Confocal laser endomicroscopic and magnifying narrow-band imaging findings of gastric mucosa-associated lymphoid tissue lymphoma

The endoscopic findings of gastric mucosa-associated lymphoid tissue (MALT) lymphoma are variable, making its diagnosis very difficult. We previously reported the usefulness of magnifying narrow-band imaging (NBI) for the diagnosis of gastric MALT lymphoma [1–3]. Here, we report our experience with the confocal laser endomicroscopic (CLE) imaging of gastric MALT lymphoma and the corresponding histopathological imaging. To our knowledge, this is the first such report in the world.

The patient was a 71-year-old woman. Screening upper gastrointestinal endoscopy performed at our hospital revealed a shallow, brownish, depressed lesion approximately 10 mm in diameter in the lesser curve of the middle part of the gastric body. Conventional endoscopic imaging reveals a discolored, depressed lesion in the lesser curvature of the middle part of the gastric body in a 71-year-old woman undergoing screening upper gastrointestinal endoscopy. Magnifying endoscopy combined with narrow-band imaging reveals the absence of glandular structures and the presence of branching abnormal blood vessels.

The endoscopic findings of gastric mucosa-associated lymphoid tissue (MALT) lymphoma are variable, making its diagnosis very difficult. We previously reported the usefulness of magnifying narrow-band imaging (NBI) for the diagnosis of gastric MALT lymphoma [1–3]. Here, we report our experience with the confocal laser endomicroscopic (CLE) imaging of gastric MALT lymphoma and the corresponding histopathological imaging. To our knowledge, this is the first such report in the world. The patient was a 71-year-old woman. Screening upper gastrointestinal endoscopy performed at our hospital revealed a shallow, brownish, depressed lesion approximately 10 mm in diameter in the lesser curvature of the middle part of the gastric body (Fig. 1a). When the depressed lesion was observed with magnifying endoscopy and NBI, it tended to lack glandular structures compared with the surrounding mucosa, and abnormal blood vessels branching in a treelike pattern, which we have previously reported [1–3], were observed at the same site (Fig. 1b).

Based on the results of positron emission tomography and computed tomography (PET-CT) and bone marrow findings, stage II gastric MALT lymphoma was diagnosed.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AB

Competing interests: None

Kouichi Nonaka1, Ken Ohata1, Shinichi Ban2, Maiko Takita1, Yohei Minato1, Nobuyuki Matsuhashi1
1 Department of Gastroenterology, NTT Medical Center Tokyo, Tokyo, Japan
2 Department of Pathology, Dokkyo Medical University Koshigaya Hospital, Saitama, Japan

Acknowledgments
This work was supported by a grant from The Japanese Foundation for Research and Promotion of Endoscopy.

References


Fig. 3 Histological findings in the biopsy specimens. a A section stained with hematoxylin and eosin exhibits a subepithelial nodular proliferation of small, atypical lymphoid cells. Lymphoepithelial lesions are also observed (red arrow; original magnification × 400). b On immunohistochemistry, the lesion is positive for CD20 (original magnification × 100).

Bibliography

DOI http://dx.doi.org/10.1055/s-0034-1393674
Endoscopy 2015; 47: E641–E642
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author

Ken Ohata, MD
Department of Gastroenterology
NTT Medical Center Tokyo
5-9-22 Higashi-Gotanda Shinagawa-ku
Tokyo 141-8625
Japan
Fax: +81-3-3448-6541
ken.ohata1974@gmail.com