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## **Kidney Transplantation in a Patient with a Rare Case of Primary Lymphoma of the Cervix: A Case Report**

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**Case Study :** Primary lymphoma of the female genital tract is an exceptionally rare condition, accounting for 0.2–1.1% of extranodal non-Hodgkin lymphomas and less than 0.5% of gynecological cancers. The cervix is the second most common site for such lymphomas, following the ovary. Literature suggests that patients with a history of lymphoma can be considered for solid organ transplantation after a period of remission, with a significant long-term survival rate. However, the incidence of cancer recurrence post-transplant remains a concern, with rates ranging from 1% to 25% depending on cancer type. While kidney transplant recipients with a history of pretransplant malignancy face higher mortality rates, careful candidate selection, appropriate timing, and rigorous screening can mitigate risks. The optimal approach entails shared decision-making processes to inform patients of potential risks and management strategies following transplantation. This case report presents a 48-year-old female patient with a rare case of primary lymphoma of the cervix who successfully underwent kidney transplantation following a comprehensive treatment regimen. Initial presentation included pelvic pain and urinary complications. After diagnosis and treatment of diffuse large B-cell lymphoma (DLBCL), the patient faced end-stage renal disease necessitating hemodialysis. A kidney transplant was performed two years after remission. This report highlights the complexities of managing patients with a history of malignancy prior to solid organ transplantation and discusses the implications for clinical practice.