Primary gastric diffuse large B-cell lymphoma presenting as dysphagia

Umer Syed, Loveleen Sidhu, Melik Tiba, Hassan Alkhawam, Nnaemeka Anyadike, Joshua Aron

Department of Medicine, Icahn School of Medicine at Mount Sinai, Elmhurst, NY

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To the Editor,

Dysphagia can be caused by various conditions such as diverticula, motor function abnormality, vascular compression, esophagitis, and neoplasm. Primary gastric diffuse large B-cell lymphoma (DLBCL) rarely initially presents as dysphagia. Most common presentation of DLBCL is abdominal pain, anorexia, and weight loss. Less commonly, ulceration and bleeding may be seen. We present a rare case of patient with DLCBL who presented with Dysphagia.

The patient is a 68-year-old male with history of esophageal reflux, and a former smoker presented to clinic with a two-week history of dysphagia to solids. He denied recent weight loss, abdominal pain, melena, or bright red blood per rectum. On physical exam, there was no lymphadenopathy and cardiopulmonary exam was normal. The abdomen was soft, non-tender, and non-distended. Laboratory findings were notable only for mild normocytic anemia with hemoglobin 12.8 g/dL. Shortly thereafter, the patient underwent EGD for evaluation of dysphagia. EGD was notable for an 8-9 cm sub epithelial lesion with multiple superficial clean based ulcerations extending from the GE junction along the lesser curvature. Multiple deep biopsies were taken. A subsequent CT abdomen/pelvis showed an 11 cm mass along the lesser curvature of the stomach which encased the mesenteric vessels and appeared inseparable from the pancreatic body, gastric wall, and left hepatic lobe. Histopathology was consistent with DLBCL. After consultation with oncology the patient was started on R-CHOP therapy. Patient tolerated initial chemotherapy sessions well, with improvement of his dysphagia and decreased epigastric pain.

One-third of non-Hodgkin lymphomas (NHL) are represented by gastrointestinal (GI) lymphomas (1). Additionally, primary GI lymphomas represent up to 5% of primary GI malignancies (2). The overall incidence of primary extranodal NHL of the gastrointestinal tract is approximately 1 per 100,000 individuals (3). Among these malignancies, mucosa-associated lymphoid tissue (MALT) lymphoma and diffuse large B-cell lymphoma are the most prominent (2-3). Histologically, DLBCL reflects moderate to higher-grade disease activity and is often associated with a more aggressive initial presentation (1-2). Primary gastric DLBCL can present as an aggressive fast-growing tumor and can have a variety of symptoms including fatigue, anorexia, weight loss and abdominal pain (1-2). Some complicatons of tumor infiltration within the stomach wall are major bleeding, gastric perforation, or even fistula formation with adjacent structures (2-3).

Our patient presented with dysphagia and was found to have an 11 cm infiltrating DLBCL along the lesser curvature of the stomach. Gastric DLBCL presenting with solely dysphagia is rare. In this case, his presentation can be attributed to the sheer size and proximity of the tumor to the esophagus. Indeed, our patient's presentation is rare considering that in a study performed by Kosch et al. involving 277 patients with primary gastric lymphoma, not a single patient presented with dysphagia (4). Previously published cases report excellent response to chemotherapy and radiotherapy despite the large size of the neoplasm and our patient's response to chemotherapy reflects that (5). In addition, low serum lactate dehydrogenase levels are associated with longer disease-free survival and our patient's LDH was normal (6).

In summary, although rare, neoplasia located in the esophagus and/or involving the gastro-esophageal junction such as this case should be considered in patients presenting with dysphagia. Additionally, evaluation using EGD with close attention to the cardiac region in retroflexion is mandatory to avoid missing any masses. This is important given the aggressive nature of this malignancy where initiating the appropriate life-saving therapy in a timely manner is of the utmost importance.

Correspondence to : Umer syed, M.D., 79-01 Broadway, Elmhurst, NY 11373, USA. Department of Medicine, Icahn School of Medicine at Mount Sinai (Elmhusrt).
E-mail: umermsyed@gmail.com

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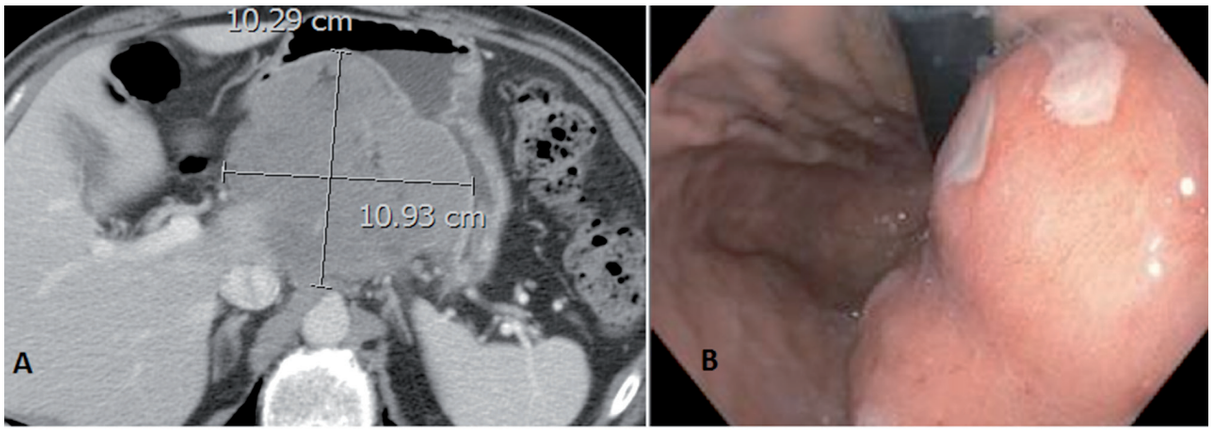

Fig. 1. — **A**: Abdomen CT showed an 11 cm mass along the lesser curvature of the stomach which encased the mesenteric vessels and appeared inseparable from the pancreatic body, gastric wall, and left hepatic lobe.
B: EGD notable for an 8-9 cm sub epithelial lesion with multiple superficial clean based ulcerations extending from the GE junction along the lesser curvature.

References

1. VETRO C., BONANNO G., GIULIETTI G., ROMANO A., CONTICELLO C., CHIARENZA A. *et al*. Rare gastrointestinal lymphomas: The endoscopic investigation. *World J. Gastrointest. Endosc*., 2015, **7(10)** : 928-49.
2. PENG J.C., ZHONG L., RAN Z.H. Primary lymphomas in the gastrointestinal tract. *J. Dig. Dis*., 2015, **16(4)** : 169-76.
3. PSYRRI A., PAPAGEORGIOU S., ECONOMOPOULOS T. Primary extranodal lymphomas of stomach: clinical presentation, diagnostic pitfalls and management. *Ann. Oncol*., 2008, **19** : 1992-9.
4. KOCH P., DEL VALLE F., BERDEL W.E., WILLICH N.A., REERS B., HIDDEMANN W. *et al*. Primary gastrointestinal non-Hodgkin's lymphoma : I. Anatomic and histologic distribution, clinical features, and survival data of 371 patients registered in the German Multicenter Study GIT NHL 01/92. *J. Clin. Oncol*., 2001, **15**, **19(18)** : 3861-73.
5. BISMAR M.M., ALASADI M., HENDAWY B.S., WANESS A. A case of successful remission of extensive primary gastric diffuse large B cell lymphoma : radiologic endoscopic and pathologic evidence. *Case Rep. Gastroenterol*., 2014, **10**, **8(1)** : 134-40.
6. WU Y.X., LIU B., CHEN L., LI J.H., CHEN S.Q. Prognostic factors of primary gastric diffuse large B cell lymphoma : a retrospective study of 75 cases in China. *Ann. Hematol*., 2013, **92(6)** : 861-2.