Intestinal transplantation in children requires close follow-up, including endoscopic monitoring of the transplanted organ via the temporary stoma and/or anus with biopsies taken and reviewed. We present a case of post-transplant lymphoproliferative disorder (PTLD) diagnosed less than 1 month after transplantation. PTLD is a common life-threatening complication after intestinal transplantation, occurring in 13.5% of pediatric cases, and is mostly related to Epstein-Barr virus (EBV) [1, 2].

A 5-year-old boy presented with intestinal failure secondary to microvillus inclusion disease. He received an isolated intestinal allograft combined with a proximal colonic allograft. To monitor for rejection and inflammation, colonoscopy and endoscopic review through the stoma were performed twice a week in the first 2 weeks and once a week after that. Lesions were detected 26 days after transplantation (Fig. 1a).

Microscopy of the transplanted colon and the host colon revealed a polymorphous lymphocytic infiltrate in the lamina propria, non-tumor-forming (Fig. 1b). This PTLD consisted of CD20- and CD79a-positive B cells that harbored EBV-related small RNAs (EBERs) as determined by in situ hybridization (Fig. 1c). The tacrolimus dose was lowered. However, 6 days later endoscopic review showed that the lesions had grown and were also present in the donor proximal ileum (Fig. 2a).

Reduction of immunosuppressive therapy and administration of a monoclonal antibody directed against the B-cell receptor CD20 (rituximab) [3, 4] induced immediate regression of the lymphomas and complete remission of the disorder within 3 months after the first dose.

Six months after transplantation there was an acute episode of therapy-resistant rejection, which needed graft exploration and excision. The patient has been relisted for combined intestinal and liver transplantation. He is awaiting the retransplantation of the donor proximal ileum.
plantation at home in a clinically stable condition. This case represents the earliest presentation of intestinal PTLD found during routine endoscopic surveillance.

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*Fig. 2 a* Colonoscopic view of transplanted colon 32 days after transplantation, showing tumor forming and white ulceration.

*Fig. 2 b* Biopsy specimen of donor colon, showing ulceration of the colon epithelia with destruction of the crypts (H&E, × 100).

*Fig. 2 c* In situ hybridization for EBERs showing positive B cells in the lamina propria, tumor forming.