

The differential diagnosis for MEITL includes several T- and B-cell lymphomas of small- to intermediate-sized cells. Most of the CD56+ NK/T-cell lymphoma would demonstrate positivity for EBER, whereas, EBER expression was limited to scattered non-neoplastic B-cells in MEITL.⁴ Other diagnostic considerations include peripheral T-cell lymphoma, NOS and B-cell lymphomas. MATK is a novel marker which shows a distinctive high level of nuclear staining (>80% of neoplastic cells) in MEITL.¹ In contrast, other NK/T-cell lymphoma displays variable amount of nuclear staining (20 – >80%). In B cell lymphomas, there is only focal cytoplasmic staining but no nuclear staining.

These patients carry an unfavourable prognosis with an overall median survival of only 7 months. As is true for most subtypes of mature T-cell lymphoma, the optimal treatment for MEITL is not known.² The chemotherapy regimens included anthracycline containing regimen as well as a non-anthracycline containing regimen.

REFERENCES

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