SEER Inquiry System - Report

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Question 20130215

References:

Heme & Lymph Manual & DB,Appendix F

Question:

Reportability--Heme & Lymphoid Neoplasms: Is hemophagocytic lymphohistiocytosis synonymous with an EBV-associated lymphoproliferative disorder in children reportable? See Discussion.

Discussion:

Pathology report states: Prominent T-cell infiltrate with frequent immunoblast-like cells. COMMENT: Findings consistent with an acute EBV-associated hemophagocytic process. In addition, there is a prominent CD8 + T-cell infiltrate with many large, activated forms. This T-cell process may represent an EBV-associated lymphoproliferative disorder in children.

EBV-associated lymphoproliferative disorder in children is listed in the Heme database. However, throughout multiple admissions, the oncologist states the diagnosis as "hemophagocytic lymphohistiocytosis". Are the two the same condition?

The patient is being treated with Etoposide.

Answer:

Per Appendix F, do not report this case based on the information provided.

The oncologist likely used the pathology report and clinical factors to determine the diagnosis of hemophagocytic lymphohistiocytosis, which is not reportable. Hemophagocytic lymphohistiocytosis is caused by an over stimulated immune system (infection, etc.). This clinical syndrome is associated with a variety of underlying conditions. To be reportable, it must state "fulminant hemophagocytic syndrome" (in a child) to be reportable (9724/3).

The pathology report for this case is not definitive. It states that the process "may" represent the EBV-associated lymphoproliferative disorder in children.

Follow back on this case to confirm reportability if possible.

Cancer Site Category:

Heme & Lymphoid Neoplasms

Data Item Category:

N/A

Other Category:

Reportability

Year:

2013