

T cell lymphoblastic lymphoma (T-LBL)

Overview:

- T-LBL is an aggressive type of non-Hodgkin lymphoma that arises from immature T-cells (lymphoblasts).
- It primarily affects the thymus, lymph nodes, and bone marrow but can spread to other organs such as the skin, spleen, and central nervous system (CNS).
- T-LBL is most common in children, adolescents, and young adults but can also occur in adults.
- It is closely related to T-cell acute lymphoblastic leukaemia (T-ALL), with the distinction based on the extent of bone marrow involvement.



SIGNS AND SYMPTOMS

- B-symptoms: fever, night sweats, weight loss
- Swollen lymph nodes (chest area), causing chest pain and breathing issues
- Enlarged thymus leading to superior vena cava syndrome
- Anaemia (fatigue, pallor)
- CNS involvement: headaches, seizures



PSYCHOLOGICAL EFFECTS

- Anxiety and distress linked to the aggressive nature of the diagnosis
- Fear of treatment side effects and disease progression
- Emotional challenges related to long and intensive therapies
- Disruption to education or work in younger patients
- Social isolation during extended hospitalisations



Key Stats

- T-LBL is considered a high-grade lymphoma requiring urgent treatment upon diagnosis.
- It is more prevalent in males than females.
- The disease is rare, accounting for approximately 1–2% of all non-Hodgkin lymphomas.
- Most cases are diagnosed in individuals under 35 years old, with a peak in childhood and adolescence.

Treatment Challenges

- T-LBL is treated with intensive multi-agent chemotherapy, often adapted from protocols for T-ALL.
- Stem cell transplantation may be considered for patients with high-risk disease or relapse.
- Long treatment durations and intensive regimens can cause significant short- and long-term side effects.
- Access to therapies can vary by region, with clinical trials offering options for patients with relapsed or refractory disease.

Clinical Trials

- [Database link](#)

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