

## CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

### Gastroenterology-Endoscopy Quiz – Case 4

A 72-year-old female with a history of hypertension and non Hodgkin's lymphoma in remission under her routine check. The abdomen CT scan showed a thickening of terminal ileum. Hence, she was referred for further diagnostic testing.

The diagnosis of the lymphoma was established 10 years ago. She received six courses of chemotherapy CVP (cyclophosphamide, vincristine, prednisolone) at that time and she was in complete remission until now.

On physical examination no specific clinical signs were present and her laboratory profile revealed the following: Ht: 38.9%, Hb:12.8 g/dL, WBC: 6,590/μL, PLT: 278,000/μL, glucose: 90 mg/dL, urea: 35 mg/dL, creatinine: 0,8 mg/dL, SGOT: 34 IU/L, SGPT: 24 IU/L, γGT: 36 IU/L, ALP: 187 IU/L, LDH: 332 IU/L, CPK: 56 IU/L.

She was subsequently evaluated with a colonoscopy. The procedure revealed large masses with oedematous and reddish mucosa in the terminal ileum (figures 1, 2), multiple small polyps in the cecum (fig. 3) and a pedunculated polyp of approximately 1 cm in ascending colon (fig. 4).

Histology of the lesions showed a lymphoma positive for BCL-2 marker and negative for markers cyclin D1 and CD5. Polyps in the cecum were lymphomatous, too and the polyp in ascending colon was adenoma with high-grade dysplasia.

#### Comment

*Gastrointestinal (G) lymphomas typically present with non-specific signs and symptoms attributable to the site of involvement. In a study of 371 patients registered in the German multicenter study GIT NHL 01/92, the following sites were involved: stomach 75%, small bowel (including duodenum) 9%, ileo-cecal region 7%, more than one GI site 6%, rectum 2%, diffuse colonic involvement 1%.*

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Figure 1



Figure 2



Figure 3



Figure 4

*Diagnosis: Non Hodgkin's lymphoma of B-cell type MALT, progression to diffuse large B-cell lymphoma*