

Figure 1 Duodenal mucosa with whitish, coarsely lumped, polypoid raised areas, some of which are solitary, while others show a clustered arrangement.

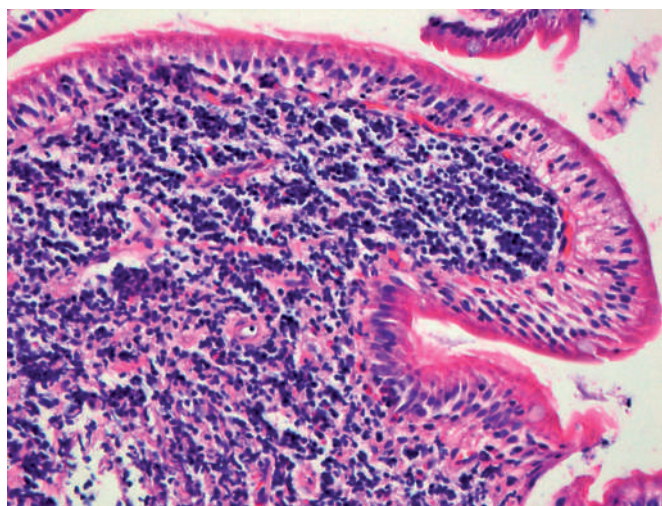


Figure 2 Follicular lymphoma of the duodenum with typical diffuse subepithelial infiltration by densely packed lymphocytes (hematoxylin and eosin stain; $\times 200$).

Although the gastrointestinal tract is the most common site of manifestation of extranodal lymphomas, intestinal lymphomas as a whole are rare. Among these entities, follicular lymphomas are even rarer [1–3] and show a female predominance [3].

We report the case of a 75-year-old woman who presented with cardiac arrhythmia. She also described nonspecific abdominal complaints.

To our surprise, at esophagogastroduodenoscopy of an otherwise normal-appearing duodenum, we found whitish, coarsely lumped, polypoid raised areas, some of which were solitary while others showed a clustered arrangement (Figure 1)

Histopathology, including immunohistochemical studies [4], revealed follicular lymphoma grade 1 (Figure 2). Additional diagnostic procedures, such as computed tomography and bone marrow aspiration, showed no extraintestinal manifestation of the lymphoma.

Double-balloon or capsule endoscopy [5] was not performed. Conventional intestinaloscopy showed that all accessible areas of the duodenum and the first part of the jejunum were involved; however, the peripapillary area remained free. At ileocolonoscopy, the terminal ileum was also seen to be free from disease

Following discussion of this case with several international experts, it was decided to refrain from any kind of special therapy and instead to observe the course of the disease, which was expected to be benign [2, 3].

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