

Primary B-cell non-Hodgkin's lymphoma of the papilla major and papilla minor as a cause of biliary obstruction

Bulent Odemis¹, Muhammet Yener Akpınar¹, Erkin Oztas¹, Ufuk Baris Kuzu¹, Gulden Aydog², Ertugrul Kayacetin¹

(1) Gastroenterology, (2) Pathology, Türkiye Yüksek İhtisas Education and Research Hospital, Sıhhiye, Ankara.

To the Editor,

There are many causes of malign biliary obstructions such as pancreatic adenocarcinoma, cholangiocarcinoma and malign lymphadenopathies. However malign biliary obstruction from lymphomas is quite rare (1). The most common cause of jaundice in lymphomas is enlarged lymph node compression of the biliary tree. Here we present a non-Hodgkin's lymphoma which involves papilla major and papilla minor without any lymphadenopathies.

A 23 year old male patient admitted to our hospital with fatigue, sweating and pruritus. There was no medication used or illness in his medical history. Laboratory tests revealed hemoglobin : 11,9 gr/dl, ALT : 180 U/L, AST : 82 U/L, GGT : 427 U/L, ALP : 175 U/L, sedimentation : 40 mm/h, total bilirubin : 0,97 mg/dl and direct bilirubin : 0.22 mg/dl. Dilated intrahepatic bile ducts with dilated common bile duct was seen in ultrasonography. In computed tomography, in addition with dilated bile ducts, there were no lymphadenopathies in the abdomen. Subsequently endoscopic retrograd cholangiopan-



Fig. 1. — Endoscopic appearance of papilla major

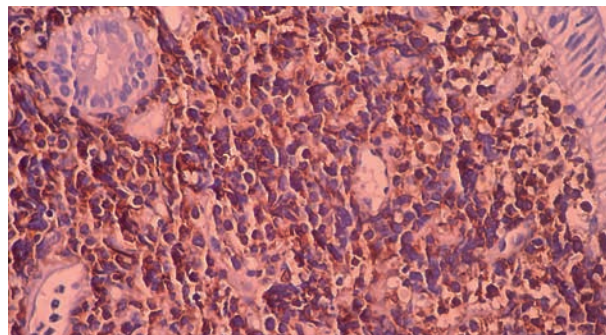


Fig. 2. — B-cell non-Hodgkin's lymphoma with CD20+ staining.

creatography was performed. There were red, raised and nodule-like lesions on the papilla major and papilla minor (Fig. 1). After biopsy was taken from papilla major and papilla minor, a plastic stent was placed into the common bile duct. Finally biopsies revealed B cell non-Hodgkin's lymphoma (Fig. 2).

Obstructive jaundice is usually a late manifestation in the clinical course of non-Hodgkin's lymphomas. Jaundice is an initial presentation in only 1,2% of patients (2). Chemotherapy can reduce the mass that cause biliary obstruction in these patients. Thus, transient plastic stents can be used effectively for biliary obstruction of lymphomas.

References

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Correspondence to : Muhammet Yener Akpınar. Türkiye Yüksek İhtisas Education and Research Hospital, Gastroenterology Department, Kızılay Street, 06100, Sıhhiye, Ankara. E-mail : muhammet.yener@gmail.com

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