A 65-year-old man was hospitalized in our department with generalized lymphadenopathy. He was diagnosed with mantle cell lymphoma (MCL) complicated by peripheral tumorigenesis and marrow infiltration in a biopsy of cervical lymph nodes. Upper gastrointestinal endoscopy showed multiple tuberous lesions in the lower esophagus (Fig. 1) and the great curvature of the stomach (Fig. 2a). These findings were diagnosed as multiple lymphomatous polyposis (MLP). Excavated lesions were also present on the apex of the esophagus.

Lower gastrointestinal endoscopy showed a tuberous lesion in the cecum (Fig. 3a) and multiple small polyloid lesions throughout the large intestine (Fig. 3b). Immunohistologic staining of biopsy tissues from the stomach (Fig. 4a–d) and large intestine (Fig. 5a–d) gave positive results for CD5, CD20, and cyclin D1 localized with nuclear staining. These findings permitted a definite diagnosis of gastrointestinal lesions of MCL. Treatment is planned with R-hyper CVAD/MA followed by high dose chemotherapy combined with autologous peripheral blood stem cell transplantation.

MCL is a B-cell lymphoma that accounts for 5%–10% of cases of malignant lymphoma, and 75% of cases of MCL at diagnosis are at an advanced stage (III or IV) [1]. Extranodal infiltration is found most frequently in the gastrointestinal tract, but 5.7% of cases show extranodal infiltration in esophageal lesions [2]. There are a few reports of narrow-band imaging with magnifying endoscopy for gastrointestinal lesions of MCL, and this technique has been described in a few cases of dendritic abnormal vascular hyperplasia [3]. High dose chemotherapy combined with autologous peripheral blood stem cell transplantation after R-hyper CVAD/MA treatment is effective for advanced MCL [4]. A combination of rituximab and bendamustine as intensive chemotherapy may also be useful for cases that are difficult to treat [5].

**Competing interests:** None
Fig. 4 Staining of biopsy tissues from lesions in the stomach revealed dense infiltration and proliferation of small to medium sized lymphocytes. Immunohistologic staining was positive for CD5, CD20, and cyclin D1 in nuclei. These findings led to a diagnosis of mantle cell lymphoma (MCL). a Hematoxylin and eosin (×10); b CD5 (×100); c CD20 (×100); d cyclin D1 (×100).

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References
3 Norimura D, Isomoto H, Tsukasaki K et al. Gastric involvement by mantle cell lymphoma observed by magnified endoscopy with narrow-band imaging. Gastrointest Endosc 2012; 75: 421–422

Bibliography
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Fig. 5 see following page.
Fig. 5 Staining of biopsy tissues from lesions in the large intestine resulted in a diagnosis of mantle cell lymphoma (MCL), similarly to the diagnosis of lesions in the stomach. a Hematoxylin and eosin (× 10); b CD5 (× 100); c CD20 (× 100); d cyclin D1 (× 100).