Enteropathy-associated T-cell lymphoma: involvement of the gastrointestinal tract from the duodenum to the rectum

Enteropathy-associated T-cell lymphoma (EATL) is a rare type of non-Hodgkin’s lymphoma that is commonly associated with celiac disease. The disease is very aggressive with a poor prognosis, and no standardized treatment protocol has been established [1]. An early diagnosis and effective therapy may not be achieved because of the nonspecific clinical and endoscopic findings [2]. The radiologic features of the disease include wall thickening, ulceration, and perforation of the jejunum [3]. 18F-fluorodeoxyglucose (18F-FDG) positron emission tomography/computed tomography is a useful tool for the staging, management, and prognostication of T-cell lymphoma [4]. Here, we present a unique case of EATL with diffuse involvement of the intestine and colon. A 41-year-old woman was admitted to the hospital with abdominal pain and vomiting in September 2014. Her medical history included celiac disease. Free intra-abdominal fluid and liver heterogeneity were detected by ultrasound. Computed tomography revealed multiple hypodense lesions without contrast enhancement in the liver and contrast-enhanced nodularity, which supported the diagnosis of peri-

Fig. 2  Positron emission tomography/computed tomography (PET/CT) images. Axial PET/CT fusion (a), axial PET (b), and sagittal (c) and coronal (d) PET/CT fusion images. e Maximum-intensity projection image shows diffuse involvement of the entire gastrointestinal tract from the duodenum to the rectum with a high rate of 18F-fluorodeoxyglucose (18F-FDG) uptake and enlargement of the intestinal wall. 18F-FDG was evident in and around the liver.
Enteropathy-associated T-cell lymphoma of the gastrointestinal tract with malignant gastrointestinal stromal tumor: a rare association

Yusuf Demir¹, Şehmus Ölmez², Erdem Sürücü¹, Cengiz Demir¹, Funda Çalışkan Şenköy³, İrfan Bayram³

¹Yüzüncü Yıl University, School of Medicine, Department of Nuclear Medicine, Van, Turkey
²Yüzüncü Yıl University, School of Medicine, Department of Gastroenterology, Van, Turkey
³Yüzüncü Yıl University, School of Medicine, Department of Hematology, Van, Turkey
⁴Yüzüncü Yıl University, School of Medicine, Department of Pathology, Van, Turkey

References
4 Casulo C, Schön H, Feeney J et al. 18F-Fluorodeoxyglucose positron emission tomography in the staging and prognosis of T cell lymphoma. Leuk Lymphoma 2013; 54: 2163–2167

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1392321
Endoscopy 2015; 47: E325–E326
© Georg Thieme Verlag KG Stuttgart · New York ISSN 0013-726X

Corresponding author
Yusuf Demir, MD
Yüzüncü Yıl University
School of Medicine
Department of Nuclear Medicine
Van
Turkey
Fax: +90-432-486-54-13
dryusufdemir@gmail.com

Endoscopic appearance.

Fig. 3 Endoscopic appearance. a Mucosa with scalloped folds and a mosaic appearance. b Nodular lesion in the duodenum. c Colonoscopic image of two lesions in the colon.

Tonnitis carcinomatosa. The results of endoscopy and rectoscopy were compatible with gluten enteropathy. Owing to her worsening clinical condition, the patient underwent laparoscopy, which revealed multiple nodular peritoneal lesions. A biopsy revealed EATL (Fig. 1).

¹⁸F-FDG positron emission tomography/computed tomography performed for staging showed wall thickening in the gastrointestinal tract and intense FDG uptake, beginning in the duodenum and extending to the rectum (Fig. 2). In addition, nodularity and a high rate of¹⁸F-FDG uptake were detected at peritoneal sites, and FDG uptake was increased in and around the liver. Repeat endoscopy and colonoscopy showed multiple nodular lesions in the duodenum and various locations within the colon (Fig. 3). The patient died 1 month after the initiation of chemotherapy.

Endoscopy_UCTN_Code_CCL_1AC_2AZ

Competing interests: None