Nasopharyngeal Lymphoma in a developing Community

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Abstract
The nasopharynx lymphoma has been reported from countries as far apart as China, Hong Kong, India, Korea, Morocco, Tunisia, and USA. Therefore, this report comes from Nigeria with special reference to the Ibo ethnic group. It was found that mostly young patients of either sex were involved. Follow-up data are not available.

Keywords: Nasopharynx; Lymphoma; Age; Nigeria; Ibos

Introduction
The nasopharynx is a commonly involved site of the lymphoma. Cases of it have been reported from countries as far apart as China [1-4], Hong Kong [5], India [6,7], Korea [8], Morocco [9], Tunisia [10], and USA [11]. Therefore, this paper deals with the Nigerian cases with special reference to the Ibo ethnic group [12]. This study was facilitated by the establishment of a Regional Pathology Laboratory such as the one canvassed by a Birmingham (UK) group as being of immense use in epidemiological analysis [13].

Investigation
As the pioneer pathologist in charge of the Regional Pathology Laboratory established in Enugu by the Regional Government, I was able to provide Histology Request Forms which stipulated the required epidemiological data. Moreover, as I kept personal copies of all the results, their analysis was facilitated as in this study.

Results
The tabular form is deemed to be practicable Table 1.

Table 1: Epidemiological data on nasopharynx lymphoma.

<table>
<thead>
<tr>
<th>No</th>
<th>Initials</th>
<th>Age</th>
<th>Sex</th>
<th>Doctor</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LE</td>
<td>26</td>
<td>F</td>
<td>Ezeanolue</td>
<td>Carcinoma</td>
</tr>
<tr>
<td>2</td>
<td>EP</td>
<td>15</td>
<td>F</td>
<td>Mgbor</td>
<td>Tumor</td>
</tr>
<tr>
<td>3</td>
<td>AC</td>
<td>7</td>
<td>M</td>
<td>Udeh</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>4</td>
<td>UC</td>
<td>21</td>
<td>F</td>
<td>Okoroafor</td>
<td>Rhabdomyosarcoma</td>
</tr>
<tr>
<td>5</td>
<td>NE</td>
<td>6</td>
<td>M</td>
<td>Ezeanolue</td>
<td>Carcinoma</td>
</tr>
<tr>
<td>6</td>
<td>KU</td>
<td>60</td>
<td>M</td>
<td>Udeh</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>7</td>
<td>MM</td>
<td>5</td>
<td>M</td>
<td>Ezeanolue</td>
<td>Carcinoma</td>
</tr>
<tr>
<td>8</td>
<td>OS</td>
<td>39</td>
<td>M</td>
<td>Ezeanolue</td>
<td>Lymphoma</td>
</tr>
</tbody>
</table>

Discussion
The cohort consisted of 5 patients. It is clear that relatively young patients were involved. In this context, as the US authors generalized concerning nasopharyngeal malignancies in children, “They are, almost without exception, either lymphomas, rhabdomyosarcomas or nasopharyngeal carcinomas” [14]. Curiously, of the single case reports from India [6], and Korea [8], both were old. Indeed, in the publications dealing with numerous cases, the mean age was 46 years in China [3], 52.7 years in another Chinese report [9], and 59.3 years in USA [11]. In contrast, the local mean age is only 27 years. As for sex, our cohort showed male preponderance of 5 out of the 8 cases. The ratio was 84 males to 28 females in China [3].

Incidentally, unlike these series in which the treatment was at issue, as it was in China [1-4], the present paper differs. Thus, the practice here is to make the diagnosis available to the clinicians who provided the biopsy itself. The doctors were
encouraged to even hazard a provisional diagnosis. Apparently, although all were impressed by the malignant disposition, only three correct diagnoses were made in terms of lymphoma.

References


