

HELICOBACTER PYLORI NEGATIVE MUCOSA ASSOCIATED LYMPHOID TISSUE

INTRODUCTION

- RARE PRIMARY GASTRIC LYMPHOMA
- COMMONLY OCCURS WITH H PYLORI
- H PYLORI NEGATIVE OCCURS IN AROUND 5%
- INDOLENT → DELAYED DX AND TX

CASE

- Middle aged AA Male
- Presented to GI Clinic with dyspepsia
- PMHx: PUD, ALCOHOL, TOBACCO USE
- (>20PACK YEARS + 60-90ML OF LIQUOR DAILY)
- EGD: 2014(PUD, H PYLORI NEGATIVE)
- ACTIVELY ON PPI THERAPY
- PATIENT REFERRED BY PCP FOR RECURRENT SYMPTOMS

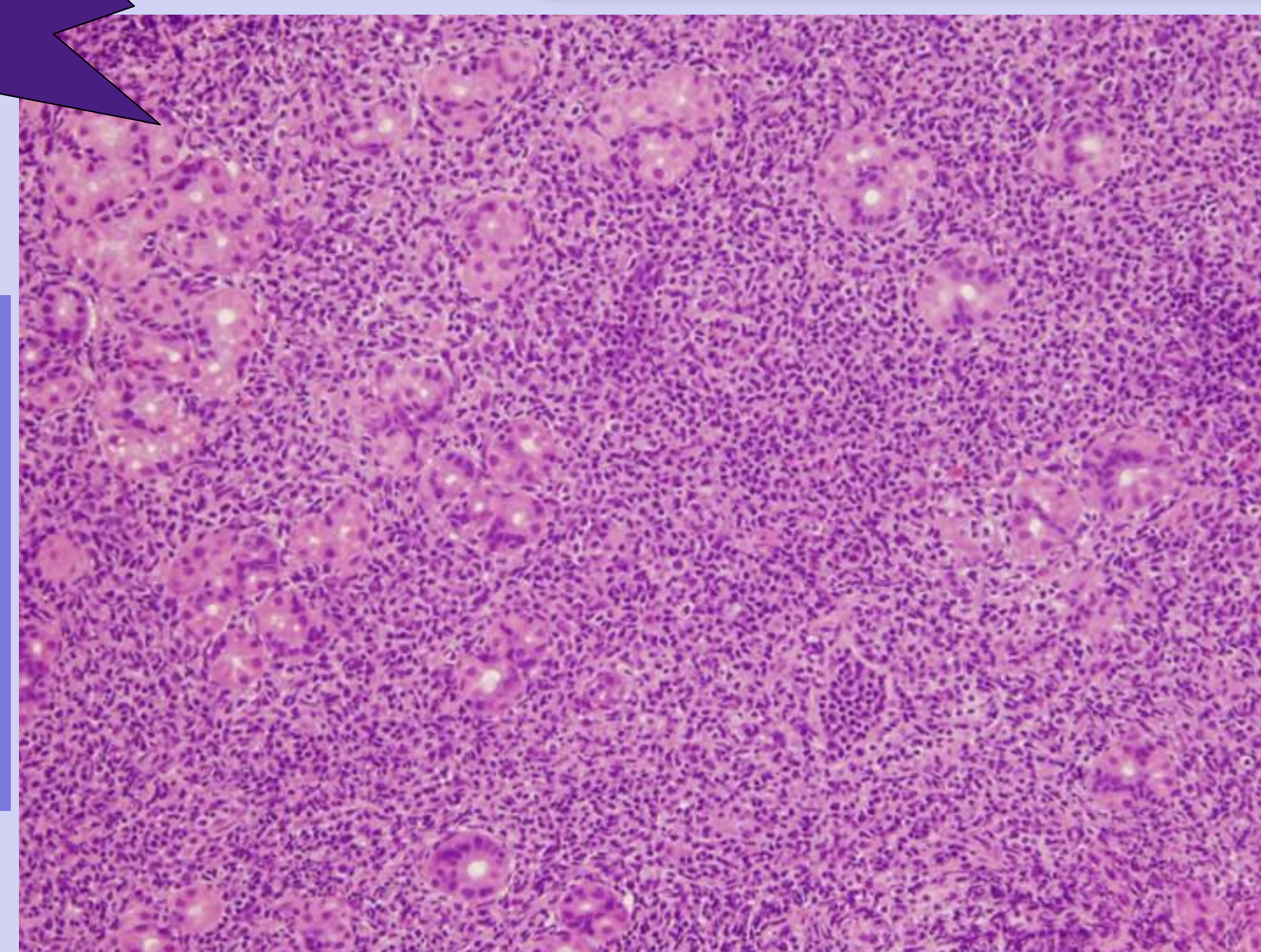
MANAGEMENT

- ENDOSCOPY WITH GASTRIC MAPPING → HISTOPATHOLOGY, CYTOLOGY, AND FLOW CYTOMETRY
- H PYLORI SEROLOGY, STOOL AG, NEGATIVE
- H PYLORI NEGATIVE IN GASTRIC BIOPSY SPECIMEN
- PET/CT – LOCAL INVOLVEMENT GASTRIC MUCOSA AND PERI-GASTRIC LYMPH NODE INVOLVEMENT
- TREATED WITH INVOLVED FIELD RADIATION WITHOUT ERADICATION THERAPY

Cytology

t (11;18)
translocation +

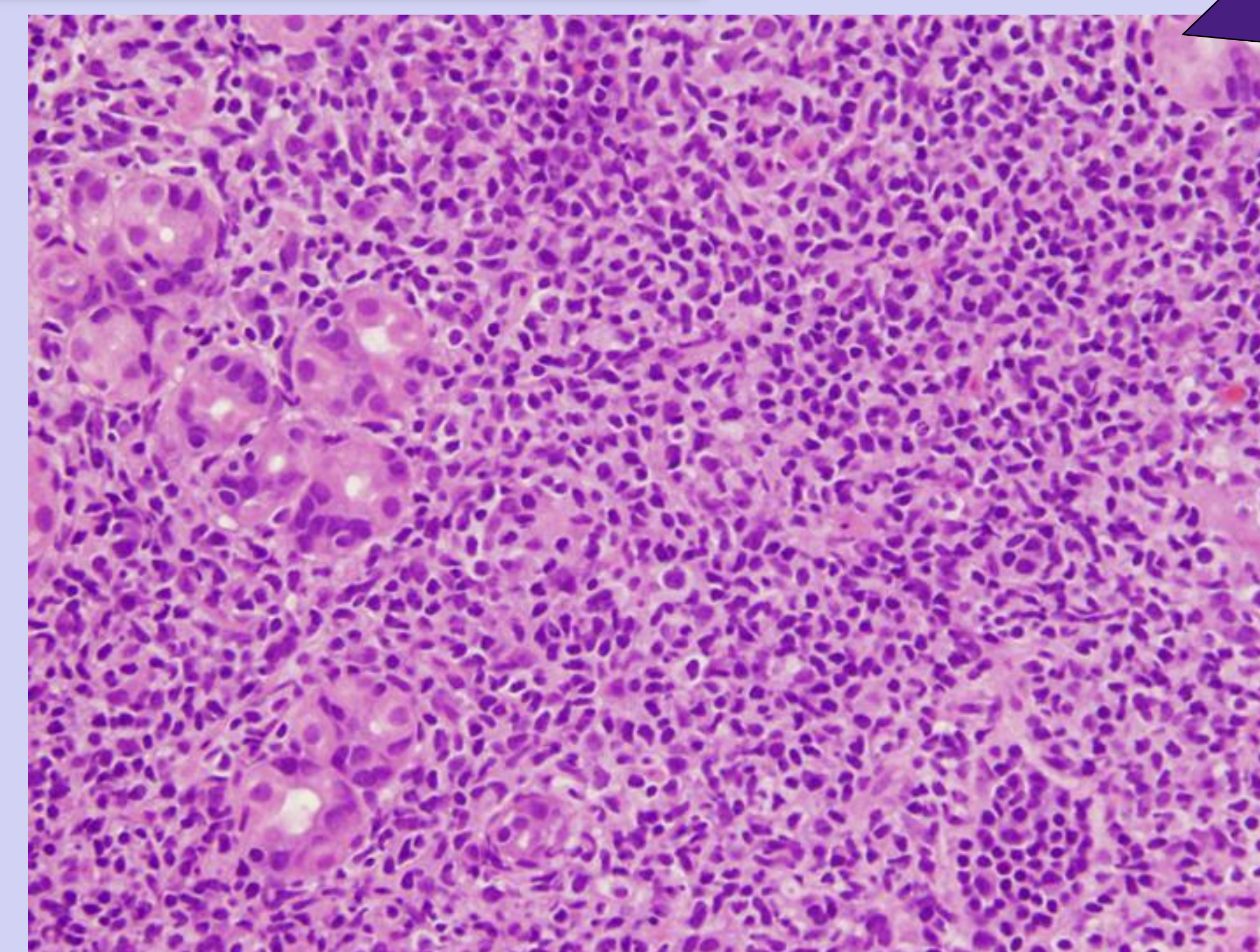
Intermediate magnification (100x) H&E photomicrograph. There is an atypical lymphoid infiltrate compatible with stomach involvement by MALT lymphoma. Oxyntic glands are surrounded by lymphocytes.



ENDOSCOPY



HISTOPATHOLOGY



High magnification (200x) H&E photomicrograph. The lymphocytes are atypical and heterogeneous in size. Scattered large lymphoid cells are noted and large cells are focally conspicuous

DISCUSSION

❖ AUTOIMMUNE PROCESSES

✓ SJOGRENS

❖ FALSE NEGATIVE

- ✓ NON-HISPANIC AND BLACK
- ✓ DISCREPANCY BETWEEN INITIAL AND REPEAT SEROLOGY

HOW TO DIAGNOSE EARLY

- ❑ GASTRIC MAPPING
- ❑ EUS > CT SCAN
 - Accurate estimation of mucosal and regional node involvement
- ❑ PET/CT
 - Controversial

HOW TO TREAT

- ❑ ERADICATION THERAPY
 - Good response, small study
- ❑ INVOLVED FIELD RADIATION
 - Rituximab
 - Surgery