(posttransplantation lymphoproliferative disorder, PTLD)

Ebstein-Barr virus (EBV) PTLD

PTLD
d 0.6% 1,
ed 1-5% 2, ed 1.8-20% 3,
ed 3.6-7.3% 4)

d 9. ed PTLD
d 6% 1)

PTLD
d 1)

PTLD 2
d 1)

EB- VGA IgG(+)/IgM(-), EBV-EA (-), EBNA (-)

steroid pulse therapy, OKT 3
FK 506

(cytomegalovirus, CMV) CMV

immunoglobulin, ganciclovir

imatinib, crizotinib

PTLD

(Fig. 1).

Fig. 1. Polymorphous proliferation of B cell lineage lymphoid cells which have kappa & lambda polyclonality
EB- VCA IgG(+)/IgM(-), EBV-EA (-), EBNA (+) 
steroid, azathioprin, cyclosporine
FK 506
steroid, antithymocyte globulin
120
180
PTLD
EBV
EBV-A
EB-VCA IgM (-), EBV-EA (-) 
PTLD
1969
Penn

Fig. 2. Ill defined heterogeneously echogenic mass within the postero-inferior part of the left hepatic lobe

Fig. 3. Low attenuated liver masses at S4, S5, and S6 measuring 6cm, 5cm, and 4cm in diameter respectively
Two cases of posttransplantation lymphoproliferative disorders in recipients of liver transplantation.

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The posttransplantation lymphoproliferative disorders (PTLD) are not rare complications of solid organ transplants. The incidence varies with the type of transplantation and the nature and intensity of the immunosuppressive regimens. PTLDs are unique in that they have a predilection for extranodal sites, a strong and probably causal association with Epstein-Barr virus infection, and a poor response to the cytolytic chemotherapeutic or irradiation regimens used for treatment of malignant lymphoma. The outcomes of treatment have been disappointing, with mortality from PTLD or related complications of over 50% of patients. We experienced two cases of PTLDs in liver transplant recipients presenting with liver mass and intraabdominal lymphadenopathy. PTLDs were diagnosed by autopsy and a liver biopsy. In the case diagnosed by a liver biopsy, EBV was detected by in situ hybridization. Despite reduction of immunosuppression and conservative management, both patients died.

Key Words: PTLD, Epstein-Barr virus, Transplantation.

REFERENCES

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