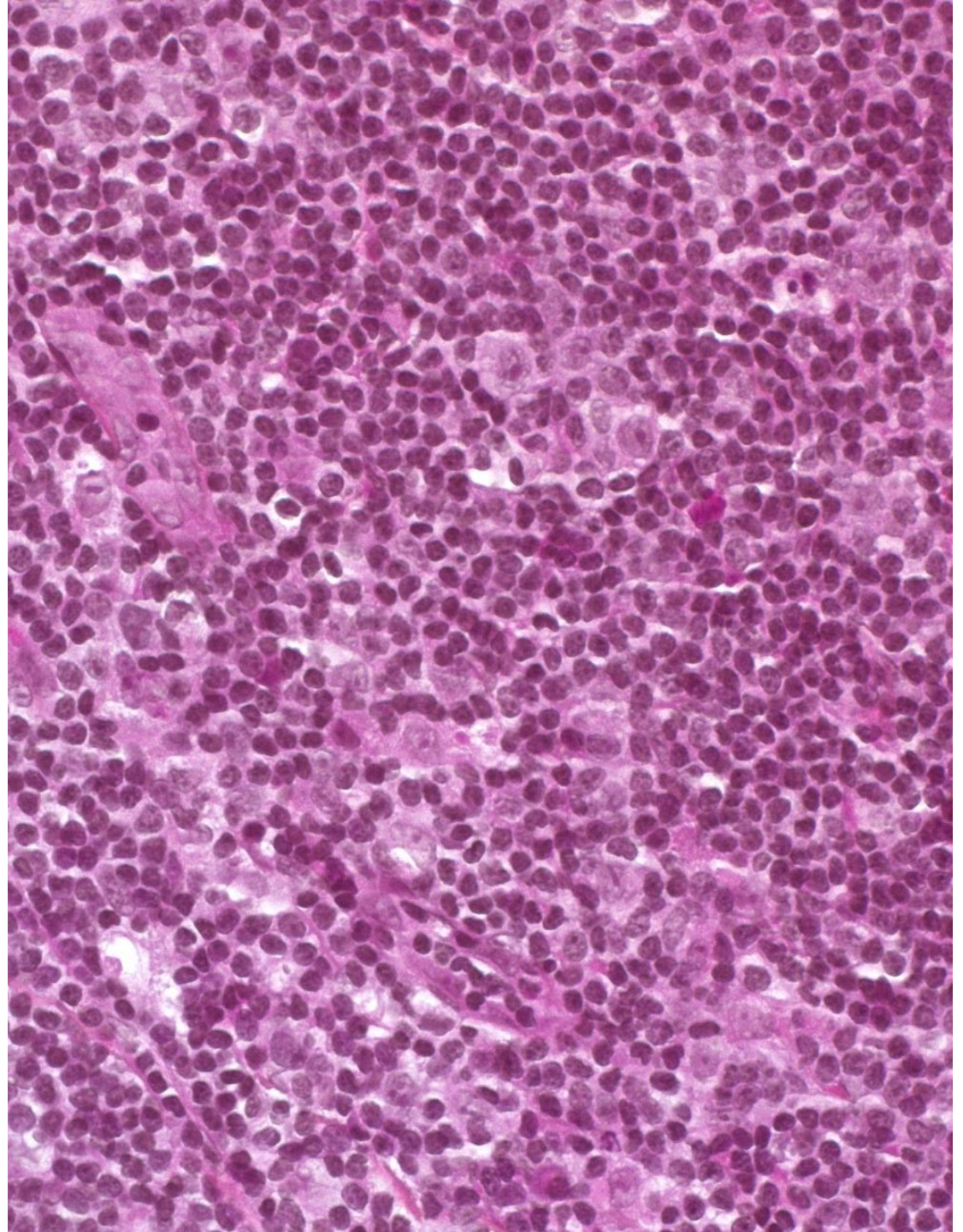
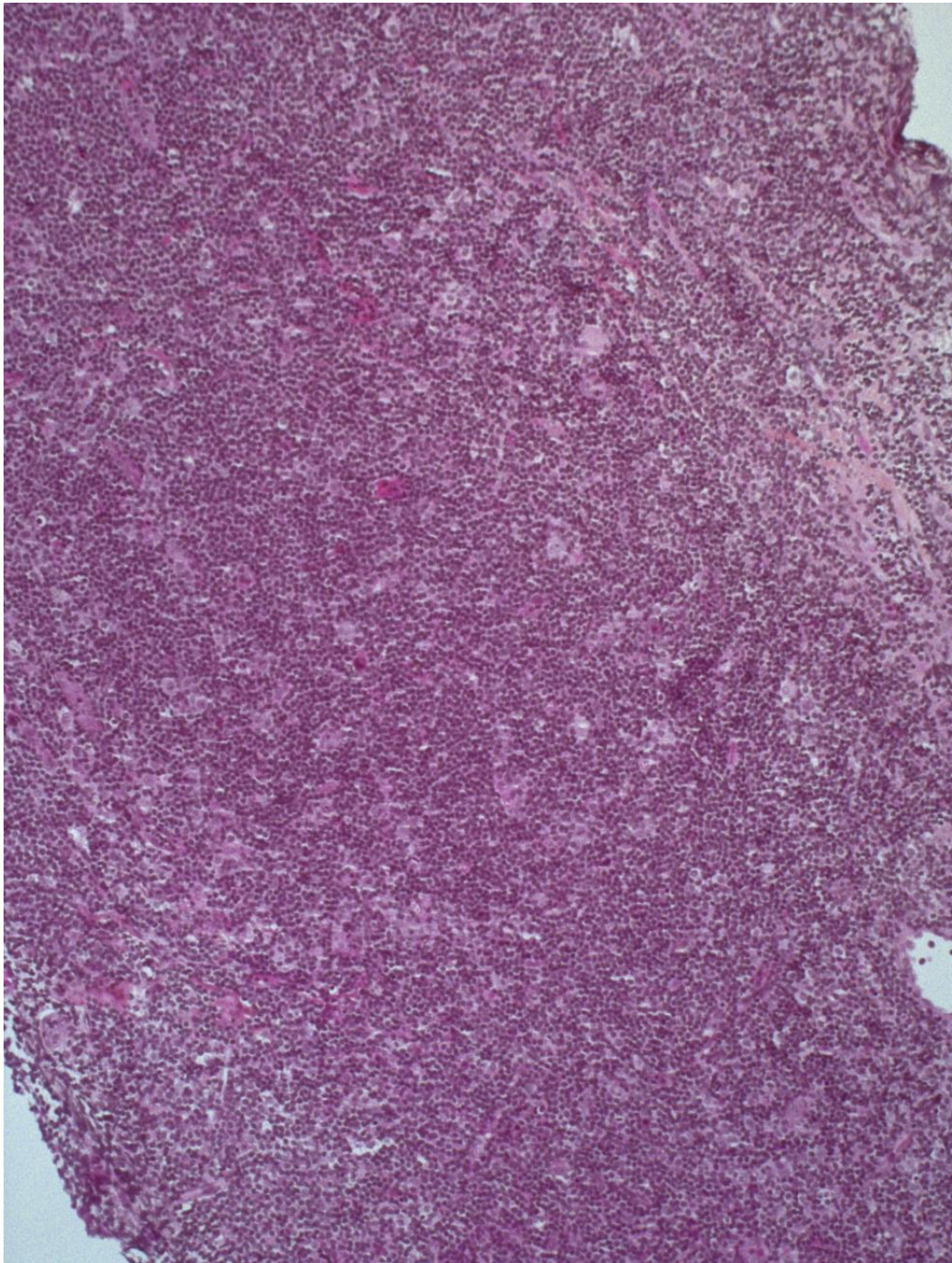


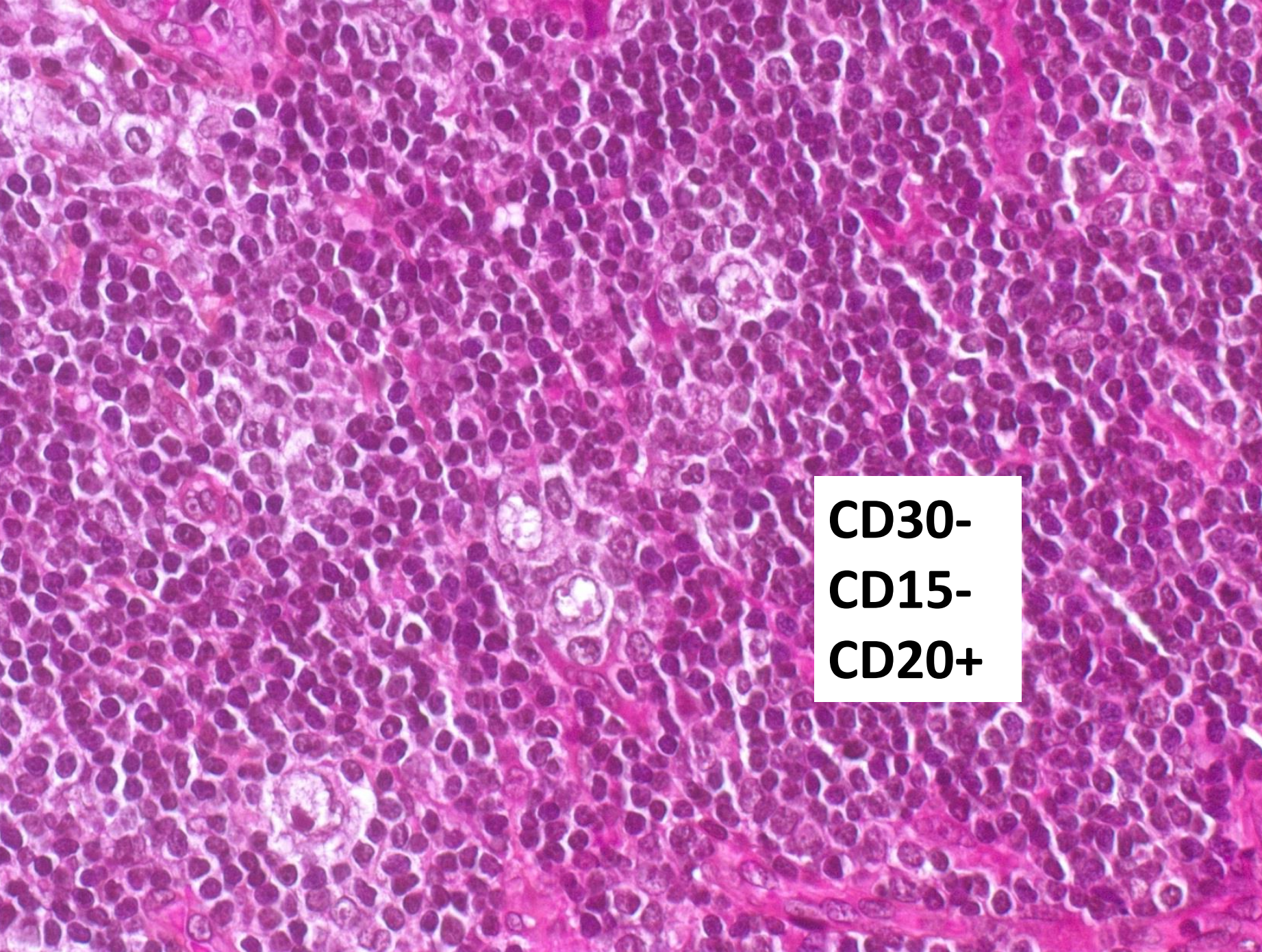
Ne pas porter à tort un autre diagnostic



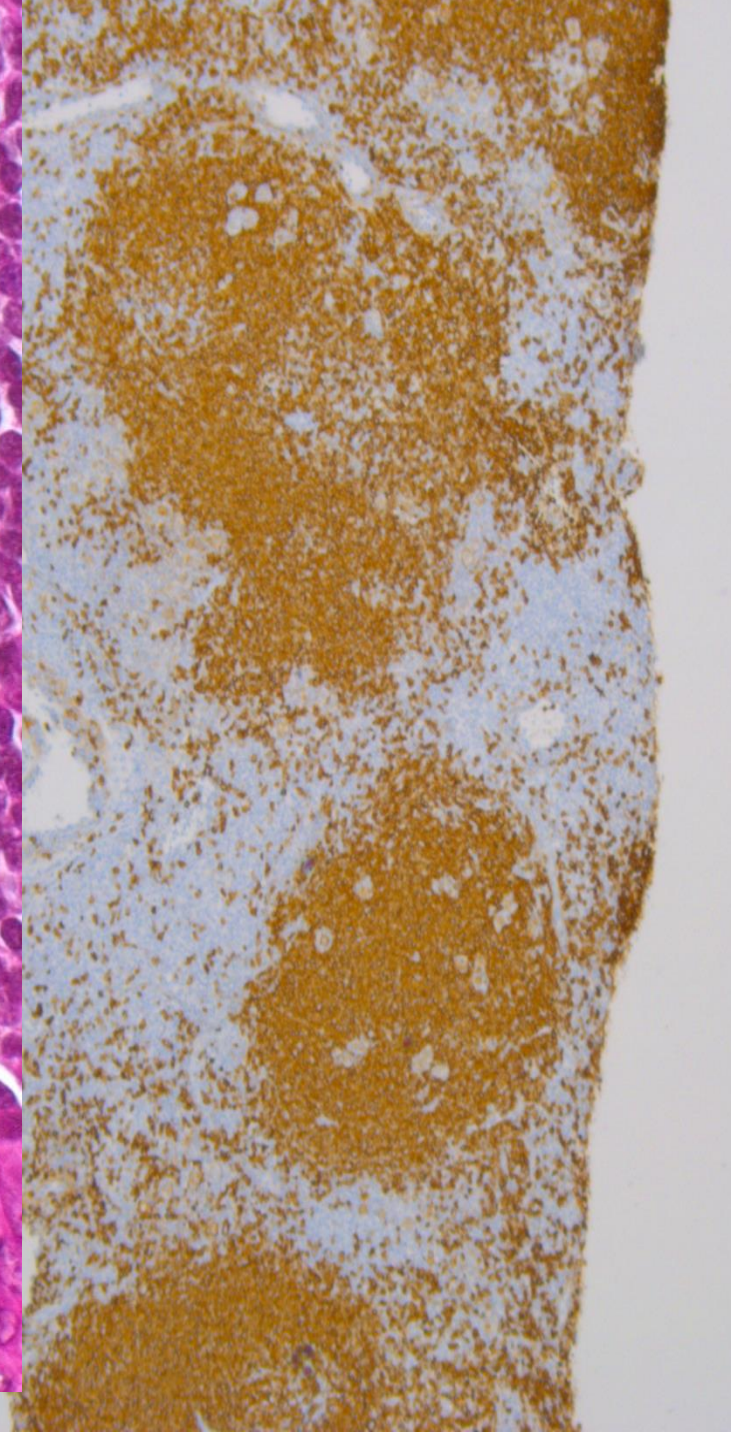
**Diagnostic de lymphome de Hodgkin nodulaire à
prédominance lymphocytaire sur biopsie
ganglionnaire à l'aiguille: est ce envisageable?**



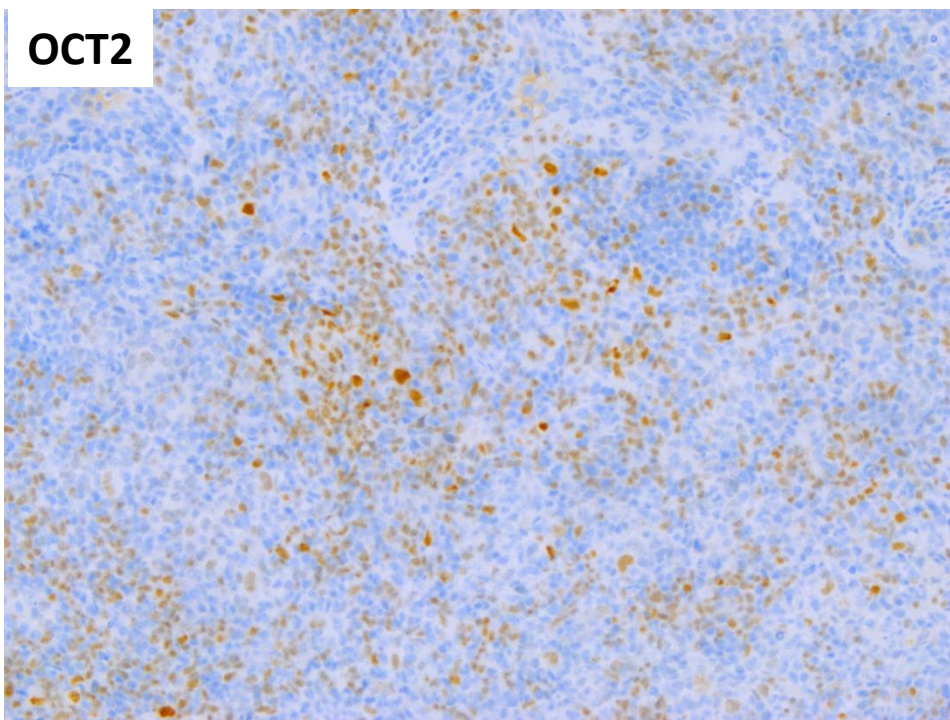




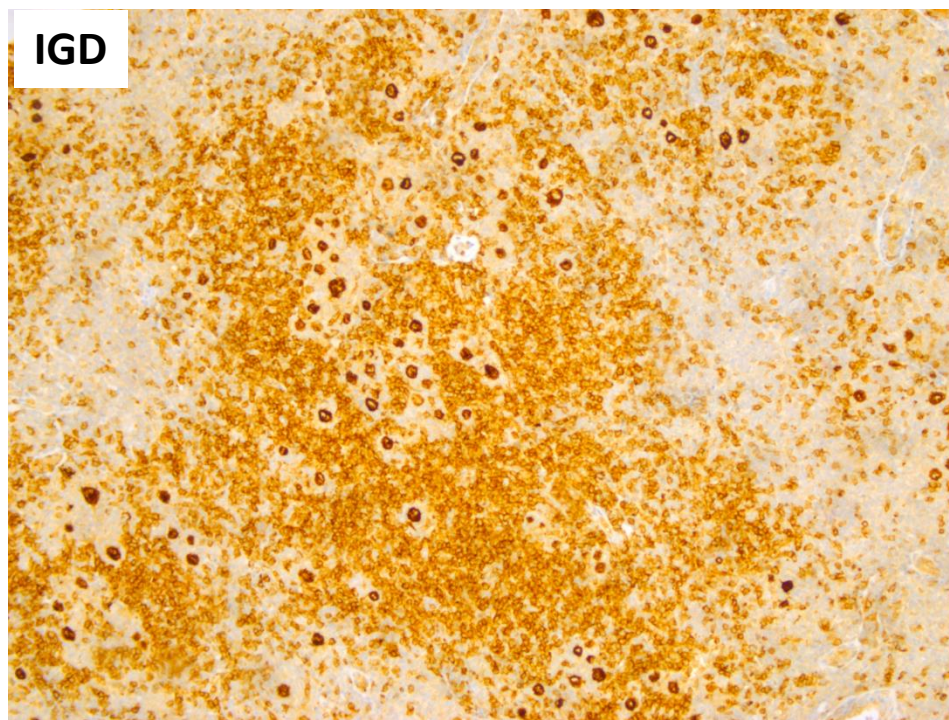
CD30-
CD15-
CD20+



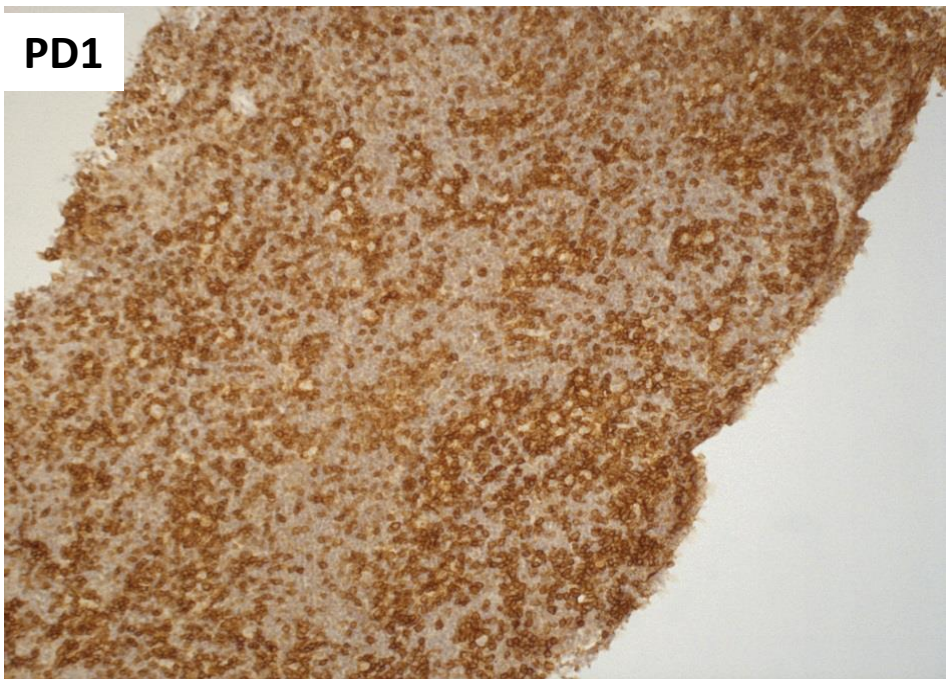
OCT2



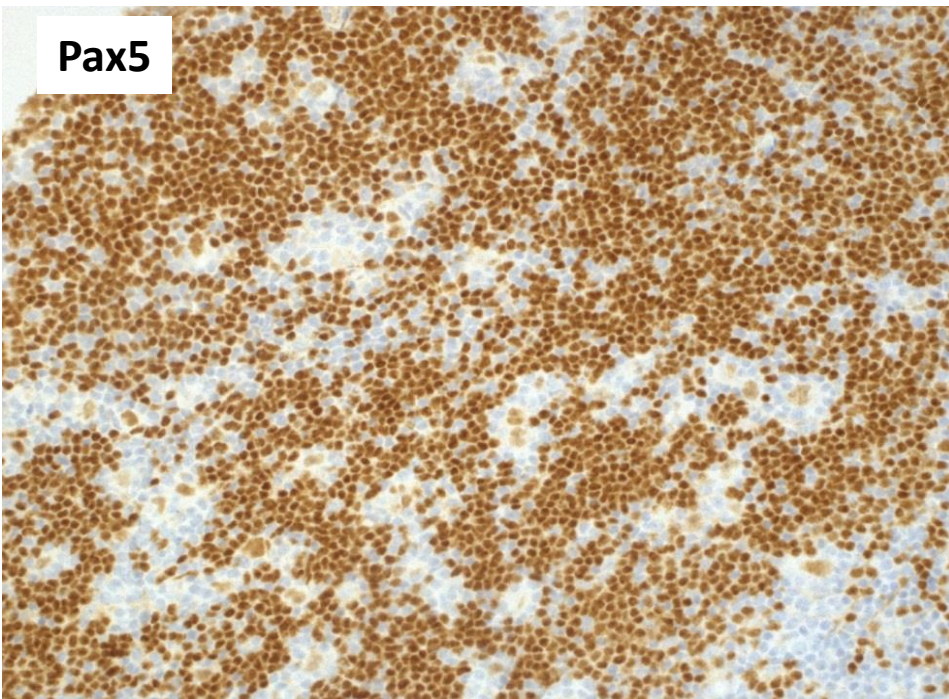
IGD

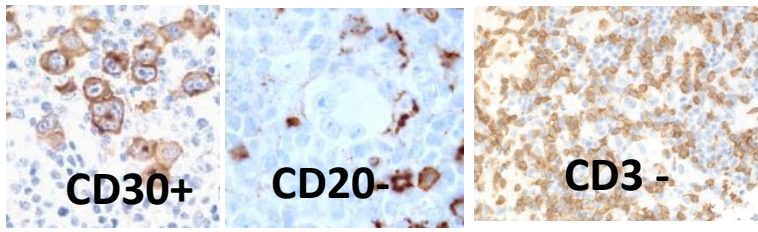
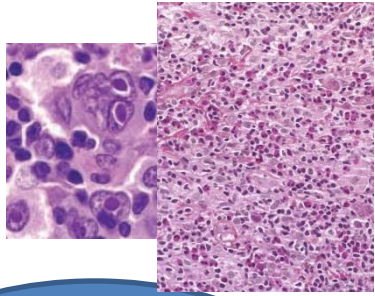


PD1



Pax5



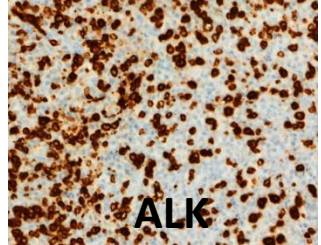


Lymphome de Hodgkin classique

CD20 CD3 CD30
CD15 PAX5
MUM1
+/-EBERS



PAX 5 -

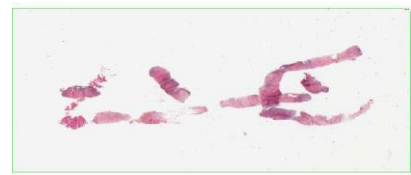
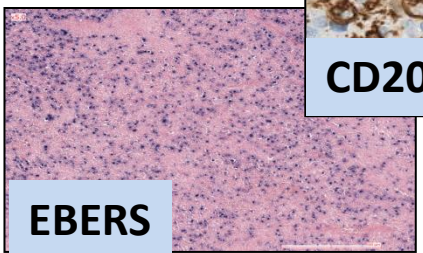
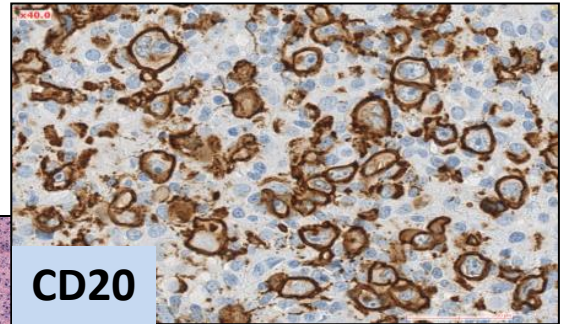


Lymphome T anapalsique

Hodgkin like cell
CD20+EBV+/-



Panel T
Contexte clinique
+/- clonalité



Ne pas meconnaitre
pathologie réactionnelle,
lymphome T, lymphome B
EBV, autres.....



Merci de votre attention

