



Introduction:

- Enteropathy associated T cell lymphoma (EATL) is a rare condition accounting for less than 5% of gastrointestinal lymphomas.
- Most patients are diagnosed at stage IV.
- Presenting symptoms include abdominal pain, weight loss, fatigue, fevers, and night sweats.

Case Presentation:

- A 56 year-old man arrived with fevers, chills, and 8-10 watery bowel movements per day for 3 months.
- Exam was notable for some mild tenderness over the upper abdomen.
- Labs were notable for a WBC of 43K, positive C diff toxin, elevated fecal calprotectin, elevated CRP to 23, and negative tissue transglutaminase with normal IgA.
- CT abdomen showed terminal ileitis and colitis.
- The patient was treated with oral vancomycin with down trending of his leukocytosis and improvement of his diarrhea.
- Six months later the patient was having multiple watery bowel movements per day, upper abdominal pain, fevers, chills, night sweats, and a 50-pound weight loss.
- Colonoscopy was significant for deep ulcerations of the terminal ileum and the ileocecal valve.
- Terminal ileum biopsies showed chronic ileitis with ulcerations and focal collections of epithelioid histiocytes suggestive of granulomas. No evidence of dysplasia or metaplasia seen on biopsy. Following the biopsy results the patient was diagnosed with CD.
- One week after diagnosis of CD he was admitted with weakness, fatigue, and worsening abdominal pain.
- CT enterography revealed an enteroenteric fistula.

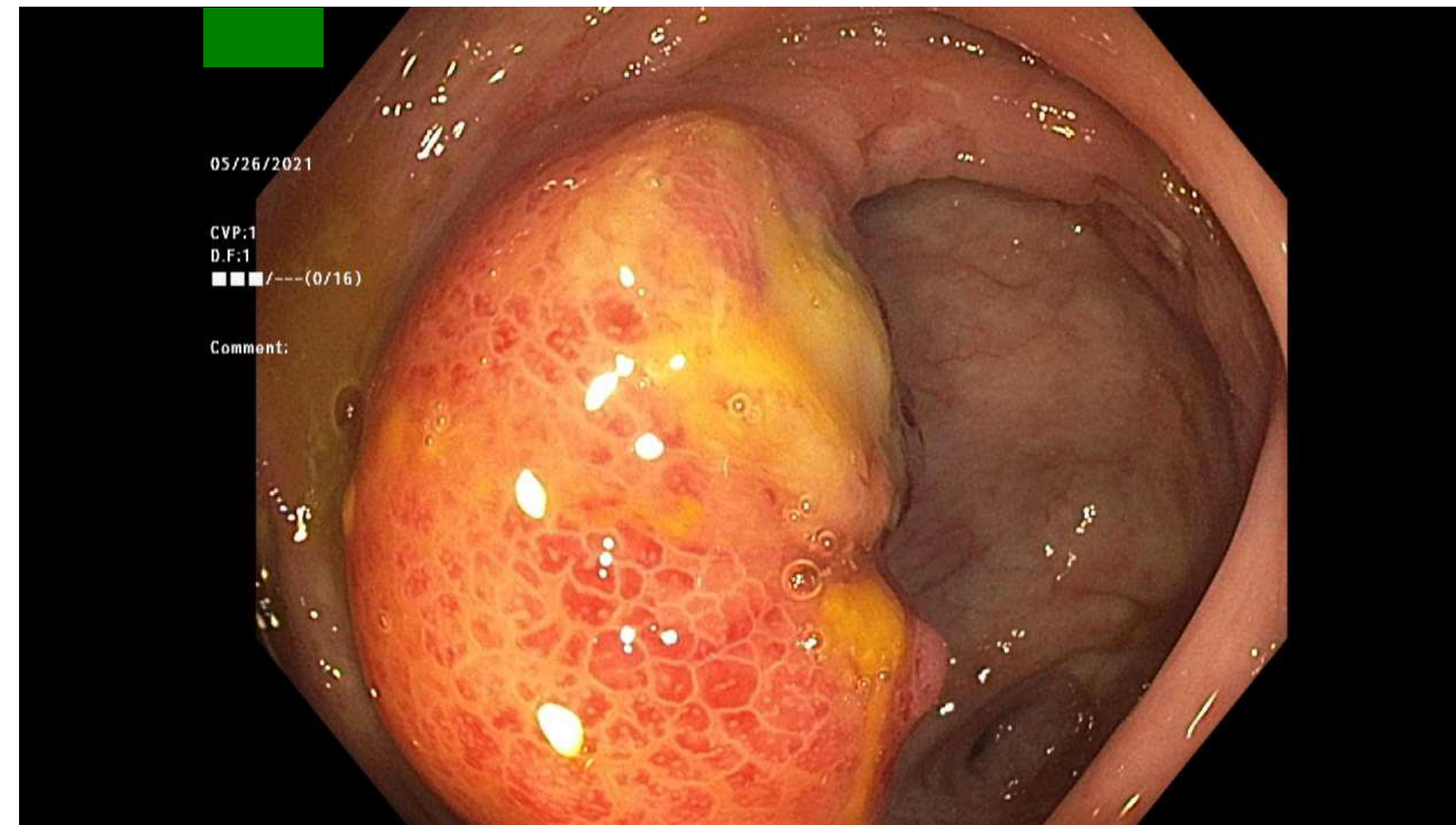


Fig 1. Ulcerations at the ileocecal valve

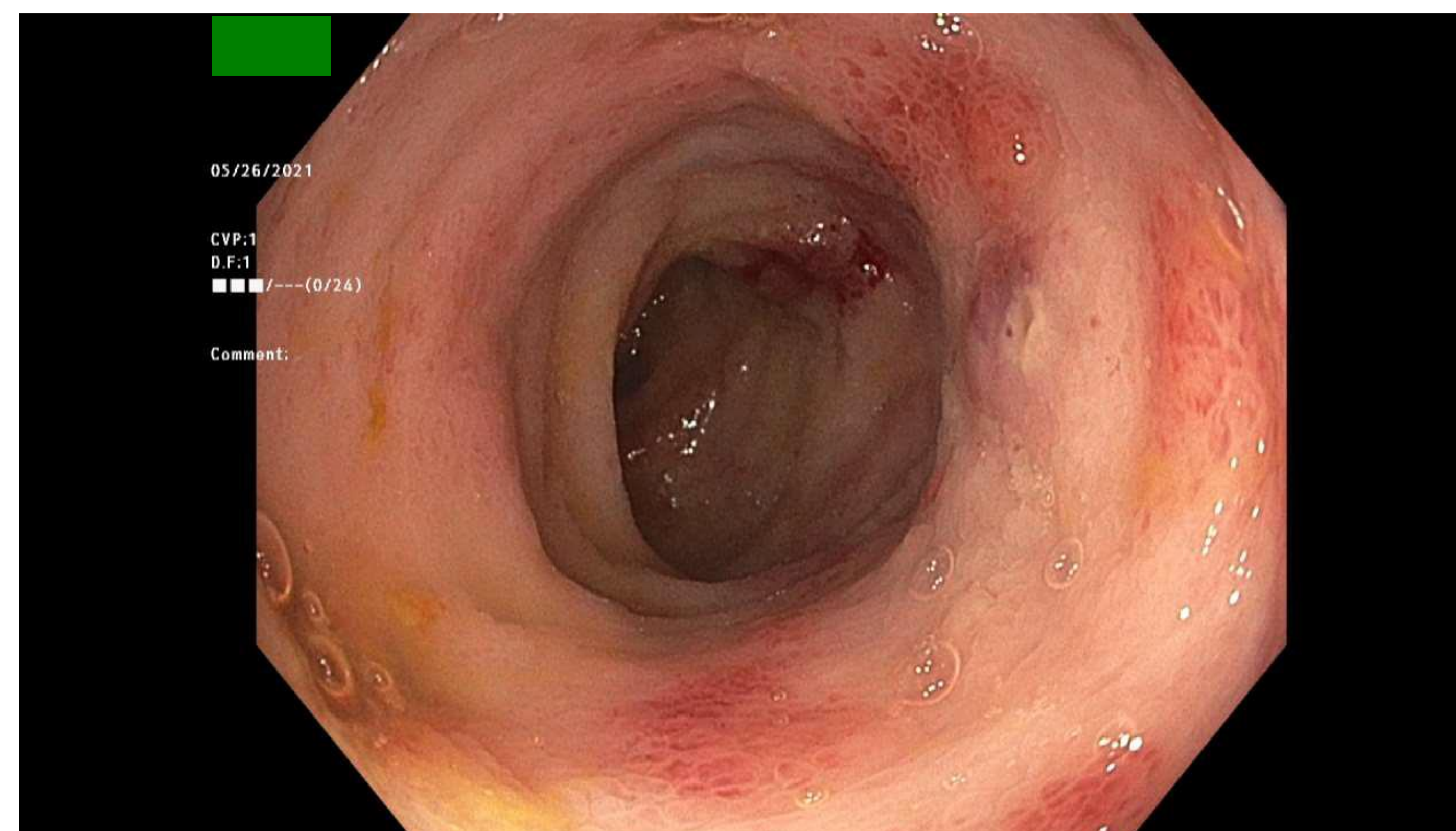


Fig 2. Ulcerations at the terminal ileum

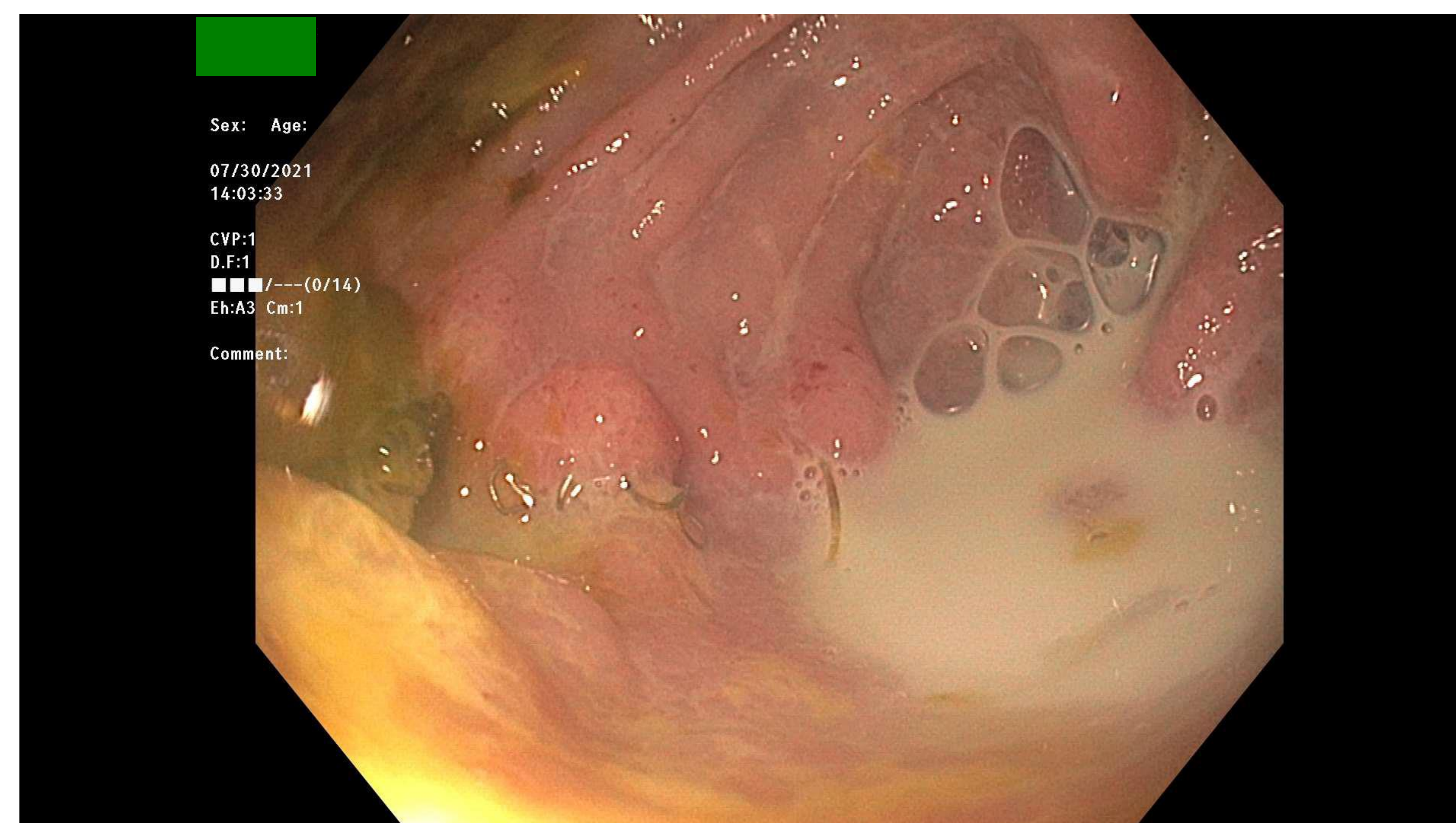


Fig 3. Frank pus in the small bowel

Case Presentation (cont.):

- The patient underwent exploratory laparotomy with resection of four areas of the small intestine and end ileostomy.
- Pathology from small bowel resection showed CD-30 positive T cell lymphoma indicating EATL. The background intestinal mucosa also revealed features suggestive of gluten-sensitive enteropathy with villous atrophy and increased intraepithelial lymphocytes.
- Ultimately this patient was started on chemotherapy but died of complications related to chemotherapy, intra-abdominal abscesses, and renal failure less than 2 months following diagnosis of EATL.

Discussion:

- This case illustrates the difficulty in diagnosing EATL. Patient initially was diagnosed with CD given the clinical presentation and endoscopic findings.
- It was not until the patient underwent small bowel resection due to enteroenteric fistula that the diagnosis of EATL caused by gluten-sensitive enteropathy was made by pathology. Negative celiac serologies made this case a more challenging one.
- Although rare, EATL must be considered in the differential for patients presenting with similar symptomatology as patients suspected to have CD.

References:

1. Zettl A, deLeeuw R, Haralambieva E, Mueller-Hermelink HK. Enteropathy-type T-cell lymphoma. *Am J Clin Pathol.* 2007 May;127(5):701-6. doi: 10.1309/nw2bk1dxb0eqg55h. PMID: 17511112.
2. Delabie J, Holte H, Vose JM, Ullrich F, Jaffe ES, Savage KJ, Connors JM, Rimsza L, Harris NL, Müller-Hermelink K, Rüdiger T, Coiffier B, Gascoyne RD, Berger F, Tobinai K, Au WY, Liang R, Montserrat E, Hochberg EP, Pileri S, Federico M, Nathwani B, Armitage JO, Weisenburger DD. Enteropathy-associated T-cell lymphoma: clinical and histological findings from the international peripheral T-cell lymphoma project. *Blood.* 2011 Jul 7;118(1):148-55. doi: 10.1182/blood-2011-02-335216. Epub 2011 May 12. PMID: 21566094.

