Successfully cured primary esophageal lymphoma in a patient with acquired immune deficiency syndrome (AIDS)

The esophagus is an infrequent site for primary presentation of human immunodeficiency virus (HIV)-associated extranodal non-Hodgkin’s lymphoma (NHL) [1]. Although rare, this disease should be suspected in patients with acquired immunodeficiency syndrome (AIDS) who have recurrent esophageal symptoms and esophageal ulcerations or a mass not responding to antiviral or antifungal therapy [2]. Endoscopy is essential to pathologic diagnosis, serving as a useful tool for differential diagnosis of esophageal diseases seen in AIDS patients. We report a completely healed case of esophageal NHL in an HIV-seropositive patient.

A 39-year-old man diagnosed as having AIDS 6 years ago presented with odynophagia and dysphagia since 2 months for both solids and liquids. Esophagogastroduodenoscopy (EGD) revealed two lesions (Fig. 1): the lesion in the upper esophagus showed mild inflammatory changes around an ulcer with a dirty base, whereas the mid-esophageal lesion, which was protruding into the lumen, consisted of an ulcer with irregular margins and a whitish layer on the top. Pathologic examination confirmed these lesions as NHL of diffuse large B-cell type (Fig. 2).

There was no notable abnormality in the thorax, abdomen, or pelvis, except for suspected mild wall thickening in the upper and mid-esophagus on computed tomography. Bone marrow biopsy showed normocellular marrow and normal karyotype, resulting in a definitive diagnosis of primary malignant lymphoma confined to the esophagus. Combination chemotherapy with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) was administered every 3 weeks, in conjunction with highly active antiretroviral therapy (HAART) (zidovudine, lamivudine, and indinavir). After 6 cycles of chemotherapy, the patient has been in a state of complete remission for nearly 3 years. A follow-up EGD 4 years after diagnosis (Fig. 3) showed completely healed lesions with a minute persistent deformity.

The endoscopic findings of HIV-seropositive primary esophageal lymphoma are variable, with no proven pathognomonic features. Histologic diagnosis is challenging; therefore, repeated endoscopic biopsies followed by empirical therapy and follow-up examinations are important and required for confirmation of diagnosis [3].
Endoscopy_UCTN_Code_CCL_1AB_2AC_3AB

S. Park, Y. T. Jeen, Y. D. Kwon, B. Keum, Y. S. Seo, Y. S. Kim, H. J. Chun, S. H. Um, C. D. Kim, H. S. Ryu
Department of Internal Medicine, Institute of Digestive Disease and Nutrition, Korea University College of Medicine, Seoul, Korea

References

Fig. 3 After intensive chemotherapy targeted at the non-Hodgkin’s lymphoma in the esophagus, endoscopic examination showed complete healing of the previously ulcerated and elevated lesions, with slight diverticular changes in the mid-esophageal lesion: a upper esophagus; and b mid-esophagus.