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. 1 Histopathologic findings in a 41-year-old woman with enteropathy-associated T-cell lymphoma (EATL). a Celiac disease. Non-neoplastic mucosa distant from an intestinal T-cell lymphoma shows villous atrophy, crypt hyperplasia, and an increase in cytologically unremarkable intraepithelial lymphocytes without evidence of lymphoma (hematoxylin and eosin [H&E] stain, original magnification × 100). b EATL shows ulcerated neoplastic colonic mucosa with infiltrating atypical lymphocytes. The tumor cells are medium to large transformed lymphoid cells with round or angulated vesicular nuclei, prominent nucleoli, and moderate pale-staining cytoplasm between colonic glands (H&E stain, original magnification × 200). c EATL atypical lymphocytes are positive for CD3 (immunohistochemical stain, original magnification × 200).

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

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

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

References
4 Casulo C, Schöder 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