Advice to a trainee pathologist:
The Lymphoma maze is it REAL?

All that glitters is not gold
How often have I heard that told
Examine a lymph node with attention,
Give the follicles special mention.
Reactive, neoplastic? If in doubt,
Immune markers will help you out.
CD20, BCL2, and CD3?
Essential to start, between you and me
Stratify with CD5,
If CLL—patient stays alive,
Low grade, nodular, blue, and bland,
Cyclin D1 may give a hand.
Mantle cell lymphoma is very shy,
And is so easy to pass by.
CD10 positive with a starry sky,
100% on Ki?
Burkitt-like with a high IPI.
Lymphoma versus Carcinoma—cells big and bad,
Hodgkins? ABL? Or the Grey zone nad?

CD30, 15, Mum, and Pax,
Always give Reed-Sternberg the max!
Decorates with CD45, maybe the T cell set?
Suggest ALC1, but hedge your bet!
ALK1 positive may give a clue,
BUT—B cell tumours can it stain too!
Null cell tumours are hard to nail,
Molecular studies, if all else fail,
Clonality is the holy grail.
Lymphoma diagnosis may be a difficult task,
To know all the markers, a big ask,
Brown stains are NOT always what they seem,
Aberrant expression can be a bad dream.
But with the Blue book you must be au fait,
WHO 2008—the new Réalité

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