We present a case of gastric ulcer with bleeding following chemotherapy with rituximab for non-Hodgkin's lymphoma (NHL).

A 68-year-old woman presented with hematemesis and melena. One year ago she had been diagnosed as having diffuse large B-cell NHL (stage IE) of the nasal root. She was treated with three courses of R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) followed by radiation therapy at a dose of 40 Gy, resulting in complete remission of the NHL. However, the patient had a relapse, with evidence of NHL in the thyroid gland and the mediastinal lymph nodes. Two weeks before the patient had hematemesis, she had been administered the first cycle of a second course of R-CHOP. At presentation, her hemoglobin level was 5.2 g/dL, which was lower than 2 days earlier (7.9 mg/dL). An esophagogastroduodenoscopy revealed multiple, irregular-shaped ulcers, with clearly demarcated borders, in the body of the stomach (Fig. 1a).

One ulcer had vessels visible at the base (Fig. 1b), and a hemoclip was placed endoscopically. Histological examination of the biopsy specimens showed nuclear inclusions in the epithelial cells (Fig. 2a) with positive immunostaining for cytomegalovirus (CMV) (Fig. 2b).

Rituximab is a mouse/human chimeric monoclonal antibody that targets the CD20 antigen found on the surface of malignant and normal cells of B-cell lineage and has been proved to be effective in the treatment of B-cell NHL [1, 2]. However, the use of rituximab is associated with the development of certain severe viral infections [3–5]. Cytomegalovirus gastritis should be considered in the differential diagnosis in patients with gastric ulcers who are receiving rituximab treatment.

References

Corresponding author
A. Goto, MD
Department of Gastroenterology
Kushiro City General Hospital
1-12 Shunkodai
Kushiro 085-0822
Japan
Fax: 81-0154-414080
kh8939@kushiro-cghp.jp