

It was a coincidence that radiotherapy with or without chemotherapy is main treatment not only for NPC but also NHL. Both NPC and HNL are very sensitive to radiation, the difference are target volume and total dose delivered. As to chemotherapy, PF protocol is the first choice for NPC, but not for NHL, CHOP protocol is appropriate. So we didn't observe any response after induction chemotherapy with PF protocol, but the cervical mass completely disappeared after radiotherapy. Rituximab, an anti-CD20 monoclonal target drug, was approved by the FDA to treat B-cell non-Hodgkin lymphomas in 1997, and was formally approved by the European Commission for treatment of follicular lymphoma in 2010. We treated the patient with R-CHOP protocol and radiotherapy successfully, no recurrence and metastasis was observed in following-up.

In conclusion, this is a case synchronous coexistence of non-keratinizing nasopharyngeal carcinoma and follicular lymphoma. The correct diagnosis of two tumors is important, based on careful review of the specimen and immunohistochemical examination is useful. The systemic treatment must be target to the both tumors.

FINANCIAL DISCLOSURE

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CONFLICTS OF INTEREST

The authors indicated no actual or potential conflicts of interest exist.

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