

現在、SMZL に対しての治療法は手術のみではなく CD20 抗体と化学療法を併用する治療法が検討されている³¹⁾。Tsimberidou ら³⁾は、CD20 抗体投与単独群は 88%、CD20 抗体と化学療法を併用した群は 83%、化学療法単独群は 55% で反応があったとし、3 年生存率では 95%、100%、55% と、CD20 抗体投与群が良いと報告している。また、failure-free survival も同様に CD20 抗体投与群が良いとしている。しかし、CD20 抗体投与中に急性腫瘍溶解症候群となった報告¹⁴⁾や B 型肝炎由来の劇症型肝炎になった報告もあり¹⁵⁾、適応を十分に検討する必要があると考えられる。また、本症例は B 型慢性肝炎であったためステロイド製剤を含む THP-COP 療法導入に十分な検討を有した。近年では、ラミブジン投与によって肝炎の発症率が低下するという報告がなされている^{11)16)~18)}。今回、我々が経験した症例は、THP-COP 療法導入後肝機能障害が出現したが、術後早期からのラミブジン内服開始により HBV-DNA は比較的安定した経過を辿ることが可能であったと考えられる。

SMZL に対しての治療方針についてはさまざまな検討があるが、本症例のように組織診断を得るための手術を契機に急性増悪を来す可能性があるため、術後化学療法導入時期の検討を含めた集学的治療戦略が必要であると考えられる。

文 献

- 1) Jaffe ES, Harris NL, Chan JKC et al : Proposed World Health Organization classification of neoplastic disease of the hematopoietic and lymphoid tissue. *Am J Surg Pathol* **21** : 114—121, 1997
- 2) Papadaki T, Stamatopoulos K, Belessi C et al : Splenic marginal-zone lymphoma : one or more entities? A histologic, immunohistochemical, and molecular study of 42 cases. *Am J Surg Pathol* **31** : 438—446, 2007
- 3) Tsimberidou AM, Catovsky D, Schlette E et al : Outcomes in patients with splenic marginal zone lymphoma and marginal zone lymphoma treated with rituximab with or without chemotherapy or chemotherapy alone. *Cancer* **107** : 125—135, 2006
- 4) Chacon JL, Mollejo M, Munoz E et al : Splenic marginal zone lymphoma : clinical characteristics and prognostic factors in a series of 60 patients. *Blood* **100** : 1648—1654, 2002
- 5) Lymphoma Study Group of Japanese Pathologists (2000) : The world health organization classification of malignant lymphomas in japan : incidence of recently recognized entities. Lymphoma study group of japanese pathologists. *Pathol Int* **50** : 696—702, 2000
- 6) Ferri C, Caracciolo F, Zignego AL et al : Hepatitis C virus infection in patients with non-Hodgkin's lymphoma. *Br J Haematol* **88** : 392—394, 1994
- 7) Arcaini L, Lazzarino M, Colombo N et al : Splenic marginal zone lymphoma : a prognostic model for clinical use. *Blood* **15** : 4643—4649, 2006
- 8) Hermine O, Lefrere F, Bronowicki JP et al : Regression of splenic lymphoma with villous lymphocytes after treatment of hepatitis c virus infection. *N Engl J Med* **347** : 89—94, 2002
- 9) Saadoun D, Suarez F, Lefrere F et al : Splenic lymphoma with villous lymphocytes, associated with type II cryoglobulinemia and HCV infection : a new entity? *Blood* **105** : 74—76, 2005
- 10) Zhang SH, Xu AM, Zheng JM et al : Coexistence of splenic marginal zone lymphoma with hepatocellular carcinoma : a case report. *Diagn Pathol* **2** : 5, 2006
- 11) Franco V, Florena AM, Stella M et al : Splenectomy influences bone marrow infiltration in patients with splenic marginal zone cell lymphoma with or without villous lymphocytes. *Cancer* **91** : 294—301, 2001
- 12) Thieblemont C, Felman P, Berger F et al : Treatment of splenic marginal zone B-cell lymphoma : an analysis of 81 patients. *Clin Lymphoma* **3** : 41—47, 2002
- 13) 西森英史, 平田公一, 近藤益夫 : 巨大脾腫を呈した脾臓原発悪性リンパ腫の 1 症例 Splenic marginal zone lymphoma (SMZL). *北海道外科誌* **43** : 67—71, 1998
- 14) Jabr FI : Acute tumor lysis syndrome induced by rituximab in diffuse large B-cell lymphoma. *Int J Hematol* **82** : 312—314, 2005
- 15) Sarrecchia C, Cappelli A, Aiello P : HBV reactivation with fatal fulminating hepatitis during rituximab treatment in a subject negative for HBsAg and positive for HBsAb and HBcAb. *J Infect Chemother* **11** : 189—191, 2005
- 16) Li YH, He YF, Jiang WQ et al : Lamivudine prophylaxis reduces the incidence and severity of hepatitis in hepatitis B virus carriers who receive chemotherapy for lymphoma. *Cancer* **106** : 1320—1325, 2006
- 17) Rossi G, Pelizzari A, Motta M et al : Primary prophylaxis with lamivudine of hepatitis B virus reactivation in chronic HbsAg carriers with lymphoid malignancies treated with chemotherapy. *Br J Haematol* **115** : 58—62, 2001
- 18) Dai MS, Chao TY, Kao WY et al : Delayed hepati-

tis B virus reactivation after cessation of preemp-
tive lamivudine in lymphoma patients treated

with rituximab plus CHOP. *Ann Hematol* 83 :
769-774, 2004

A Case of Splenic Marginal Zone Lymphoma

Yoshiki Naito, Toru kume¹⁾, Masayasu Naito¹⁾,
Michitoshi Hashiguchi²⁾, Takashi Okamura²⁾, Naofumi Eriguchi³⁾,
Hisanori Naito³⁾, Koichi Ohshima and Hirohisa Yano

Department of Pathology, Kurume University School of Medicine

Department of Gastroenterological Surgery, Fukuoka University School of Medicine¹⁾

Division of Hematology, Department of Internal medicine, Kurume University School of Medicine²⁾
Naito Hospital³⁾

A 64-year-old seen for fever and lower left back pain and having a 4-year history of chronic hepatitis B was found in abdominal CT to have an intrasplenic tumor and FDG-PET showed abnormal uptake in the spleen. Since these findings suggested primary malignant lymphoma of the spleen, we conducted splenectomy with pancreatic tail resection for histological diagnosis and tumor reduction. Macroscopically, the spleen was 19 × 15cm, with multiple nodules. Histopathological examination of tumor cells showed medium-sized, abundant pale cytoplasm. The definitive diagnosed Primary malignant lymphoma of the spleen with splenic marginal zone lymphoma. Since generalized lymphadenopathy develops early after surgery, the patient was admitted in an emergency and THP-COP was started on the same day. Systemic symptoms subsequently were reduced, and FDG-PET showed no abnormal uptake in general lymph nodes. As of postoperative 13 months, the patient has followed regularly.

Key words : malignant lymphoma, splenic marginal zone lymphoma, HB virus

[*Jpn J Gastroenterol Surg* 41 : 229-234, 2008]

Reprint requests : Yoshiki Naito Department of Pathology, Kurume University School of Medicine
67 Asahi-machi, Kurume, 830-0011 JAPAN

Accepted : July 25, 2007