LYMPHOMAS OF THE FEMALE GENITAL TRACT
A. CARRASCO, S. TAMARIT, A. BOLOS, D. IZQUIERDO, A. CANO

Lymphomas of the female genital tract are extremely uncommon. Secondary systemic lymphomas are more frequent than primary lymphomas in this location. In order of frequency, they affect the ovary, uterus and vagina. These lymphomas generally show the same symptoms as other gynecologic cancers. The most frequent histological type is the B-cell non-Hodgkin lymphoma and the extent of the disease is the main prognostic factor.

We report two cases of primary lymphoma of the female genital tract affecting the ovary and vagina and diagnosed and treated in our hospital.

In ovarian lymphomas the age of onset varies between 5 and 75 years, with a peak at age 35. In women over 20 years of age the most frequent subtype is the large B-cell lymphoma and the overall survival rate is 30% (case 1 belongs to this group). Non-Hodgkin lymphoma of the vagina affects women with a mean age of 50 years, most of them postmenopausal. The majority of cases are diffuse large cell lymphomas. Patients with primary vaginal NHL usually have a survival rate > 70% (case 2 belongs to this group).

The most common appearance of this type of neoplasms is abnormal vaginal bleeding. Only in exceptional cases the tumor is completely asymptomatic. It is difficult to establish the differential diagnosis with other more malignant common tumors. The staging system used at present is that of Ann Arbor and the international prognostic index IPI is the best and more widely accepted survival prognostic index in this type of lymphoma.

The treatment of these tumors is not uniform due to their low incidence. On primary ovarian the treatment should be surgical excision and adjuvant chemotherapy. In primary lymphomas of the vagina, the most preferred and accepted treatment is chemotherapy.