Although this neoplasm appears to be very rare (less than 1% of DLBCL), it may in fact be under-recognized due to morphologic and immunophenotypic overlap with other disease entities. The small number of cases in the literature may represent under-reporting due to failure of recognition of these tumors. Increased awareness of its occurrence and familiarity with the characteristic features are significant for both clinicians and pathologists, particularly with the advancements in emerging therapeutic options.

CONCLUSION

ALK positive large B cell lymphoma should be kept as a differential diagnoses whenever a plasmablastic or immunoblastic morphology is seen on histomorphology. These neoplasms are usually CD20 negative, hence extensive panel of markers including CD79a, Pax5, and CD138 are essential. It is important to note that CD4 can be focally positive in these neoplasms. The characteristic ALK staining is usually cytoplasmic and coarsely granular (attributed to the presence of Clathrin-ALK fusion). They comprises of <1% of all Diffuse large B cell lymphoma and under recognition of these neoplasms could be one of the reasons for the same. The response to conventional therapies is poor and there is a possible targeted therapy, hence, diagnosis of this neoplasm becomes all the more important.

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