General history 93-07-23

basic information

- 61 years old
- male

General history

Chief complaint

- intermittent post-prandial abdominal fullness for 10 years

General history

Present illness

- a 61 years old male has hypertension with regular medication control for 3 years .
- c/o intermittent post-prandial abdominal fullness for 10 years and exacerbating after fatty food .
- Lose of body weight for 4 kg in recent half year .
- No symptoms of abdominal pain , nausea , vomit , poor appetite , tarry stool .
- Went to 竹東hospital , PES was performed

  ➔low grade B cell lymphoma

General history

Physical examination

- No specific finding

Lab data

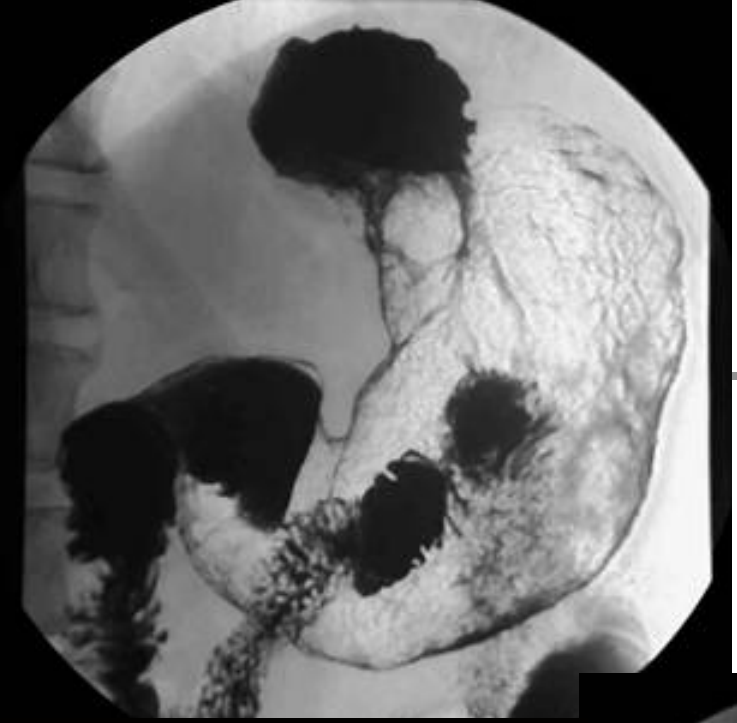
- WBC 4040/uL , MCV [80-99] 68.4 fL
  MCH [27-31] 22.3 pg , MCHC [33-37] 32.5 g/dL
  MICRO +++ , HYPO ++
  Bilirubin T [0.2-1.2] 1.3 mg/dl

PES on 93.07.17

- Esophagus : mild hiatal hernia
- Stomach : superficial gastritis , antrum
- two polypoid tumors with surface nodularity and ulcers at high body , GCS
- several nodular lesion near cardia at fundus area also noted
- giant folds formation at body , GCS
- one external compression at high body, ant. wall also noted; the distensibility of the stomach is OK.
- Endoscopic diagnosis : multiple gastric tumors, R/O lymphoma

Pathological finding

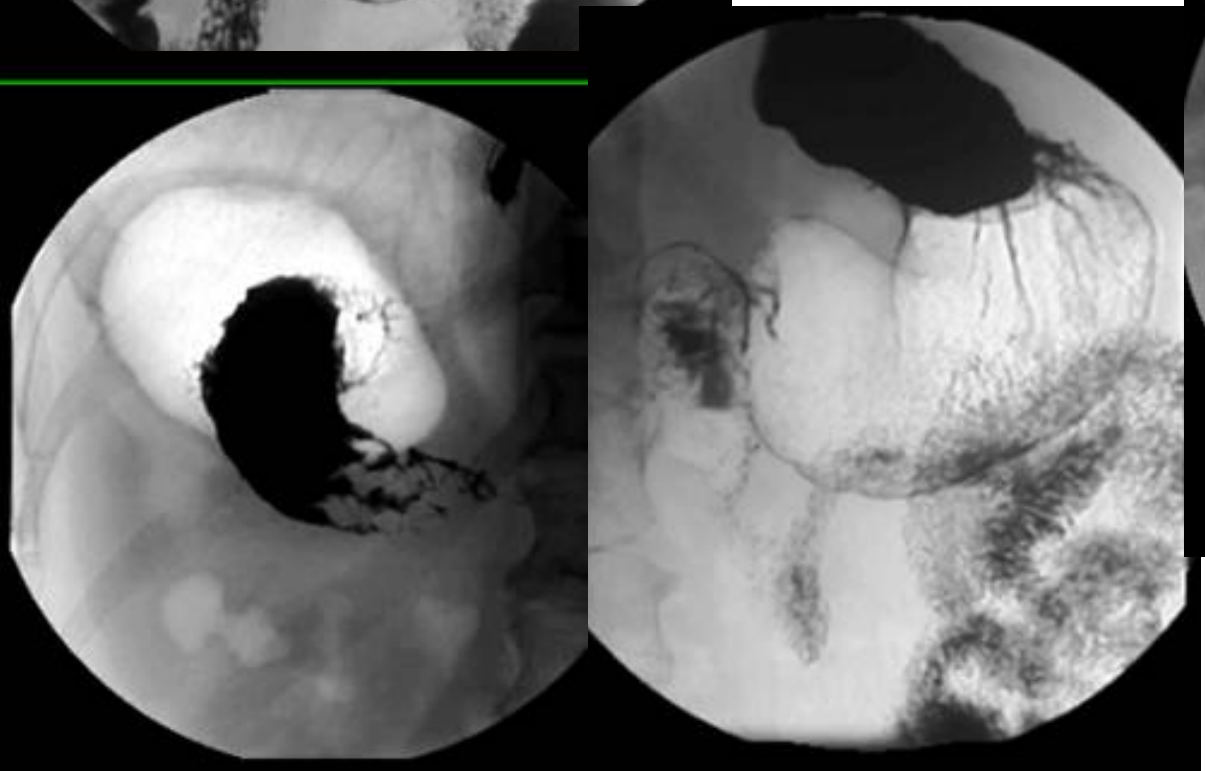
- Low-grade B-cell lymphoma of MALToma
- No bacillus is found in the gastric pits by HE section.

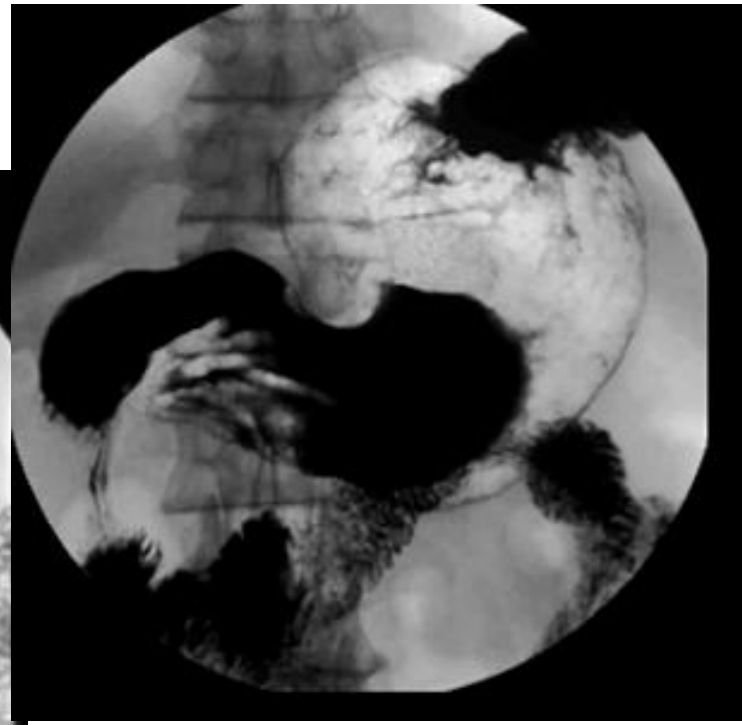


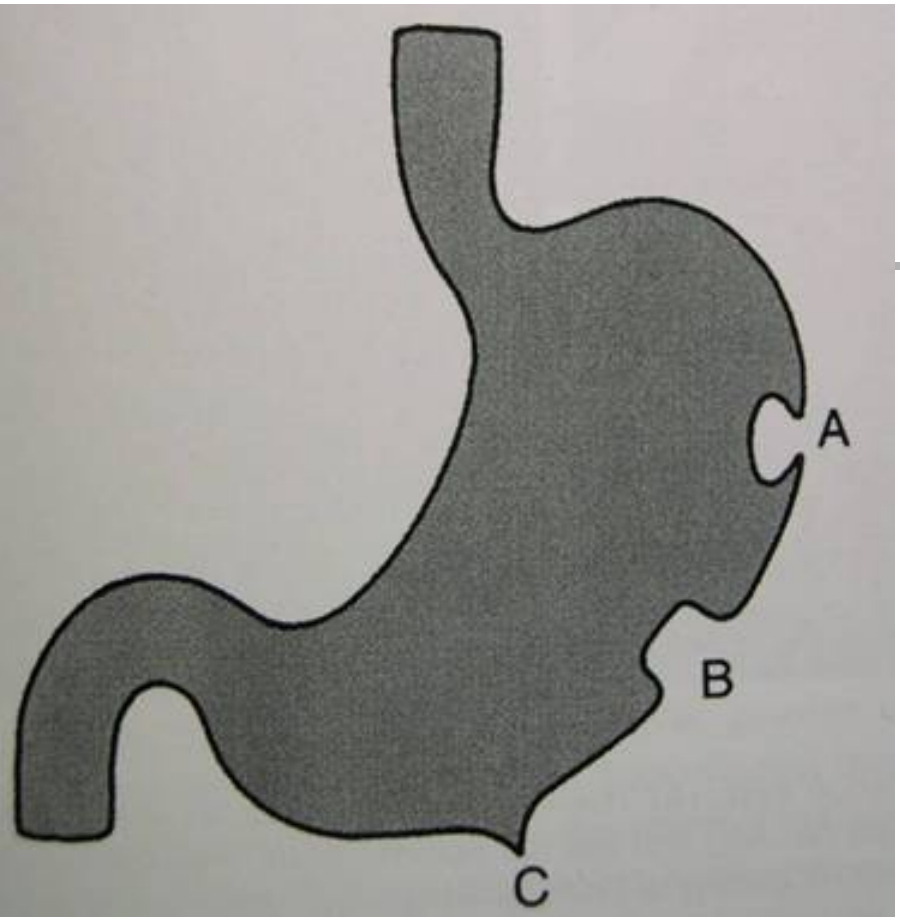
•several nodularity forming the obtuse angle indentation are noted at gastric fundus, lesser curvature side of gastric cardia and high gastric body are seen.

•slightly thickening of gastric folds

•gastric submucosal lesions of varying etioplogy



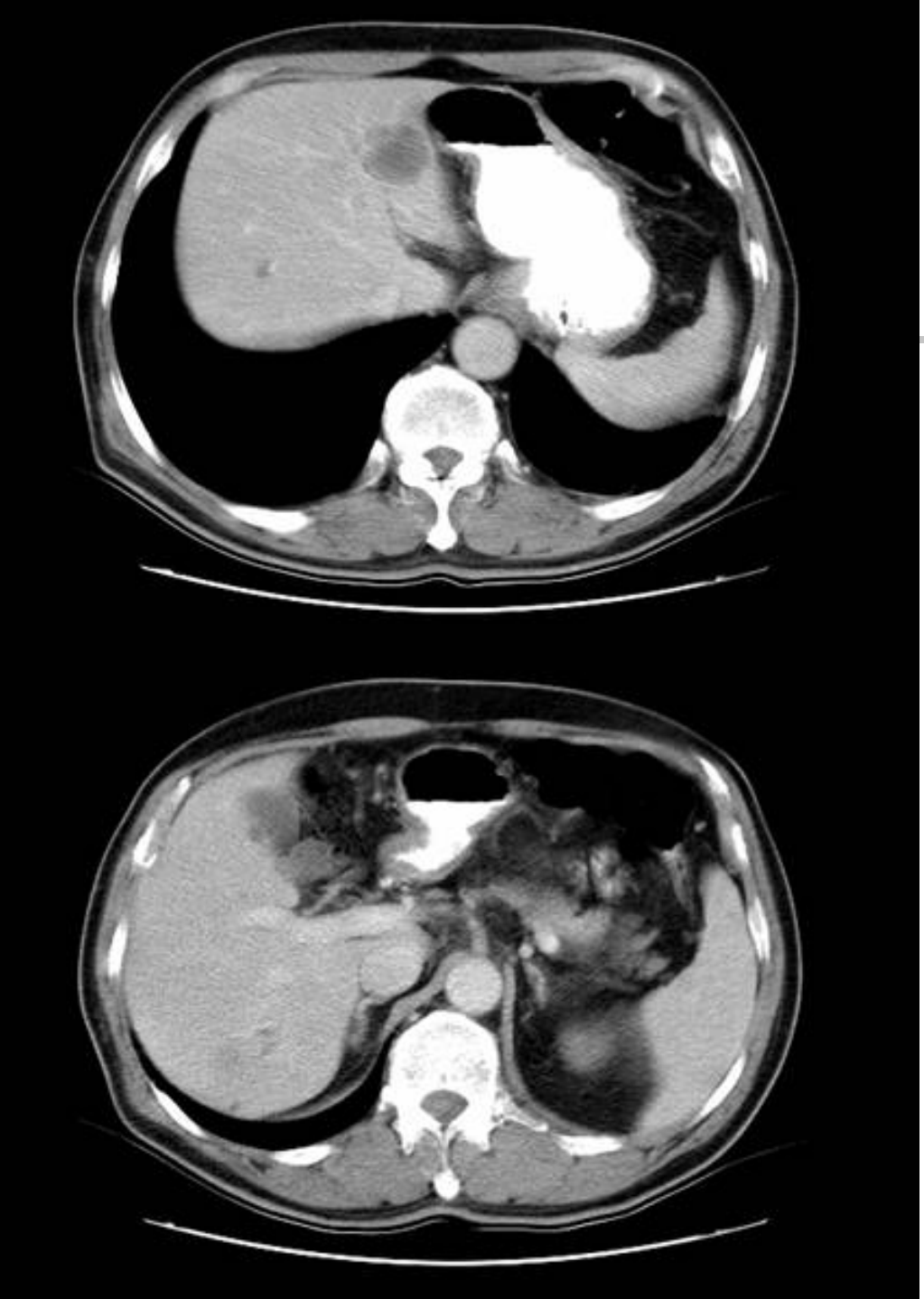




A : the margin of a mucosal tumor

B : the margin of a submucosal tumor

C : when growth is predominantly exophytic the tumor may drag on the gastric wall to produce a niche



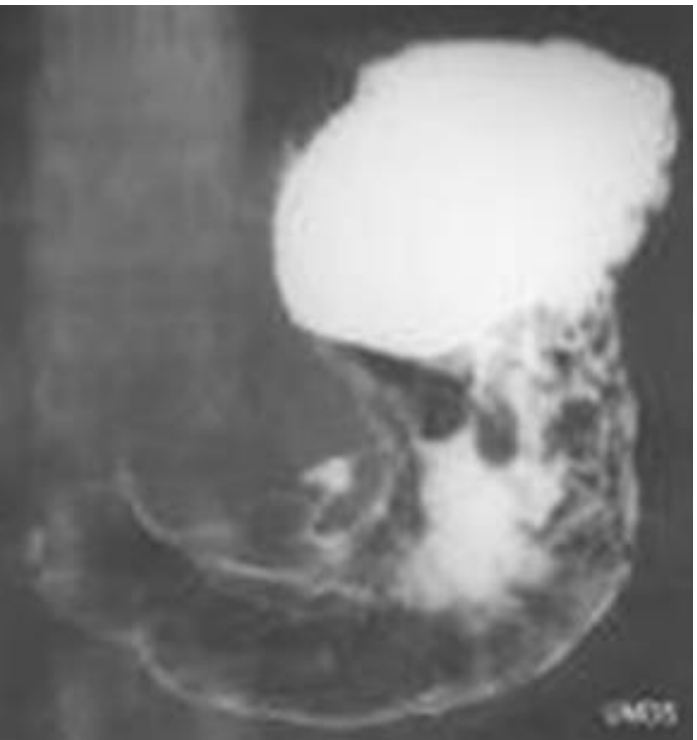
Irregular wall thickening with shallow nodularity at gastric fundus and antrum are noted.

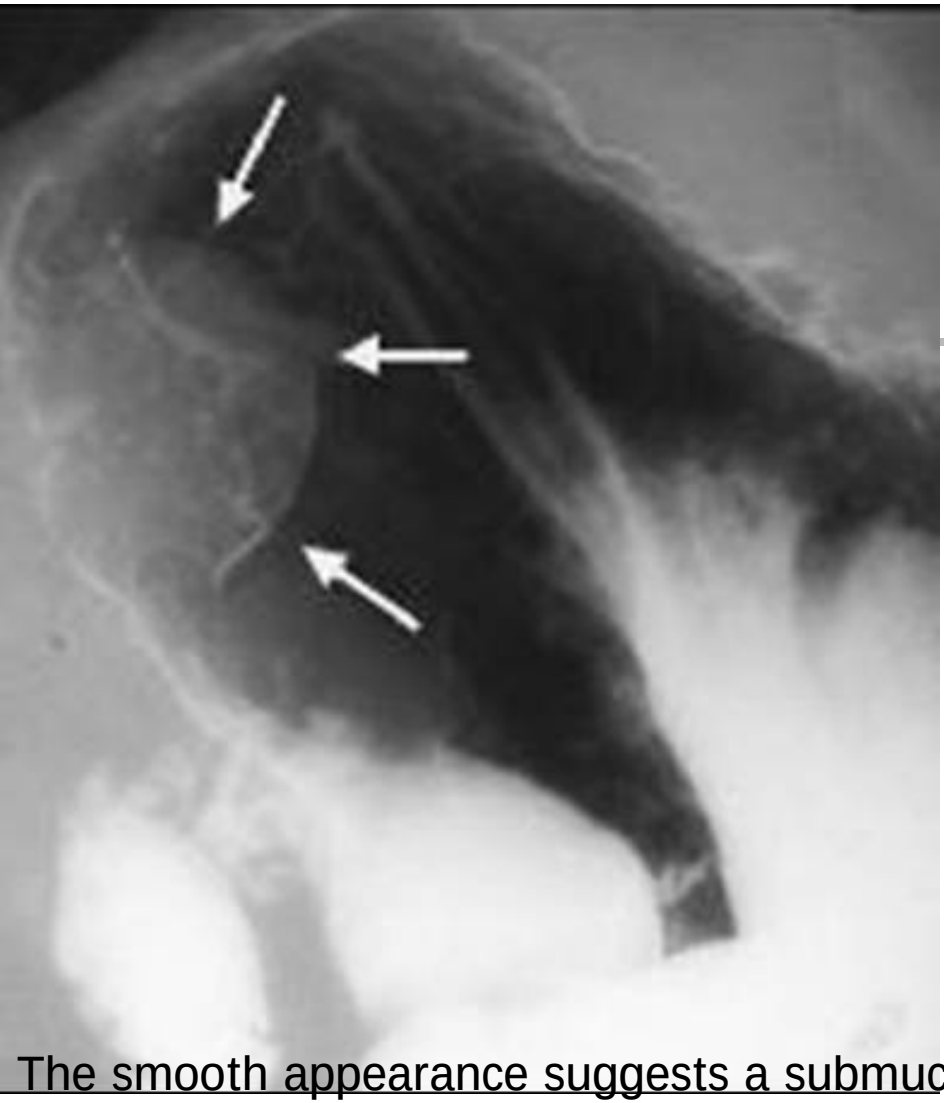
Differential diagnosis (submucosal tumor)

- 1. lymphoma
- 2. GIST
- 3. leiomyoma
- 4. lipoma

lymphoma

- The diagnosis of lymphoma may be suggested if there are giant cavitating lesion or multiple polypoid tumors , particularly if they show central ulceration giving them a bull's eye appearance or if there is extensive infiltration producing pronounced thicking of the gastric folds .

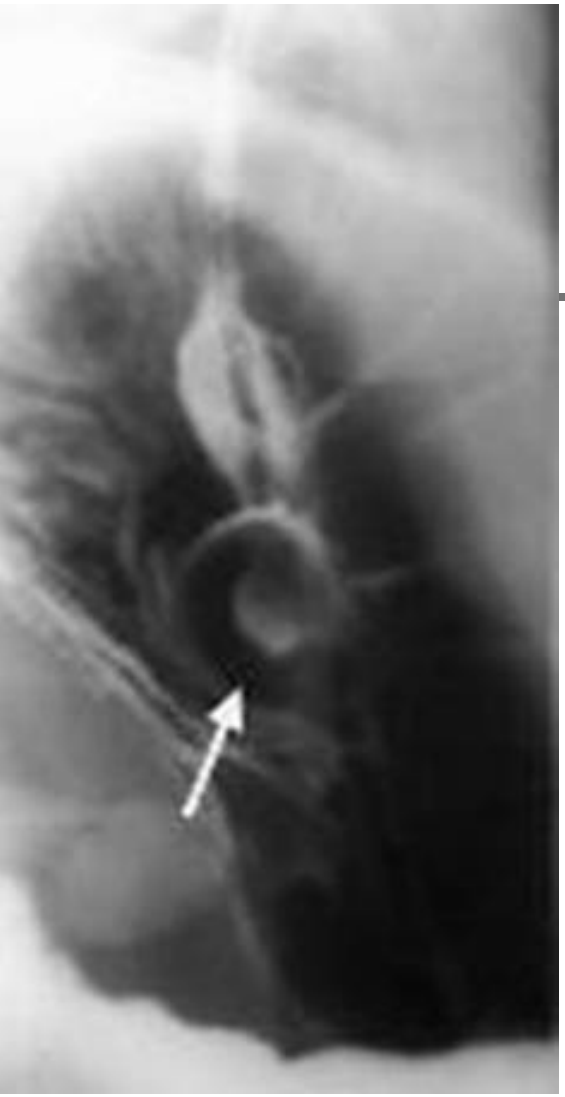




The smooth appearance suggests a submucosal process

GIST

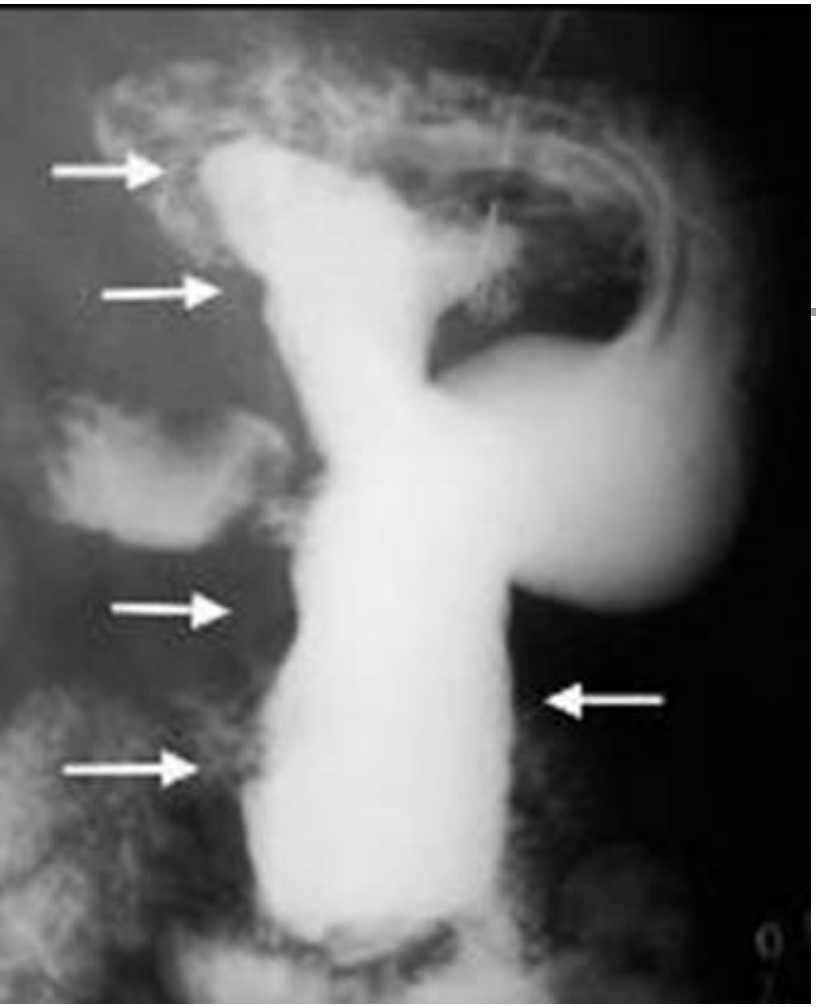
- GISTs are rare and constitute only about 1% of all GI malignant tumors
- the most common mesenchymal neoplasm of the GI tract.
- They are mesenchymal gastrointestinal neoplasms defined by the expression of KIT (CD117) in the tumor cells



- Gastrointestinal stromal tumor with central bull's eye appearance

• Age : sixth to seventh decades of life

• Upper GI bleeding is the most common clinical manifestation of gastric stromal tumor



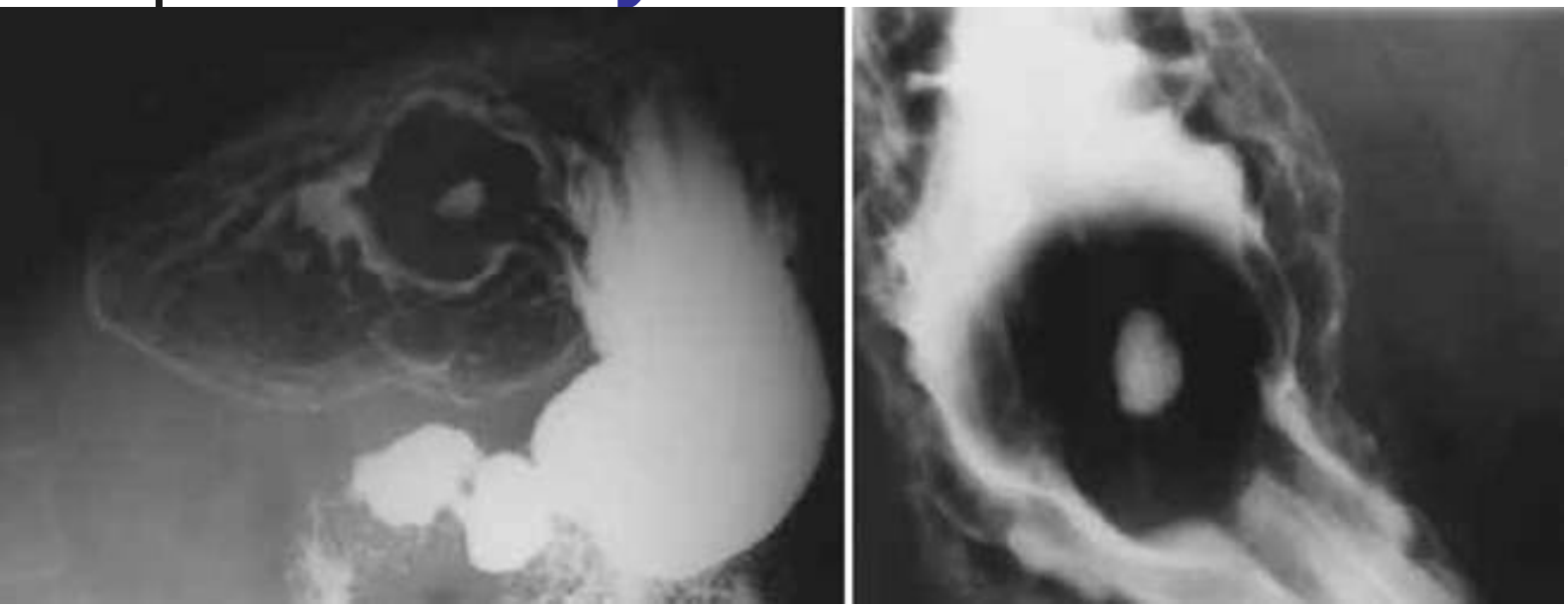
huge exophytic component , which has become ulcerated. Barium collects in the exophytic ulcer crater

• Palpable masses are typically detected in patients

• Endoscopic ultrasonography (EUS) is a valuable tool in the diagnosis and preoperative assessment of gastric stromal tumors.

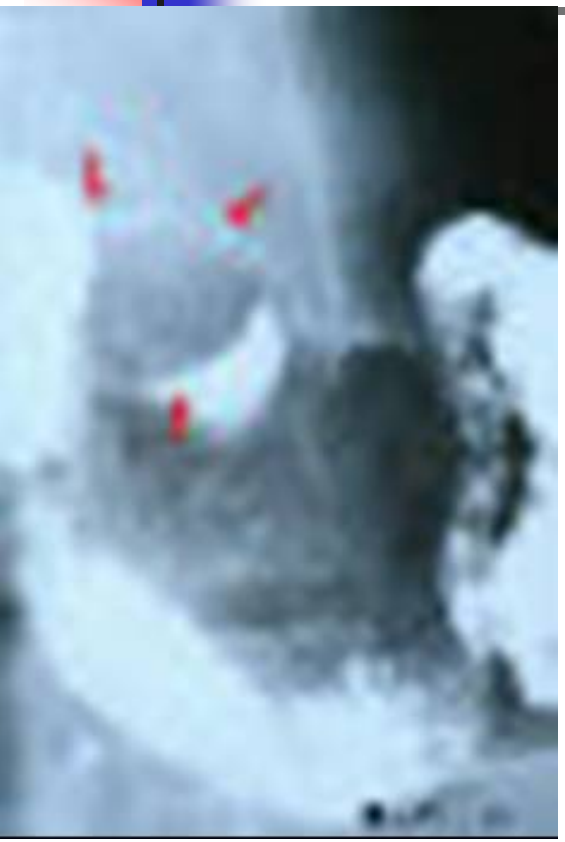
•It can demonstrate the submucosal location of the tumor and can define its size, borders, and echoic pattern

leiomyoma

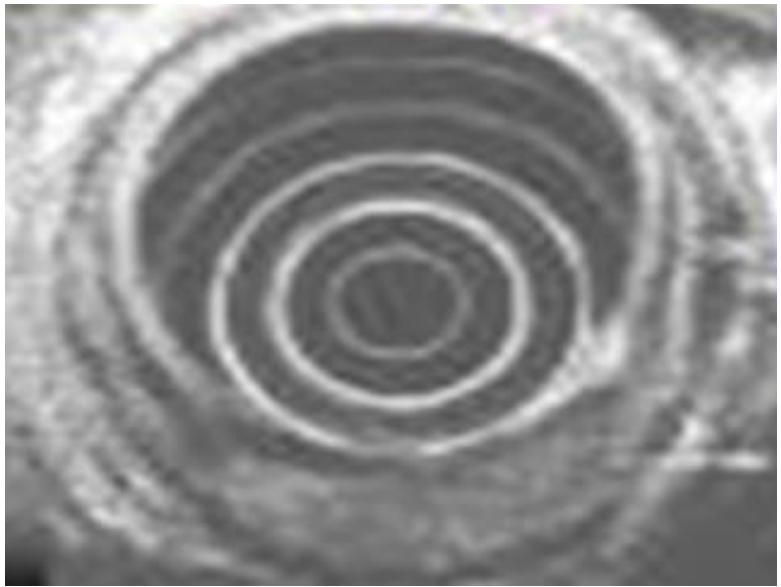


- demonstrate a solitary , ulcerated , gastric mass which has smooth borders and an appearance that suggests a submucosal location
- Leiomyomas may be submucosal, intramural or subserosal.
- Usually they are solitary, rarely multiple.
- Pain and GI bleeding are common presenting symptoms.
- The umbilication observed is secondary to central necrosis of the mass as it protrudes into the gastric lumen.

LIPOMA



- Lipomas are soft and may be seen to change shape with gastric peristalsis or palpation .
- Large tumor may ulcerate .
- Endoscope ultrasound shows the tumor to be hypoechogenic .
- The diagnosis can be confirmed by demonstrating the fatty nature of the tumor with CT .



Discussion

- Mucosa-associated lymphoid tissue (MALT) is scattered along mucosal linings and protects the body from antigens entering along mucosal surfaces.
- If the mucosal barrier capability is weakened (selective IgA deficiency), a second line of defense is activated. This consists of the participation and recruitment of large numbers of immune-competent cells, resulting in the onset of an inflammatory process that eradicates the antigen and functionally restores the mucosa. If this process is constant and intense, it may result in a chronic inflammatory process.

Discussion

- Because of their common gastric localization, symptoms may mimic peptic ulcer or gastritis.
- Chronic fatigue, low-grade fevers, nausea, constipation, tarry stool, epigastric pain, weight loss , anemia , and shortness of breath are some of the more nonspecific symptoms that may occur in these patients.
- **Most patients with MALTomas have no physical signs.**

Discussion

- Malignancies that occur in MALT tissues are called MALT lymphomas.
- Most of the MALT lymphomas occur in the stomach
- Most gastric MALT lymphomas are associated with *Helicobacter pylori* infection.

Discussion

- Lab

WBC 4040/uL , MCV [80-99] 68.4 fL
MCH [27-31] 22.3 pg , MCHC [33-37] 32.5 g/dL
MICRO +++ , HYPO ++
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- Treatment：HP eradication➔

Klaricid

Amoxiccilin

Nexium(PPI)

Treatment

Chemotherapy

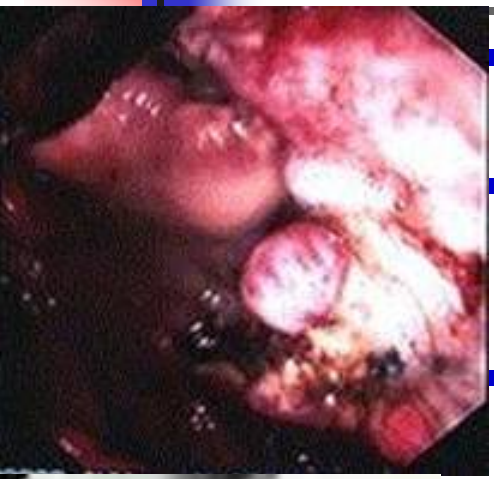
Chemotherapy has not been evaluated extensively in gastric MALT lymphoma. In patients in whom antibiotic regimens fail , chemotherapy should be used. **[CHOP]**

➔cyclophosphamide, hydroxydaunomycin, Oncovin, and prednisone

Radiotherapy

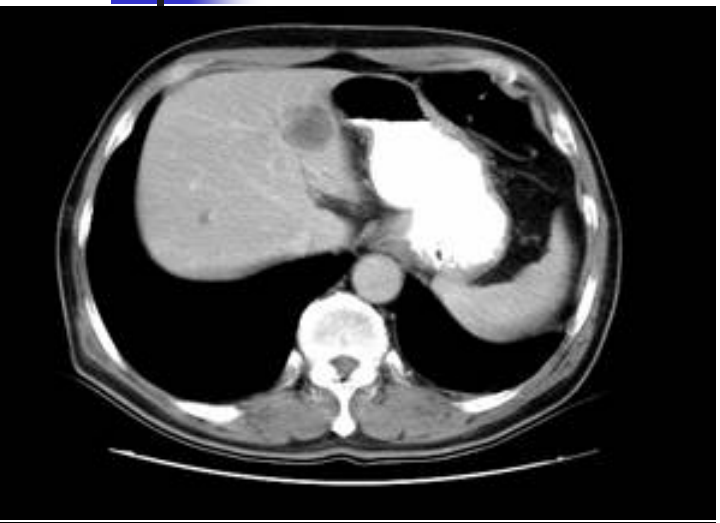
Patients in whom antibiotic treatment fails or in whom *H pylori* infection recurs following eradication and who have a limited area of disease involvement (usually stage IE but also sometimes stage IIE) may benefit from radiotherapy.

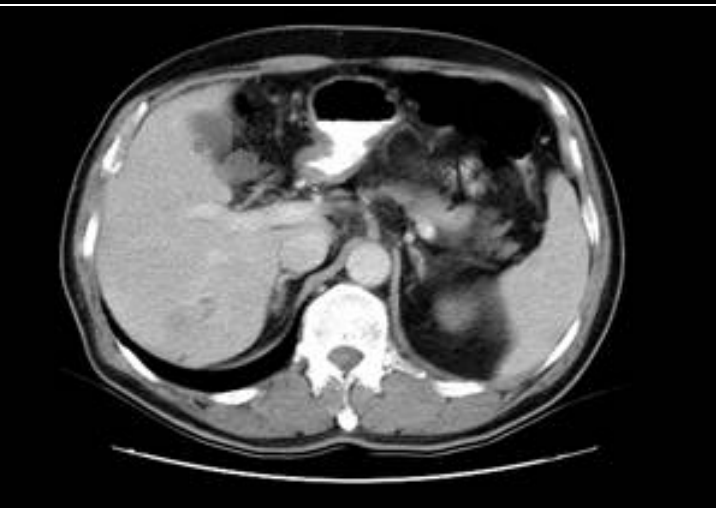
DISCUSSION-Image



- Gastric Lymphomas often look "really malignant" in endoscopy.
- Of the malignant tumours found in the stomach, about 5% are lymphomas, most of them non Hodgkin lymphomas
- Image from a double-contrast barium study shows diffuse nodularity of the gastric wall
- The diagnosis of lymphoma may be suggested if there are giant cavitating lesion or multiple polypoid tumors , particularly if they show central ulceration giving them a bull’s eye appearance or if there is extensive infiltration producing pronounced thicking of the gastric folds .

DISCUSSION-Image





CT features which suggest lymphoma rather than gastric carcinoma include a bulky homogeneous tumor with pronounced thickening of the gastric wall , preservation of the perigastric fat plane , transpyloric spread , multicentricity , widespread nodal disease

Treatment

Surgical

- Surgical treatment of gastric MALT lymphoma is not a primary modality
- have recurrence or who do not respond to anti-*H pylori* therapy

Discussion

prognosis

- nearly all MALTomas that are not eradicated by treatment of *H pylori* infection are incurable and are associated with a long course (many years) with intermittent therapy for symptomatic disease.
- Although the intermediate-grade diffuse large B-cell MALTomas are more aggressive malignancies, the cure rate may be as high as 90% for stage IE disease and is approximately 30-40% for extensive stage IIIE or IVE disease
- Treatment with a variety of modalities has resulted in a survival rate for patients with stage IE disease of 93% at 5 years and 58% at 10 years, with no deaths from lymphoma.

Staging: Staging of MALT lymphomas is the same as that for other NHLs, with the exception that MALT lymphomas are, by definition, extranodal in origin. Thus, stage I disease, which would be limited to one lymph node site, is not an element in staging protocols.

- **Stage IE**: Lymphoma is present in only one area or organ outside the lymph nodes.
- **Stage IIE**: Lymphoma is present in only one area or organ outside the lymph nodes and in the lymph nodes around it. Other lymph nodes on the same side of the diaphragm also may be involved.
- **Stage IIIE**: Lymphoma is present on both sides of the diaphragm. It also may have spread to an area or organ near the lymph nodes and/or the spleen.
- **Stage IV**: Lymphoma is widespread to several organs, with or without lymph node involvement

The stages of Hodgkin disease and non-Hodgkin lymphoma are identical, as follows:

- Stage I (early disease) - Lymphoma located in a single lymph node region or in 1 area or organ outside the lymph node
- Stage II (locally advanced disease) - Lymphoma located in 2 or more lymph node regions all located on the same side of the diaphragm or in 1 lymph node region and a nearby tissue or organ. (The diaphragm is a flat muscle that separates the chest from the abdomen.)
- Stage III (advanced disease) - Lymphoma affecting 2 or more lymph node regions, or 1 lymph node region and 1 organ, on opposite sides of the diaphragm
- Stage IV (widespread or disseminated disease) - Lymphoma outside the lymph nodes and spleen that has spread to another area or organ such as the bone marrow, bone, or central nervous system