Confocal laser endomicroscopic and magnifying narrow-band imaging findings of gastric mucosa-associating lymphoid tissue lymphoma

The endoscopic findings of gastric mucosa-associated lymphoid tissue (MALT) lymphoma are variable, making its diagnosis very difficult. We previously reported the usefulness of magnifying narrow-band imaging (NBI) for the diagnosis of gastric MALT lymphoma [1–3]. Here, we report our experience with the confocal laser endomicroscopic (CLE) imaging of gastric MALT lymphoma and the corresponding histopathological imaging. To our knowledge, this is the first such report in the world.

The patient was a 71-year-old woman. Screening upper gastrointestinal endoscopy performed at our hospital revealed a shallow, brownish, depressed lesion approximately 10 mm in diameter in the lesser curvature of the middle part of the gastric body (Fig. 1a). When the depressed lesion was observed with magnifying endoscopy and NBI, it tended to lack glandular structures compared with the surrounding mucosa, and abnormal blood vessels branching in a treelike pattern, which we have previously reported [1–3], were observed at the same site (Fig. 1b).

Biopsy specimens of the lesion site exhibited a subepithelial nodular proliferation of small to medium-size centrocyte-like cells (Fig. 3a), which were immunohistochemically positive for CD20 and Bcl-2 and negative for CD3, CD10, cyclin D1, and Bcl-6 (Fig. 3b). Lymphoepithelial lesions were also observed (Fig. 3a), resulting in a pathological diagnosis of gastric MALT lymphoma. The size of the tumor cells on the histological sections was consistent with the size of the dark cells on pCLE imaging.

Based on the results of positron emission tomography and computed tomography (PET-CT) and bone marrow findings, stage II gastric MALT lymphoma was diagnosed.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AB

Competing interests: None

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Acknowledgments
This work was supported by a grant from The Japanese Foundation for Research and Promotion of Endoscopy.

References


Fig. 3  Histological findings in the biopsy specimens. a A section stained with hematoxylin and eosin exhibits a subepithelial nodular proliferation of small, atypical lymphoid cells. Lymphoepithelial lesions are also observed (red arrow; original magnification × 400). b On immunohistochemistry, the lesion is positive for CD20 (original magnification × 100).

Bibliography
DOI  http://dx.doi.org/10.1055/s-0034-1393674
Endoscopy 2015; 47: E641–E642
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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