

Primary Natural Killer-Cell Lymphoma of the Gastrointestinal Tract

H. W. Chung, S. J. Lee, S. W. Park,
S. Y. Song, J. B. Chung, J. K. Kang
Department of Internal Medicine, Insti-
tute of Gastroenterology, Yonsei Universi-
ty College of Medicine, Seoul, South Korea

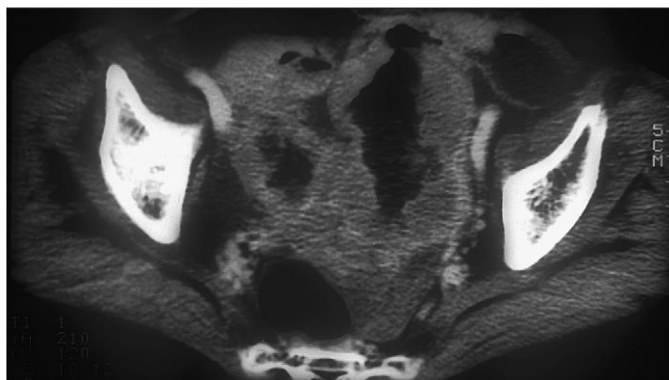


Figure 1 A 70-year-old woman was admitted with lower abdominal pain. An 8-cm mass was palpable in the left lower quadrant of the abdomen. Abdominopelvic computed tomography showed irregular thickening of the small bowel on the left side of the abdominal cavity.

Corresponding Author

S. J. Lee, M.D.

Department of Internal Medicine
Yong-dong Severance Hospital
Yonsei University College of Medicine
Gangnam-gu
Dogok-dong 146-92
Seoul 135-720
South Korea
Fax: +82-2-34633882
E-mail: leesj@yumc.yonsei.ac.kr

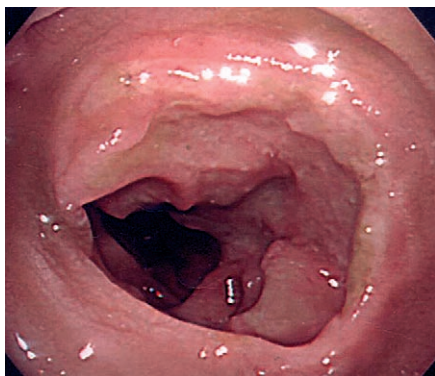


Figure 2 Esophagogastroduodenoscopy demonstrated an ulcerated, infiltrating lesion which occupied 50% of the lumen in the third part of the duodenum.

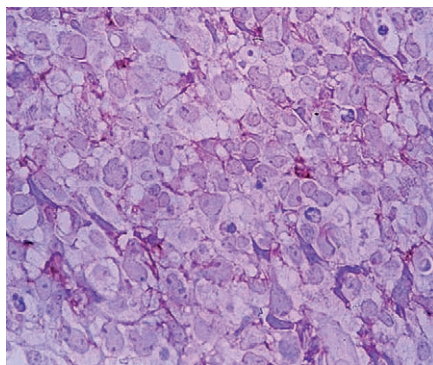


Figure 3 Histological examination of the duodenal biopsy revealed a true natural killer-cell lymphoma, with transmurial infiltration of large pleomorphic cells. These cells were CD56-positive (Anti-CD56; Santa Cruz Biotechnology Inc., Santa Cruz, California, USA; $\times 400$), but did not express surface CD3 or T-cell lineage.

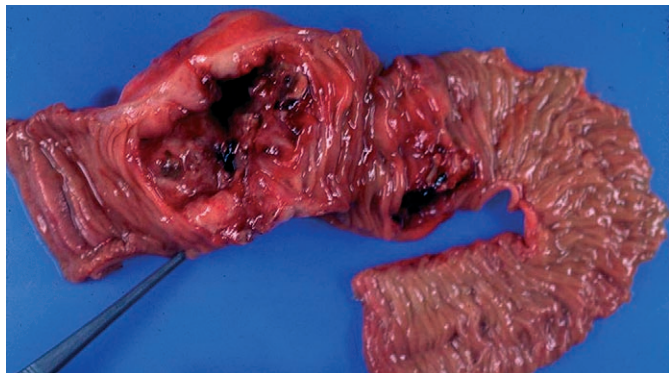


Figure 4 An ulcerated and excavated mass in a portion of resected jejunum showing multifocal hemorrhage and necrosis. Histologically, this was also revealed to be a true natural killer-cell lymphoma.