



GASTRIC NON HODGKIN'S LYMPHOMA: A CASE REPORT

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Abstract:

BACKGROUND

Primary gastric lymphomas (PGLs) are uncommon tumors, accounting for about 5% of all gastric malignancies. The majority (>95%) are Non-Hodgkin's lymphomas (NHL), arising from lymphoid tissue of the stomach. PGL represents a heterogeneous group of lymphoproliferative disorders with varied histological subtypes. It is the second most common gastric malignancy worldwide after gastric adenocarcinoma.

CASE REPORT

Here we present a case of 48 years old Female patient with complains of nausea, vomiting, weight loss & abdominal pain since 2 months. Upper GI endoscopy showed ulcerative lesion involving pre pyloric region & lesser curvature, which was further confirmed by CECT Abdomen. Biopsy report showed poorly differentiated neoplasm.

CONCLUSION

Primary gastric NHL's are not very frequent, but still not very rare. The diagnosis of gastric lymphoma can be delayed for many years due to the presence of non specific symptoms. Early diagnosis and histopathological subtyping have significant impact on prognosis and management of the patient.

Index Terms - Primary gastric lymphomas, Non-Hodgkin's lymphomas, Immunohistochemistry, Gastrointestinal.

I. INTRODUCTION

INTRODUCTION

Primary gastric lymphomas (PGLs) are rare tumors and account for approximately 5% of primary gastric malignancies. More than 95% of gastric lymphomas are Non-Hodgkin's lymphoma (NHL)³. PGLs are a diverse group of lymphoproliferative disorders that originate from the stomach and comprise many different histologic types. PGL is the second most common gastric malignancy globally, following the adenocarcinoma of the stomach^{1,2}.

II. CASE REPORT

Here we present a case of 48 years old Female patient with complains of nausea, vomiting, weight loss & abdominal pain since 2 months. Upper GI endoscopy showed ulcerative lesion involving pre pyloric region & lesser curvature, which was further confirmed by CECT Abdomen. Biopsy report showed poorly differentiated neoplasm. Patient had undergone surgery.

III. GROSS EXAMINATION

We received a specimen of partial Distal Gastrectomy with omentum and lymphnodes measuring 14 cm × 6.8 cm × 1.2 cm. Outer surface was smooth & glistening. On cut section, a raw ulcerative area is seen near the distal end measuring 2.5cm × 1.4cm × 0.6cm).

IV. RESULT AND DISCUSSION

Representative sections were given from lesion, margins and lymphnodes, stained with Hematoxylin and Eosin (H&E) stain. The section showed stomach wall diffusely infiltrated by small to medium sized atypical cells with vesicular chromatin, small visible nucleoli and mild irregular nuclear membrane reaching upto lamina propria (Fig 1 A,B). There was no neuro – endocrine cell hyperplasia. Rest of the stomach mucosa, all margins and lymphnodes were free from tumor.

Primary Immunohistochemistry (IHC) Panel was kept (Fig 2)

CD- 45:- POSITIVE

Synaptophysin :- NEGATIVE

CK -7 :- NEGATIVE

So, the final diagnosis of Non-Hodgkin's Lymphoma was given.

NHL is a collective term for a heterogeneous group of lymphoproliferative malignancies .

The gastrointestinal (GI) tract is the predominant site of extranodal NHLs. Several reports have shown that about 5-7% of all gastric malignancies are primary malignant lymphomas.

Compared with carcinoma incidence, NHL is rare, representing 2% to 8% of all gastric malignancies. Most of the NHLs (80-90%) are of B cell origin.

Though surgical resection remains the primary treatment, with the improvement in antineoplastic regimens specially in the treatment of NHL's, now-a-days multimodality therapy of neoadjuvant chemotherapy and stomach preservation has become more popular.

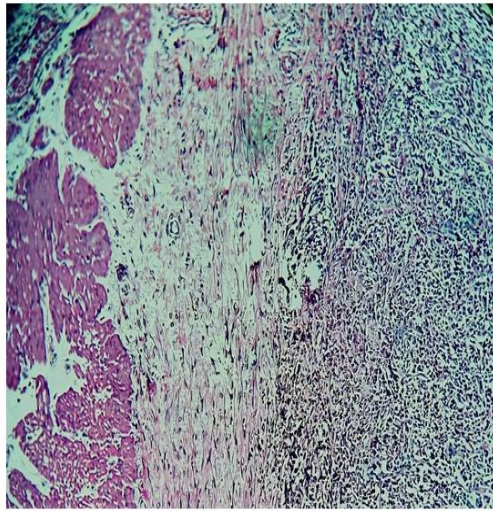


Fig. 1A Diffuse infiltrate of Atypical cells (Low power, H&E)

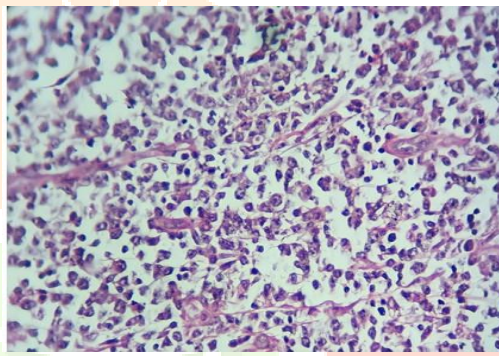


Fig. 1B Atypical cells showing vesicular chromatin (High Power, H&E)

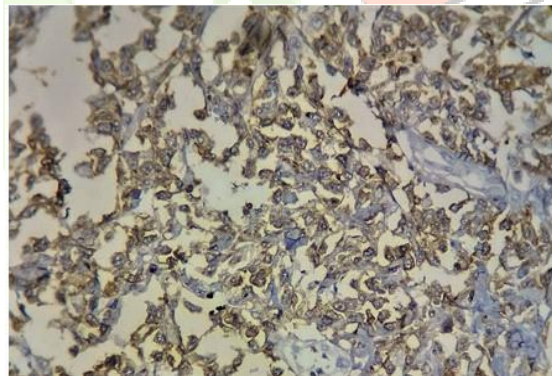


Fig. 2 A CD- 45 – POSITIVE on IHC

CONCLUSION

Primary gastric NHL's are not very frequent, but still not very rare. The diagnosis of gastric lymphoma can be delayed for many years due to the presence of non specific symptoms. Early diagnosis and histopathological subtyping have significant impact on prognosis and management of the patient.

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