

Pulmonary mucosa-associated lymphoid tissue lymphoma misdiagnosed as pulmonary tuberculosis for 3 year: a case report

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Background To explore the diagnosis and treatment of pulmonary mucosa-associated lymphoid tissue lymphoma and to reduce misdiagnosis.

Case report The patient who was male, 58years old, was surferring from intermittent fever, cough, sputum with chest tightness, fatigue for 4 years. The patient was diagnosed as "pulmonary tuberculosis, tuberculous pleurisy" and was given anti-tuberculosis treatment for 3 years. The CT of the chest showed consolidation in the right middle lobe, right low lobe and left lower lobe with bronchial ventilation levy, miliary nodules in the right middle lobe, interstitial thickening, right pleural effusion. Ultrasound guided lung biopsy pathology of the right lung showed diffuse small lymphocytes infiltration. The Immunohistochemistry showed CD20, CD79α, Vim were positive, Ki67 weakly positive (15% positive). Therefore, the pulmonary mucosa-associated lymphoid tissue lymphoma was final diagnosed.

Conclusion Pulmonary mucosa-associated lymphoid tissue lymphoma had no specific clinical manifestations, often was misdiagnosed as pulmonary tuberculosis, pneumonia or lung cancer. The patients with suspicious pulmonary mucosa-associated lymphoid tissue lymphoma need percutaneous lung biopsy, transbronchial lung biopsy or open lung biopsy and immunohistochemistry to confirm the diagnosis.

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MA 22
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K 120
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T 0.0
L 7.0/128x0.6/p1-2

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H.SP.



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