

7 Follicular lymphoma**Micro**

- The excised lymph node shows effacement of architecture with a nodular, neoplastic infiltrate composed of mostly small centrocytic cells and fewer centroblasts randomly distributed in poorly defined follicles.
- Scattered T lymphoid cells are seen within this infiltrate, interpreted as likely reactive in this context.
- The morphological appearances in this sample are those of a non-Hodgkin B-cell lymphoma and would be consistent with a follicular lymphoma, grade 1-2.
- There are no diffuse areas and no evidence of transformation.

Diagnosis

- Follicular lymphoma

Further work/comment

- The appropriate immunohistochemical and cytogenetic/molecular investigations:
- CD20 to confirm the B-cell lineage.
- CD10, BCL-6 and BCL-2 (positive).
- Cyclin-D1, CD5 or CD23 (negative).
- A Ki-67 marker would show a low proliferation fraction, <10% overall with focal 'hot spots', where the germinal centres are localized.
- A CD23 stain would highlight follicular dendrite cell meshworks underlying the neoplastic follicles.
- BCL2 gene rearrangements, t (14:18)(q32:21).
- The case needs specialist referral to the haemato-oncology diagnostic service centre (HODS) in line with improving outlines guidance.
- The points that would be discussed in the regional MDT:
 - Prognostic factors (grade, proliferation fraction).
 - Systemic manifestation and extent of disease.