We present a case of gastric ulcer with bleeding following chemotherapy with rituximab for non-Hodgkin's lymphoma (NHL).

A 68-year-old woman presented with hematemesis and melena. One year ago she had been diagnosed as having diffuse large B-cell NHL (stage IE) of the nasal root. She was treated with three courses of R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) followed by radiation therapy at a dose of 40 Gy, resulting in complete remission of the NHL. However, the patient had a relapse, with evidence of NHL in the thyroid gland and the mediastinal lymph nodes. Two weeks before the patient had hematemesis, she had been administered the first cycle of a second course of R-CHOP. At presentation, her hemoglobin level was 5.2 g/dL, which was lower than 2 days earlier (7.9 mg/dL). An esophagogastroduodenoscopy revealed multiple, irregular-shaped ulcers, with clearly demarcated borders, in the body of the stomach (Fig. 1a).

One ulcer had vessels visible at the base (Fig. 1b), and a hemoclip was placed endoscopically. Histological examination of the biopsy specimens showed nuclear inclusions in the epithelial cells (Fig. 2a) with positive immunostaining for cytomegalovirus (CMV) (Fig. 2b).

Rituximab is a mouse/human chimeric monoclonal antibody that targets the CD20 antigen found on the surface of malignant and normal cells of B-cell lineage and has been proved to be effective in the treatment of B-cell NHL [1,2]. However, the use of rituximab is associated with the development of certain severe viral infections [3–5]. Cytomegalovirus gastritis should be considered in the differential diagnosis in patients with gastric ulcers who are receiving rituximab treatment.

References

Bibliography
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Fig. 1 Esophagogastroduodenoscopy showing: a multiple ulcers with sharply defined borders; and b blood vessels at the base.

Fig. 2 Histological image showing: a epithelial cells containing nuclear inclusions; and b positive immunostaining for cytomegalovirus.

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