

# Gastrointestinal Bleeding as the Primary Manifestation of Extranodal Large B-Cell Lymphoma

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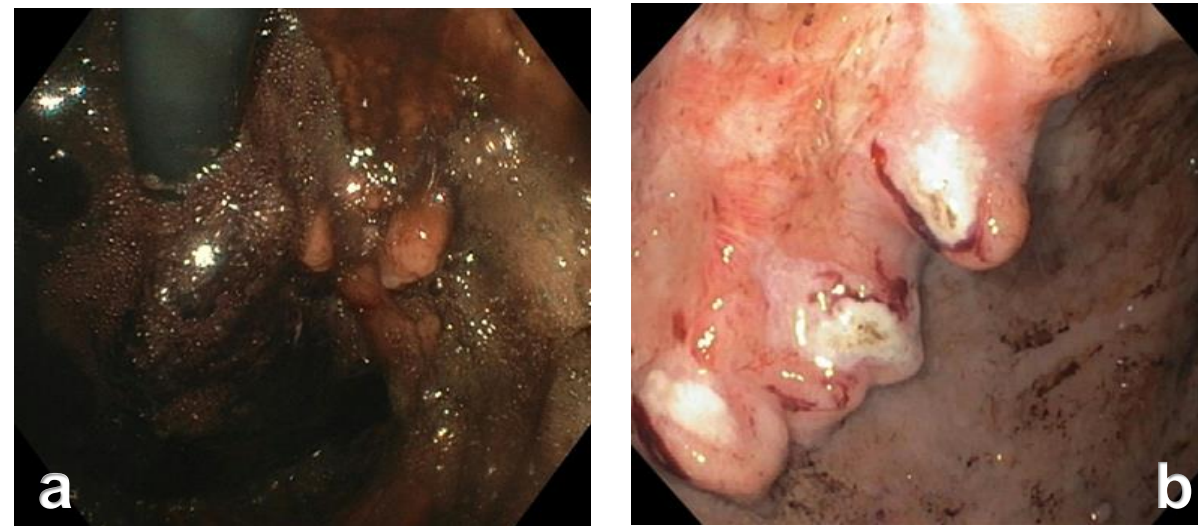
## BACKGROUND

- Diffuse large B-cell lymphoma (DLBCL) is the most common form of the aggressive non-Hodgkin lymphomas (NHLs) in the United States
- NHL accounts for 4% of US cancer diagnoses, and incidence has increased by 168% since 1975
- We report a rare case of massive gastrointestinal bleeding (GIB) caused by gastric large B cell lymphoma

## CASE PRESENTATION

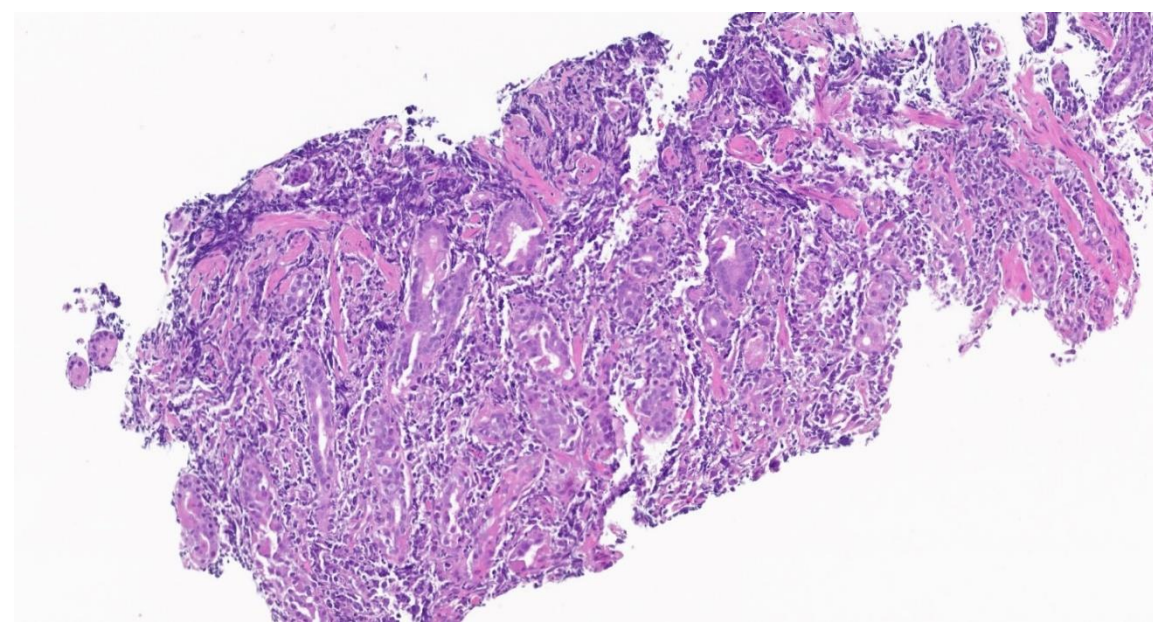
- A 76-year-old lady presented with 2 episodes of hematemesis and 1 episode of melena with associated dizziness
- She was found to be hypotensive with a hemoglobin of 6.2 g/dl
- She was admitted to the intensive care unit where she was stabilized and intubated
- The patient was referred to Oncology, with plans to start chemotherapy with the RCHOP regimen (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone)

## ESOPHAGOGASTRODUODENOSCOPY



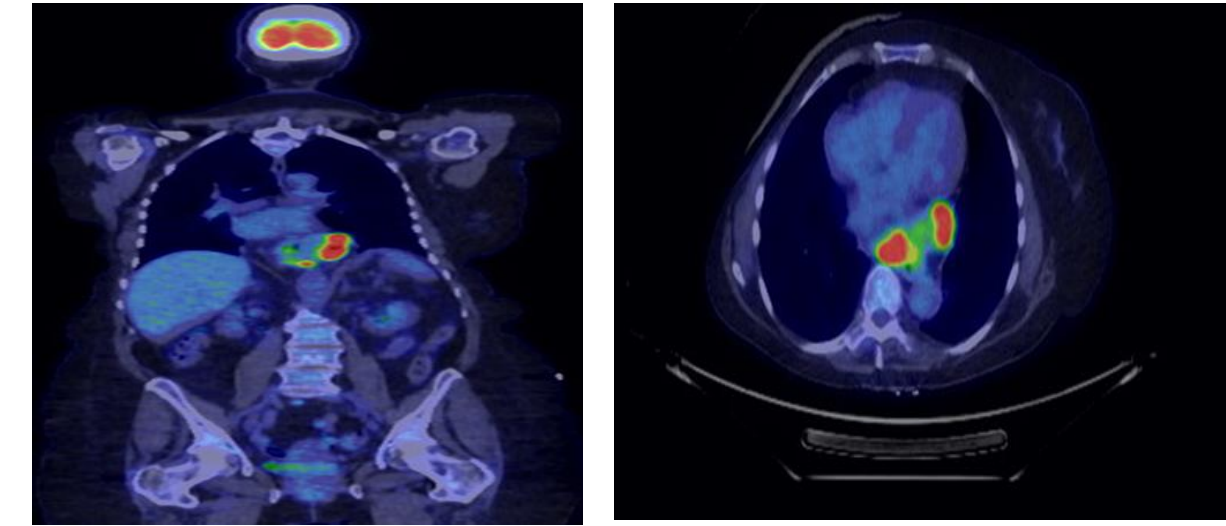
**Figure 1a:** Multiple bleeding gastric nodular masses concerning for a malignancy  
**Figure 1b:** Bleeding controlled with hemostatic spray

## BIOPSY



**Figure 2:** Biopsies from the gastric ulcerated nodules showing diffuse large B-cell lymphoma

## FLUORODEOXYGLUCOSE FDG PET/ CT



**Figure 3:** PET/CT confirming an intensely FDG avid mural thickening and nodularity of the partial intrathoracic stomach

## DISCUSSION

- DLBCL typically presents as a rapidly growing mass or enlarging lymph nodes in a nodal or extra-nodal site
- Patients with gastrointestinal involvement usually report epigastric pain, dyspepsia, and/or weight loss. Bleeding and perforation are rare initial presentations of NHLs
- Lymphoma-related GIB is difficult to control with conventional endoscopic hemostatic techniques, such as argon plasma coagulation, electrocautery, and mechanical hemostasis
- Hemospray can be used for initial hemostasis as a temporary measure allowing sufficient time toward more definitive therapy