

A Case of Symptomatic Lymphoid Hyperplasia

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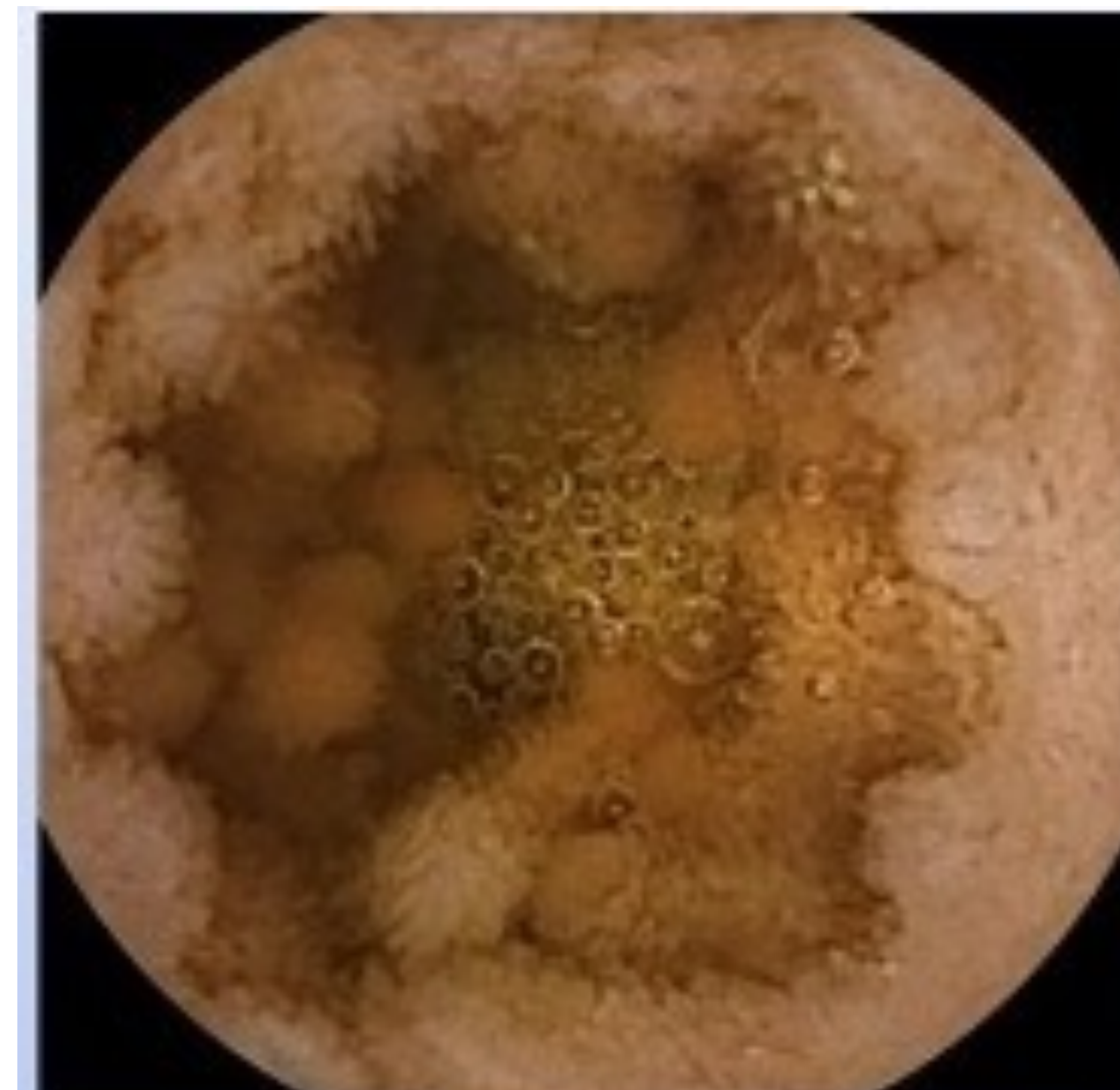
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Introduction

Nodular lymphoid hyperplasia (NLH) is a rare condition whose pathogenesis is largely unknown. It is characterized by the presence of multiple small nodules usually along the small intestine. It can present with gastrointestinal bleeding, diarrhea, abdominal pain, or can be asymptomatic. Given its association with several diseases including immunodeficiency, it may represent functional compensation of immune tissue or even a transitional stage in the development of malignancy. Despite this, there are no clear guidelines on its management or surveillance

Case Description

This is a case of a 21-year-old male patient who presented to the hospital with painless hematochezia. He reported negative work-up 3 years prior for iron deficiency anemia. He underwent Meckel's scan, upper endoscopy and colonoscopy as well as video capsule endoscopy which only demonstrated diffuse nodular mucosa in the terminal ileum which was biopsied. This revealed small intestinal mucosa with expansion of lamina propria by follicular lymphoid hyperplasia with germinal centers and small lymphocytic proliferation with negative immunohistochemical stains and flow cytometry. Work up also revealed hypogammaglobulinemia concerning for Common Variable Immunodeficiency (CVID). He was ultimately managed supportively with a plan for close outpatient follow-up.



Discussion

Clinically, it is important to recognize that the patient's presentation can be explained by the finding of NLH itself. Furthermore, NLH, though a benign condition, has been implicated as a risk factor for intestinal lymphoma. Reported cases demonstrate distinct pathologic diagnosis either simultaneously or over time after the diagnosis of NLH. Despite this, there is no consensus on surveillance or risk-mitigating strategies. Therefore, recognition of this association with careful follow-up is essential and further research on the topic should be considered.

Figure 1: NLH seen on colonoscopy and video capsule endoscopy