



Figure 3. Ovarian slide showing CD20 (cluster of differentiation antigen 20) strongly expressed in lymphoid blasts.

Lymphoma is bilateral in approximately half of the cases. The tumours are large and typically have an intact capsule. The histological appearance of ovarian lymphomas is similar to that seen at other sites; however, the neoplastic cells tend to proliferate in cords, islands and trabeculae with occasional follicle-like spaces or alveoli and often have a

sclerotic stroma. In some cases ovarian follicular structures may be spared, but in others the entire ovarian architecture is obliterated.

In this case the patient had initial chemotherapy and then salvage therapy but still relapsed. She remains in remission more than 5 years after removal of the ovarian lymphoma and adjuvant chemotherapy. This case demonstrates the potential contribution of surgery to treatment of ovarian lymphoma and suggests that there may be a wider role for ovariectomy in ovarian lymphoma. This would echo the routine role for orchidectomy in testicular lymphoma (Vitolo et al, 2008). Taylor et al's (1995) study of 51 patients with primary gastrointestinal malignancies and ovarian metastases revealed that the response of ovarian metastases to chemotherapy was less than that for other sites. This suggests that the ovary may be a sanctuary site for non-Hodgkin's lymphoma where disease responds less well to chemotherapy. **BJHM**

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