

PRIMARY INTESTINAL FOLLICULAR LYMPHOMA

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INTRODUCTION

- Follicular lymphoma (FL) typically presents as a nodal lymphoma
- Primary, extra nodal involvement is rare
- The GI tract is the most common site of extra nodal involvement of FL and is typically confined to the duodenum
- With increasing rates of FL, it is important to recognize characteristic endoscopic features of the disease
- FL typically carries an indolent course and may not require treatment
- We present a case of FL that involved the entirety of the small intestine

A CASE OF PRIMARY INTESTINAL FOLLICULAR LYMPHOMA WHICH PRESENTED AS REFRACTORY GERD, DIAGNOSED VIA UPPER ENDOSCOPY WITH BIOPSY AND SUBSEQUENT CAPSULE ENDOSCOPY

CASE PRESENTATION

- 53 year old Hispanic male with a past medical history of gastrointestinal reflux disease (GERD)
- Presented with refractory GERD symptoms on maximal PPI therapy
- Upper endoscopy was performed and showed an irregular z-line, gastritis and numerous patchy, small (<1cm), white nodules in the second and third parts of the duodenum
- Pathology from nodule biopsies showed grade I-II FL
- Capsule endoscopy revealed numerous similar lesions throughout the small intestine
- Referral was made to oncology and subsequent PET-CT showed multiple FDG-avid abdominopelvic lymph nodes
- Patient elected for watch and wait method
- Repeat PET-CT after 6 months showed the abdominopelvic lymph nodes were no longer FDG-avid
- He remains asymptomatic and will be monitored closely off therapy



WHITE NODULAR MASS IN THE DUODENUM SEEN ON CAPSULE ENDOSCOPY CONSISTENT WITH KNOWN DIAGNOSIS OF PRIMARY INTESTINAL LYMPHOMA

DISCUSSION

- Diffuse large B-cell lymphomas and mucosa associated lymphoid tissue lymphomas are the most common primary intestinal lymphomas
- FL comprises 1-2% of primary intestinal lymphomas
- The small intestine is the most common site of FL with the 2nd part of the duodenum as the most likely site of involvement
- FL is rarely seen in the colon and there are no reported cases in the esophagus
- With rates of diagnosis on the rise it is important to recognize FL on routine endoscopy
- Given its indolent course, a watch a wait approach is acceptable
- Other Therapy options include chemotherapy, Rituximab or radiation