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# LYMPHOMA INCIDENCE PATTERN BY WHO SUBTYPES: EXPERIENCE IN A REFERRAL CENTRE IN SRI LANKA

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Lymphoid malignancies are a diverse group of neoplasms which includes broad categories of Hodgkin lymphoma (HL) and non Hodgkin lymphoma (NHL). According to the World Health Organization (WHO) classification there are over 40 subtypes in the NHL group. Their behaviour varies from low grade indolent to high grade aggressive and many have different treatment protocols. Therefore, sub typing of lymphomas using the universally adopted WHO classification is essential. Incidence patterns of NHL subtypes have been reported to vary around the world. However, no studies have reported the incidence rates of WHO sub types of lymphomas for Sri Lanka. This study was conducted with a view to documenting the incidence rates of WHO sub types of lymphomas in a sample of patients from Sri Lanka.

This is a retrospective descriptive study of 192 lymphomas diagnosed at the Department of Pathology, Faculty of Medicine, University of Peradeniya during the period 2010 to 2013. All lymphomas were sub classified according to the WHO classification (revised 2007) of hematopoietic and lymphoid neoplasm using haematoxylin and eosin stain and immunohistochemistry. There were 32 (16.7%) HL, 156 (81.3 %) NHLs and 4 others. Of the NHLs 124 (79.48%) were of B cell origin and the rest were of T cell origin. Diffuse large B cell lymphoma (DLBCL) accounted for 38% (n=73) of all lymphomas. There were 23 (12%) follicular lymphomas, 9 (4.7%) small lymphocytic lymphomas, 8 (4.2%) mantle cell lymphomas and 6 (3.1%) marginal zone lymphomas. Of the T cell types, peripheral T cell lymphoma which accounted for 11.5% (n=22) of all lymphomas was the commonest. There were 5 (2.6%) anaplastic large cell lymphomas. Of the HL, the two most common types were mixed cellular HL (n=17, 8.9%) and nodular sclerosis HL (n=13, 6.8%). Mean age for development of any lymphoma was 48.9 ± 19.4 years, for NHL 50.1 ± 18.9 and for HL 40.23 ± 21.2. The male and females were equally affected by both HL and NHLs. Nodal disease was the presentation in 166 (86.45%) and the rest presented with extra nodal disease.

In conclusion, the most common lymphoid malignancy in our sample is diffuse large B cell lymphoma which is similar to the global picture. The most common non Hodgkins low grade lymphoma is follicular lymphoma. This pattern is different to that of the West but similar to the pattern observed in India. Incidence of Hodgkin lymphoma subtypes does not show significant global variations and the observations in the present sample is similar to the global trend.