

NSE-, cromogranin-, citocheratin-). She was staged I E by the Ann Arbor system. We applied the chemotherapy with BACOP protocol in accord with GISL program plus CNS prophylaxis with methotrexate achieving partial remission after only two cycles of chemotherapy. Is programmed a locally radiotherapy after the end of chemotherapy.

PUB43**T CELL NON-HODGKIN'S LYMPHOMA ASSOCIATED WITH CELIAC DISEASE (ENTEROPATHY-ASSOCIATED T-CELL LYMPHOMA)**

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Intestinal T cell lymphoma is a subset of extranodal non Hodgkin's lymphoma and can be associated to adult celiac disease. Enteropathy associated T cell lymphoma is a unique form of non Hodgkin's lymphoma involving the gastrointestinal tract. This disorder is rare and strikes between the ages of 60-70 both male and female with the same frequency. *Case report.* This 53-years old patient suffered of autoimmune hepatitis (B and C virus: negative) treated from 1991 with a low dosage of steroids. The clinical history began in september 2000. The patient complained of abdominal pain and digestive difficulty with subsequent onset of nausea, anorexia, vomiting and (10-15 kg) weight loss associated with diarrhea. Abdominal ultrasound revealed extension of the small bowel with thickening of the intestinal wall. Gastroscopy revealed gastric stagnation. The study of intestinal transit showed proximal jejunum ansae extension with stops of the transit. The patient underwent a partial jejunal resection (cm 17). The histological report was: ulcerative jejunitis associated with diffusion of the villous atrophy type coeliac disease. The ulcer contained T lymphocyte infiltration. Clinical tests revealed antibodies for antigliadin (IgA and IgG), antiendomysium (IgA) and anti tissue transglutaminase (IgA) positive. Chest-abdominal Computerized Axial Tomography (CAT) and bone marrow biopsy were negative. *Discussion.* Enteropathy associated T cell lymphoma complicates, in 7% of the cases, celiac disease racing from 3 to 20 years. It has been demonstrated, by recent studies, that a strict gluten-free diet reduces or erases risks of developing tumours like lymphoma. Hence, it is important early recognition of subclinical forms. In the last years new cases of autoimmune pathology, such hepatitis, associated to coeliac disease, are increased. The clinical case described is a patient affected by hepatitis for about 10 years. Is it possible to have the coeliac disease at the same time of hepatitis? *Conclusions.* Prognosis of the enteropathy-associated T cell lymphoma is unfavorable. If lymphoma is located in the small bowel, surgical resection may be followed by years of remission. The role of chemotherapy, either as induction or an high dose in relapse, is still unclear. At the moment, guidelines for salvage therapy of celiac disease at the same time as the hepatitis are unavailable.

PUB44**NON HODGKIN'S LYMPHOMA OF THE GINGIVA: A CASE REPORT**

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Extra nodal non-Hodgkin's lymphoma are rare constituting about 20% of all observed cases. Localizations to the oral cavity represented a varying percentage from 1 to 2%, while those to the soft oral tissues, that generally involve the gingival mucous constituted isolated cases also in the more recent literature. The evidence of these cases is more common in the subjects with immunodeficiency acquired or congenital. In November 99 we recognized a male patient 44 years old with the suspect of gingival NHL. Some months before he noted paresthesia to the lower half lip non responder to the common therapy agents. He was submitted to dental investigation and local biopsy. In the suspect of lymphoma's location he was sent to us for investigation. The clinical findings and the laboratory data were in the norm. The histological revision of the biopsy previously prepared, using also immunohistochemical studies concluded: diffuse large B-cell lymphoma, according to the REAL classification. The staging for images and the bone marrow biopsy excluded other possible foci of disease. The definitive diagnosis was therefore primary NHL of the gum, stage IA. The patient was treated with polychemotherapy according to MNCOP-B protocol. Therapy was well tolerated, the hematological and not toxicity has been contained. It achieved rapid control of the initial manifestation of disease. Complete remission has been maintained up to present with a follow up of 14 months. The case described summarizes the main characteristics of this rather uncommon pathology: the difficulty to correct diagnosis at presentation, because the clinical symptoms (paresthesia, gingival painful swelling, necrotizing gingivitis, abnormal mobility of one or more dental elements) mimicked other pathologies of the oral cavity and the importance of the local biopsy. Routine treatment guidelines do not exist because there are only individual cases in literature. Nevertheless the aggressive polychemotherapy represents, in our opinion, the golden standard for treatment escaping sooner or late disseminations of disease, almost always recorded with the use of the radiotherapy as single mode of treatment, also in consideration of the poor prognosis of all extranodal disease.

PUB45**COMBINED TREATMENT OF ADVANCED THYMOMA**

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The thymus is a central immunologic organ that receives T cell progenitors from the bone marrow, supports their differentiation and exports them to other lymphatic tissue. Thymomas are fascinating epithelial tumors of the thymus interesting hematologist because of their multifaced clinical presentation: from the