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Short Communication

Rare Case of Primary Small Bowel Lymphoma

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Abstract

Primary malignant tumors of small intestine are rare, accounting for less than 2% of all gastrointestinal malignancies. The case that we report is of a female who presented to emergency with intestinal obstruction secondary to primary small bowel lymphoma.

Keywords: Small bowel tumor; Lymphoma

Introduction

Small bowel tumors are mostly asymptomatic. Most of the small bowel tumours are benign (30% to 50%). Most common benign tumor is adenoma. Primary small bowel cancers are rare, of which 35% to 50% are adenocarcinomas, 20% to 40% are carcinoids and 10% to 15% are lymphomas.

Most common mesenchymal tumor is Gastrointestinal Stromal Tumor (GIST). Small bowel is frequently affected by metastasis, especially from melanomas.

Lymphomas may involve small bowel primarily or as a part of disseminated systemic disease. Primary small bowel lymphomas are most commonly located in the ileum which has the highest concentration of lymphoid tissues in the intestine [1]. Most common mode of presentation is as partial small bowel obstruction.

Because of no or non specific symptoms, small bowel neoplasms are rarely diagnosed preoperatively. CT scan is useful in detecting abnormalities in 70% to 80% of cases.

Case Presentation

A 50 year old female presented to the emergency department with history of abdominal pain since 4 days; abdominal distension since 2 days; multiple episodes of vomiting since 1 day.

O/E: pulse 104/min, BP 110/70 mm Hg

Per Abdomen: Generalised abdominal tenderness, distension, sluggish bowel sounds

Per Rectal Examination: Empty

CT Abdomen: Multiple dilated small bowel loops with small bowel feces sign, soft tissue densities seen in pelvic ileal loops Mesenteric lymphadenopathy.

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OT findings: Growth at 15 cm from Ileocecal junction with upstream dilatation, another growth 5 cm from Ileocecal Junction Another growth 50 cm from Duodenojejunal flexure, mesenteric lymphadenopathy

Histopathology report was suggestive of non Hodgkin's Lymphoma.

Discussion

Primary lymphomas make up about 1% to 4% of all gastrointestinal tumours. Of these, 20% to 30% are primary small bowel lymphomas [2]. According to Barakat's endoscopic classification, primary small bowel lymphomas are described as granulopapular, nodular polypoid, ulcerative, infiltrative and mixed [3].

Small bowel lymphomas have different clinical courses, generally present with nonspecific findings and are diagnosed when complicated or by histopathological examination post surgery.

Histopathologically 90% are B cell non Hodgkin's lymphomas followed by T cell non Hodgkin's lymphomas and Hodgkin's lymphoma [4].

Above patient was diagnosed with B cell type of non Hodgkin's lymphoma. Primary small bowel lymphomas are usually seen in immunocompromised patients.

Treatment of small bowel lymphomas is still controversial. Various combinations of surgery, chemotherapy and radiotherapy are used. Surgery is indicated in complicated cases during process of diagnosis. It is seen that chemotherapy alone is equivalent to surgery in early stage in uncomplicated cases [5] (Figures 1 and 2).

Conclusion

Primary small bowel lymphomas are rare, present with complications due to diagnostic difficulties and are diagnosed only after surgical intervention. With Advances in diagnostic methods, primary small bowel lymphomas can be diagnosed early and treated before complications develop.

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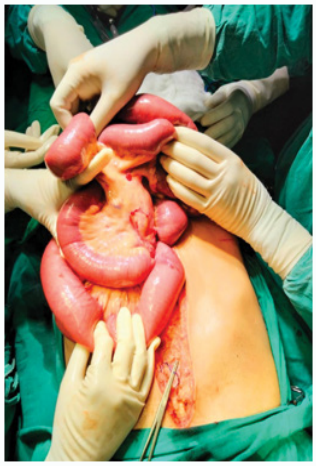

Figure 1: IntraOp picture of multiple Small bowel growths.

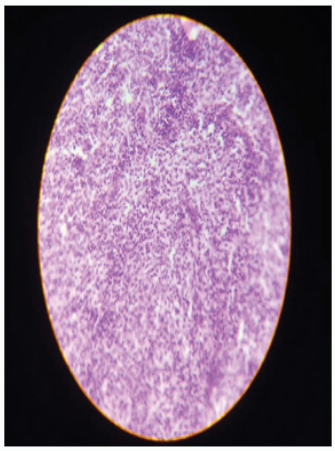

Figure 2: Microscopic image of Non Hodgkin's lymphoma.

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