Long term survival of Enteropathy-associated T-cell Lymphoma (EATL) with intracranial metastasis: letter to the Editor

S.-P. Yeh[1], H.-L. Lin[2], C.-R. Chien[3,4]

(1) Division of Hematology and Oncology, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan; (2) Department of Neurosurgery, China Medical University Hospital, Taichung, Taiwan; (3) Department of Radiation Oncology, China Medical University Hospital, Taichung, Taiwan; (4) School of Medicine, College of Medicine, China Medical University, Taichung, Taiwan

To the Editor,

We read the article by Chuan YY et al (1) with interest when we searched the literature to guide our care for a patient with Enteropathy-associated T-cell Lymphoma (EATL) with intracranial metastasis. Chuan YY et al (1) reported a patient with EATL developed intracranial involvement and died nine months after the initial diagnosis. They also summarized previous studies and found the survival after initial diagnosis was no longer than sixteen months.

Our patient was a gentleman born in 1963. He complained abdominal fullness in Apr 2017 then an abdominal mass size around 15 cm arising from jejunum was revealed in the computed tomography (CT) [Figure 1A]. The small bowel tumor with colon invasion was excised via segmental resection of small bowel combined with left hemicolectomy in Apr 2017. The pathological diagnosis was type II EATL. Positron emission tomography (PET) in June 2017 revealed lymphoma involvement in both lungs and abdomen [Figure 1B] whereas bone marrow biopsy was negative in June 2017. He received doxorubicin, cyclophosphamide, vincristine, and prednisolone from June 2017 to Oct 2017. PET in Nov 2017 revealed disappearance of previous disease locations but new hot spots in spinal cord and submental lymph node. After treatment with further systemic therapy plus autogenic peripheral blood stem cell and spine radiotherapy, PET in Mar 2018 and brain magnetic resonance image (MRI) in Apr 2018 showed no active disease except one right frontal metastasis [Figure 2A]. Whole brain radiotherapy 35Gy in 14 fractions followed by boost 15Gy in 6 fractions in concurrent with temozolomide were given from Apr 2018 to May 2018. Follow-up MRI in Dec 2018 showed no abnormal enhancement [Figure 2B] or new lesions. However, in Aug 2020, local recurrence was suspected in MRI [Figure 2C]. He received staged radiosurgery [1st in Nov 2020 and 2nd in Apr 2021] then bevacizumab was used since Jul 2021 due to suspicious radionecrosis in MRI and improvement was seen in Aug 2022 MRI. New right insular metastases were suspected in Dec 2021 MRI [Figure 2D]. Focal conformal fractionated radiotherapy (2) 36Gy in 10 fractions in concurrent with Temozolomide were given in Jan 2022, along with bevacizumab until Feb 2022. Follow up MRI in Mar 2022 showed no more abnormal enhancement [Figure 2E]..

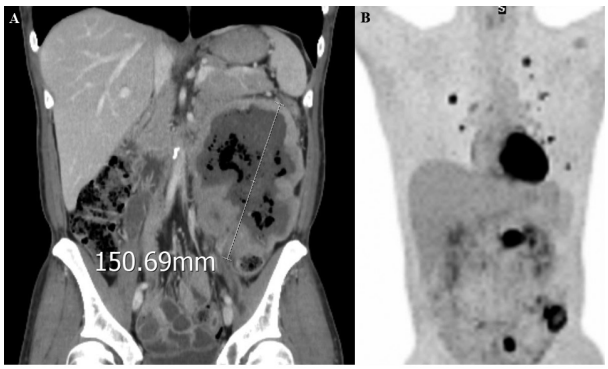

Figure 1. — Initial disease extent in chest and abdomen.

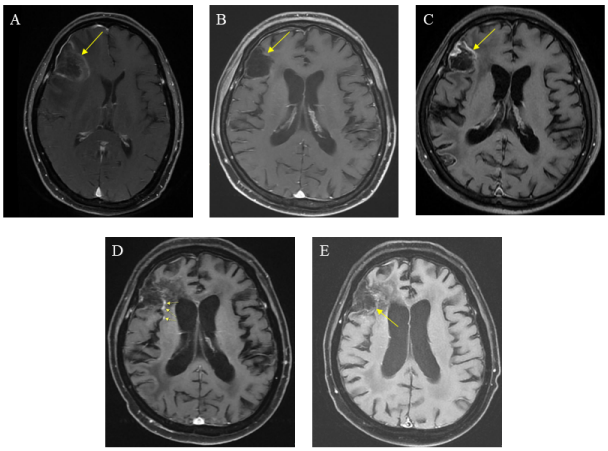

Figure 2. — (A-C) Intracranial metastasis in Apr 2018 was responsive to radiotherapy and chemotherapy and remained progression free until Aug 2020. (D-E) Intracranial metastasis recurrence was responsive to repeated radiotherapy and chemotherapy in 2022.

Correspondence to: Chun-Ru Chien, MD., Ph.D., School of Medicine, College of Medicine, China Medical University, No.91 Hsueh-Shih Road, North District, Taichung 40402, Taiwan. Tel: +886-4-22052121-7450; Fax: +886-4-22052121-7460
Email: d16181@gmail.com

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In conclusion: Although EATL with intracranial metastasis was a rare manifestation of a rare disease with poor prognosis in general (1) and there was no standard of care for patients at 2nd relapse (3), our case report showed it was possible for some patients with EATL and intracranial metastasis to achieve long term disease control and survival.

References

1. CHUAH YY, TASHI T, LEE YY, FU TY, SHIH CA. Enteropathy-associated T-cell Lymphoma (EATL) with intracranial metastasis: a rare and dismal condition. *Acta Gastroenterol Belg.* 2020; **83**(1): 77-80.
2. CHEN HJ, CHEN CH, CHEN SC, LIN HL, HSIA TC, TU CY *et al*. Focal conformal fractionated radiotherapy vs. radiosurgery for lung cancer patients with limited brain metastases. *Ann Palliat Med.* 2020; **9**(5): 2600-2605.
3. National Comprehensive Cancer Network Guidelines for T-Cell Lymphomas, version 2.2022, viewed 6 April 2022 [free registration required], <https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf >.