Follicular lymphoma Grade 1 of the minor duodenal papilla successfully diagnosed by endoscopic papillectomy

A 70-year-old asymptomatic woman underwent screening esophagogastroduodenoscopy, which revealed a bulging minor duodenal papilla with redness and rough surface (▶Fig. 1a–c). Biopsy was suggestive of adenocarcinoma. Laboratory data included normal blood counts and standard serum biochemical tests. Abdominal computed tomography (CT) showed a slightly contrast-enhanced duodenal tumor, approximately 1 cm in size without regional lymphadenitis in the second part of the duodenum; however, choledocholith was also noted incidentally (▶Fig. 2a). Magnetic resonance cholangiopancreatography and endoscopic retrograde cholangiopancreatography (ERCP) showed a normal pancreatic duct (▶Fig. 2b,c) and choledocholith. The choledocholith was removed and endoscopic biliary stenting was performed by ERCP. We then performed endoscopic papillectomy of the minor duodenal papilla to confirm the diagnosis (▶Fig. 1d–f, Video 1). Histological and immunohistochemical examination revealed follicular lymphoma Grade 1, which was positive for CD20/CD10/BCL-2 but negative for CD3/CD5/BCL1 (▶Fig. 3). Bone marrow biopsy showed no abnormal findings; however, 18-F fluorodeoxyglucose-positron emission tomography/computed tomography revealed uptake in the third part of the duodenum and surrounding lymph node (▶Fig. 2d), indicating a diagnosis of stage II1 (Lugano International Conference Classification). The patient progressed well after endoscopic papillectomy and was discharged 10 days postoperatively. Following advice from the hematologist, the patient

▶Fig. 1 Treatment of the tumor. Endoscopic views (a–e). a–c The minor duodenal papilla with a tumor causing redness and rough surface (arrowheads). The ampulla of Vater was intact (arrows). d Endoscopic papillectomy of the minor duodenal papilla along with resection of the tumor using a polypectomy snare. e Immediately after endoscopic papillectomy, the orifice of the Santorini duct was confirmed (arrow). f The resected specimen, approximately 1.7 cm in size.
Follicular lymphoma of the duodenum is rare, comprising only 3.6% of all gastrointestinal tract lymphomas [1]. Follicular lymphoma of the minor duodenal papilla is very rare. In addition, only a few cases of minor duodenal papilla tumors other than adenocarcinoma, such as somatostatinoma and carcinoid, have been reported to be treated with endoscopic papillectomy [2, 3]. To the best of our knowledge, this is the first case report in English of a follicular lymphoma of the minor duodenal papilla being successfully diagnosed using endoscopic papillectomy. Endoscopic papillectomy may provide an endoscopic technique for diagnosis of the follicular lymphoma of the minor or duodenal papilla.

Competing interests

The authors declare that they have no conflict of interest.
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