Mantle cell lymphoma complicated by multiple widespread extranodal gastrointestinal lesions

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.

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

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Fig. 1 Upper gastrointestinal endoscopy in a 65-year-old man hospitalized with generalized lymphadenopathy showed multiple flat tuberous lesions in the middle to lower esophagus, diagnosed as multiple lymphomatous polyposis (MLP). Excavated lesions were also present on the apex of the esophagus.

Fig. 2 a Multiple flat tuberous lesions in the middle great curvature to lower curvature of the stomach, and excavated lesions on the apex of the stomach, were diagnosed as multiple lymphomatous polyposis (MLP), similarly to the lesions in the esophagus. b Narrow-band imaging (NBI) with magnification showed microscopically dendritic abnormal vascular hyperplasia on the tuberous parts of intra-gastric MLP lesions.

Fig. 3 Lower gastrointestinal endoscopy showed: a lesions resembling submucosal tumors with few epithelial changes in the cecum; b multiple small polypoid lesions present throughout the large intestine.
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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).

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).