A 50-year-old female patient presented with flatulence, mild epigastric discomfort and heartburn. Medical history included nasal polyps, menorrhagia, diverticular disease and gastroesophageal reflux. There was no history of smoking, alcohol use, or weight loss.

Colonoscopy was normal up to the cecum. An esophagogastroduodenoscopy (EGD) was performed and showed a hiatus hernia and multiple small white nodules in the second part of the duodenum (Fig. 1a). Biopsies were taken. A small-bowel video capsule endoscopy (VCE) was performed following the EGD and showed a nodular area in the terminal ileum (Fig. 1b). A repeat colonoscopy was performed to examine the terminal ileum (Fig. 1c). Computed tomography of the abdomen was unremarkable.

Biopsies showed infiltration with a lymphoid population with focal nodule formation. There was dense lymphocytic infiltrate in the lamina propria with follicular appearance (Fig. 2). Staining was positive for CD20, Bcl-2, and bcl-6, indicating a predominant B-cell population. No significant cyclin D expression and low MIB-1 positivity was noted, confirming slow growth. Primary intestinal follicular lymphoma, consistent with B-cell non-Hodgkin’s lymphoma (NHL) was diagnosed.

Follicular lymphoma is the most common subtype of NHL in the Western world. Most cases are detected in the lymph nodes (nodular type), and involvement of extranodal sites usually occurs only as a result of disseminated nodal disease [1, 2]. The gastrointestinal tract is a common site of extranodal NHL, accounting for 30%–40% of all primary extranodal NHL. Gastrointestinal follicular lymphoma is a rare disease, with a frequency of 1%–3% of all gastrointestinal NHL [3]. The majority of patients present with nonspecific symptoms [1]. The commonest site of presentation is the duodenum; hence, there is a role for VCE in establishing the diagnosis and evaluating the extent of the disease, although biopsies cannot be performed [4]. It is worth considering balloon-assisted enteroscopy for examination, as it allows biopsies to be taken [4, 5]. Although gastrointestinal follicular lymphoma is rare, the number of reported cases is increasing in the Western world. Thus, awareness of primary gastrointestinal NHL should be raised, especially as endoscopic surveillance becomes more common.

Competing interests: None
Fotini Debonera¹, Sateesh Nagumantry², Mo Thoufeeq¹

¹ Department of Gastroenterology, Peterborough and Stamford Hospitals NHS Foundation Trust, Peterborough, United Kingdom
² Department of Haematology, Peterborough and Stamford Hospitals NHS Foundation Trust, Peterborough, United Kingdom

References

5. van Deursen CT, Goedhard JG, Jie KS et al. Primary intestinal follicular lymphoma diagnosed by video capsule endoscopy and double-balloon enteroscopy. Endoscopy 2008; 40 (Suppl. 02): E8 – E9

Bibliography

DOI http://dx.doi.org/10.1055/s-0034-1364942
Endoscopy 2015; 47: E139 – E140
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Fotini Debonera, MD
Department of Gastroenterology
Peterborough and Stamford Hospitals, NHS Foundation Trust
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
UK
fotini.debonera@pbh-tr.nhs.uk