A mucosa-associated lymphoid tissue (MALT) lymphoma of the small intestine that was difficult to diagnose endoscopically

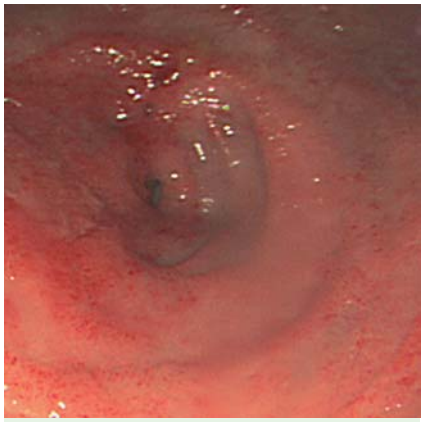

Fig. 1 The first enteroscopy showing a stricture 120 cm distal to the pylorus. There is irregularity of the small-bowel mucosa, but with no ulceration.

Fig. 2 The second enteroscopy showing a shallow ulcer on the proximal side of the stricture.

Fig. 4 The third enteroscopy carried out after chemotherapy showing absence of ulceration and reduced stricture.

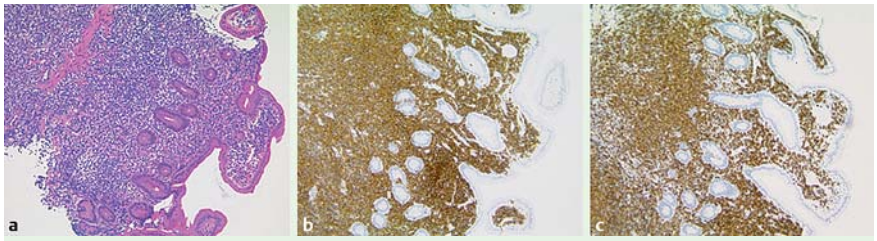

Fig. 3 **a** Histological section showing interstitial atypical lymphoid hyperplasia and lymphoepithelial lesions. The cells were positive for **b** CD20 and **c** CD79a.

A 75-year-old man was admitted with bloating, distension, and diarrhea since the past 2 months. He was not taking nonsteroidal anti-inflammatory agents (NSAIDs) on a regular basis. Abdominal computed tomography (CT) revealed a stricture in the jejunum. A small-bowel contrast study showed a severe stricture in the jejunum, which was dilated on its proximal side. Upper gastrointestinal endoscopy revealed gastritis and *Helicobacter pylori*. A colonoscopy revealed no abnormal findings. Oral single-balloon enteroscopy revealed a stricture 120 cm distal to the pylorus. Irregularity of the small-bowel mucosa was observed but there was no ulceration (**Fig. 1**). Histological examination of a biopsy specimen revealed interstitial atypical lymphoid hyperplasia.

Two weeks later, the patient was still symptomatic and a second enteroscopy was carried out for another biopsy specimen; during this procedure, a shallow ulcer was observed on the proximal side of the stricture (**Fig. 2**). The biopsy revealed a lymphoepithelial lesion that was positive for CD20 and CD79a (**Fig. 3**) and negative for CD10 and CD5. On the basis of these findings, the patient was diagnosed as having marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT).

After antibiotic treatment for *H. pylori* eradication, the patient was treated with three cycles of rituximab and four cycles of rituximab plus R-CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisolone) chemotherapy. A third enteroscopy showed that the ulcer had healed and the stricture had reduced in size (**Fig. 4**).

In the present case, a change in the form of the lesion was observed within a short time period, because of which a pathological diagnosis was possible. Although enteroscopy is widely used for detection and diagnosis, the procedure should be done more than once to obtain a reliable diagnosis.

Endoscopy_UCTN_Code_CCL_1AC_2AC

K. Yoneda, H. Takahashi, Y. Abe, M. Inamori, S. Kato, T. Uchiyama, H. Iida, H. Mawatari, K. Hosono, H. Endo, Y. Nozaki, T. Akiyama, K. Fujita, M. Yoneda, N. Kobayashi, H. Kirikoshi, K. Kubota, S. Saito, A. Nakajima
Gastroenterology Division, Yokohama City University School of Medicine, Japan

Bibliography
DOI 10.1055/s-0029-1214857
Endoscopy 2010; 42: E175

ISSN 0013-726X

Corresponding author
H. Takahashi
Gastroenterology Division
Yokohama City University School of Medicine
3-9 Fuku-ura
Kanazawa-ku
Yokohama 236-0004
Japan
Fax: +81-45-7843546
hirokazu@med.yokohama-cu.ac.jp