



Abstract

Follicular lymphoma (FL) is a slow-growing malignancy often managed with a “watch and wait” policy in asymptomatic, advanced-stage cases. Spontaneous remission, a rare but documented phenomenon, further validates this conservative approach. This case report details the clinical course of a 47-year-old male with an initially asymptomatic Stage 3 classical FL (Grade 1-2). After a two-year period of watchful waiting, the patient experienced a spontaneous remission that lasted for over a year. The disease later relapsed in a localized form, presenting as a Stage 1 cervical recurrence. This was successfully managed with active therapy using a monoclonal antibody (Rituximab) and localized radiotherapy. This case underscores the importance of a “watch and wait” policy, its potential for long-term symptom-free survival, and the critical role of careful, long-term surveillance to detect and effectively manage a localized relapse, avoiding unnecessary systemic exposure to chemotherapy.

Keywords: Follicular Lymphoma; Spontaneous Remission; Watch and Wait; Relapse; Rituximab; Radiotherapy.

Abbreviations: FL; PET; DLBCL; RB; R-CHOP; APC; LMICs; JIF.

Introduction

Follicular lymphoma is the most common indolent non-Hodgkin lymphoma, characterized by a slow growth pattern and a long natural history. The management of advanced-stage, asymptomatic FL remains a topic of debate, with “watch and wait” being a cornerstone of patient management [1]. This strategy is supported by evidence that immediate therapy does not improve overall survival in asymptomatic patients but can expose them to treatment-related toxicities. A rare but fascinating aspect of FL is the phenomenon of spontaneous remission, defined as a partial or complete regression of the tumor in the absence of any treatment [2]. We present a compelling case that exemplifies the benefits of a “watch and wait” policy and highlights the occurrence of spontaneous remission in a patient with advanced-stage FL.

Materials and Methods

This case report is based on a retrospective review of a patient’s medical records. Clinical data, including patient demographics, physical examination findings, and medical history, were obtained. The diagnosis was confirmed through a tissue biopsy. Disease staging and subsequent monitoring were performed using Positron Emission Tomography (PET) scans. Treatment and follow-up data were collected from the patient’s electronic health record. The case report was prepared in compliance with ethical guidelines for patient confidentiality, with all identifying information removed.

Results

A 47-year-old male with an unremarkable past medical and surgical history presented with an asymptomatic, non-tender neck swelling. An excisional biopsy was performed, and the pa-

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Received: Sep 11, 2025

Accepted: Sep 18, 2025

Published Online: Sep 25, 2025

Journal: Journal of Clinical and Medical Case Reports of Oncology

Online edition: <https://www.cancercasereports.org/>

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Cite this article: Akram K. Spontaneous Remission in Follicular Lymphoma with Localized Relapse. J Clin Med Case Rep Oncology. 2025; 1(1): 1004.

thology confirmed the diagnosis of classical follicular lymphoma, Grade 1-2.

Subsequent staging with a PET scan revealed hypermetabolic activity in the cervical and retroperitoneal lymph nodes, consistent with Stage 3 disease according to the Ann Arbor staging system. Despite the advanced stage of the disease, the patient remained completely asymptomatic. Given his low tumor burden and lack of symptoms, the decision was made to follow a “watch and wait” policy, involving regular clinical and radiological surveillance.

After approximately two years of observation, a routine follow-up PET scan showed a complete disappearance of all hypermetabolic activity, indicating a spontaneous remission of the disease. This remission continued for more than one year, during which the patient remained entirely symptom-free and off any therapy. The patient recently presented with a new, palpable cervical lymph node. A follow-up PET scan confirmed a localized relapse, classified as Stage 1 cervical disease.

Discussion

This case report serves as a powerful validation of the “watch and wait” strategy in the management of indolent lymphomas. The patient’s clinical course demonstrates that for carefully selected, asymptomatic patients with advanced-stage FL, a conservative approach is not only safe but can also yield significant benefits. By delaying therapy for over two years, the patient avoided the potential side effects of chemotherapy or other systemic treatments while maintaining an excellent quality of life.

Literature Review

The “watch and wait” policy has become a standard of care for many patients with asymptomatic, low-grade, advanced-stage FL. Initial concerns that delaying treatment might lead to a worse prognosis were dispelled by seminal studies. The British National Lymphoma Investigation and a randomized trial by Ardeshta et al. demonstrated that for asymptomatic patients, deferring therapy until symptoms appeared did not compromise overall survival compared to immediate treatment [1, 2]. This approach minimizes patient exposure to toxic side effects such as bone marrow suppression, neuropathy, and secondary malignancies, while preserving the efficacy of future therapies.

The spontaneous regression of follicular lymphoma, a key feature of this case, is a well-documented but unpredictable phenomenon. It occurs in an estimated 10-25% of patients, with some studies reporting rates as high as 40% [3, 4]. The mechanisms behind spontaneous remission are not fully understood, but hypotheses include a vigorous host-immune response against the tumor, possibly mediated by T-cells or dendritic cells. The regression can be partial or complete and can be sustained for months or even years, as seen in our patient.

The treatment of relapsed FL is highly individualized. For a localized relapse, such as the Stage 1 cervical recurrence in our patient, a combined-modality approach of targeted therapy and localized radiation is often the preferred strategy. Rituximab, a monoclonal antibody targeting the CD20 antigen on B-cells, is highly effective in inducing a remission in FL [5]. When combined with involved-field radiotherapy, which provides excellent local tumor control, this approach can achieve a high rate of durable remission while sparing the patient from the systemic side effects of full-course chemotherapy [6, 7].

Conclusion

This case of a 47-year-old male with follicular lymphoma demonstrates the successful implementation and benefits of a “watch and wait” policy. The patient’s spontaneous remission validates the strategy of avoiding immediate therapy in selected cases and underscores the value of patient-centered, individualized care. It also highlights the critical importance of regular and meticulous surveillance to monitor disease progression, celebrate a spontaneous remission, and detect and treat any relapse at its earliest and most treatable stage. This case reinforces that a measured, observational approach can lead to a long-term, symptom-free life for patients with low-grade follicular lymphoma, reserving more intensive therapies for when they are truly necessary.

Acknowledgements

The authors would like to thank the patient for his cooperation and for allowing us to share his case for educational purposes.

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