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Metronomic chemotherapy for Burkitt Lymphoma in a patient with HIV

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Burkitt Lymphoma (BL) is an aggressive type of Non- Hodgkin Lymphoma (NHL). Treatment for HIV-positive BL is similar to that for HIV-negative BL. On one hand intensive chemotherapy is integral part of Burkitts Lymphoma management with excellent cure rate, but on other hand it is associated with significant toxicities and high cost. Offering long-term intensive chemotherapy is difficult in resource-limited settings for above reasons. Oral Metronomic Chemotherapy (OMCT), though in vogue as a treatment modality, has limited evidence of its efficacy in HIV-positive BL. Here, we present the case of a child who was diagnosed with high-risk BL and HIV, and administered metronomic chemotherapy along with monthly intrathecal chemotherapy for one year. OMCT consists of 40 mg/ m2 of prednisolone divided into two doses for two weeks per month, 50 mg/m2 of cyclophosphamide and 50 mg/m2 of etoposide once a day for 21 days every month. Intrathecal methotrexate was given initially weekly till cerebrospinal fluid became clear of blasts (total 4) and then monthly. His HAART was continued during oral chemotherapy. Post completion of therapy FDG PET-CT showed complete metabolic response. Child is on regular follow up and after 27 post completion of therapy is doing well. This could be one of the rare case descriptions where an HIV-positive child with BL was cured with OMCT. In resource-limited settings, treatment with high-dose chemo- therapy is challenging and the treatment-related mortality rate is high. There is an urgent need for alternative treatment when resources are limited and comorbidities exist. Though metronomic chemotherapy is not a standard of care for BL, it can be a potential subject for randomized controlled trials to qualify as an effective and affordable therapy for BL.

Recent publications

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Biography

Pankaj Dwivedi has completed MD in pediatrics and did fellowship in Pediatric Oncology and Bone Marrow Transplant from Tata Memorial Hospital Mumbai India. He has been having 13 years of experience in Pediatric Oncology and have few publications at National and International Journals. Presently he is an In-charge and consultant in the department of Pediatric Oncology at National Cancer Institute, Nagpur, India.

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