Incidental Finding of a Duodenal-type Follicular Lymphoma in NASH Cirrhosis: A Rare Malignancy with Favorable Outcomes

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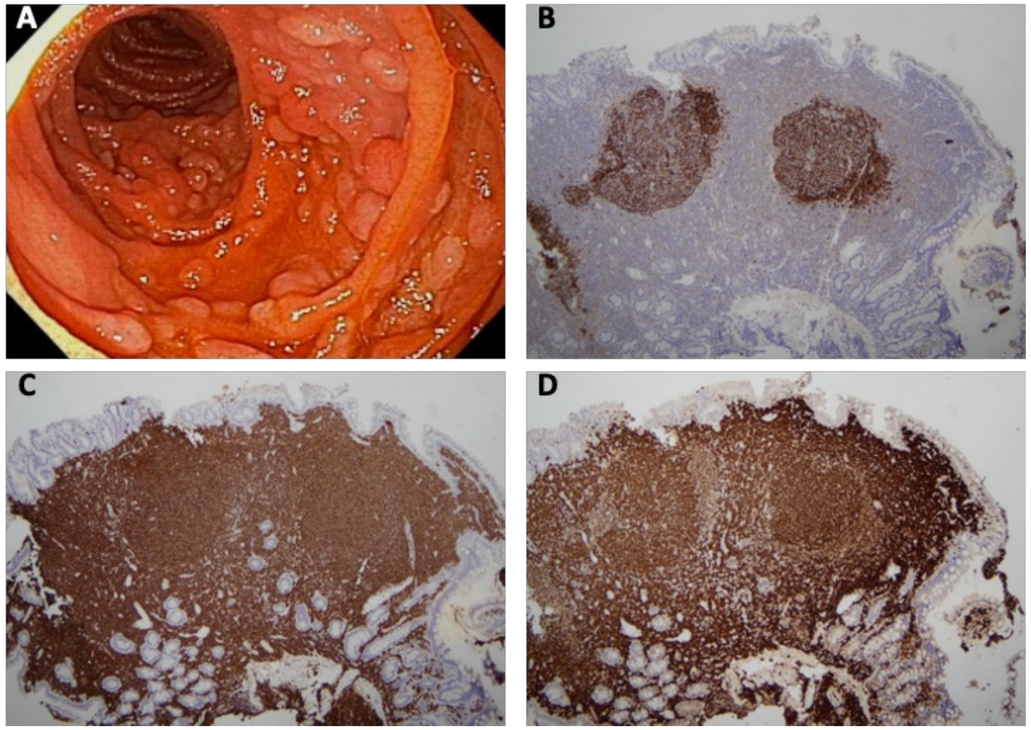
INTRODUCTION

Duodenal follicular lymphoma (DFL) are uncommon, with only 1109 cases. Treatment includes surgery, radiation, chemotherapy (including rituximab) and varying combinations. Many patients do very well with little to no treatment. Five-year progression-free survival is greater than 70% and overall survival ranges from 80-94%. A better understanding of the characteristics of FL of the GI tract relating to epidemiology, pathophysiology, treatment options, and long-term outcomes is needed.

CASE REPORT

Subjective
- 57-year-old female with nonalcoholic steatohepatitis (NASH) cirrhosis
- 30-pound-weight loss year prior
- No personal/family history of malignancy

Objective
- Multiple small round polyps in 2nd portion of duodenum
- Tissue in-situ hybridization positive for BCL2/IGH
- Low-grade follicular B-cell lymphoma
- PET/CT negative for systemic disease.



A. Endoscopic view of 2nd portion of duodenum
B. CD21 stain identifying architecture of lymphoid follicles with positively staining dendritic reticulum cells
C. CD20 stain revealing lymphocytes within lymphoid follicles are overwhelmingly CD20-positive B cells
D. BCL-2 stain defines follicles as neoplastic and confirms diagnosis of follicular B-cell lymphoma

DISCUSSION

Stage I/II gastrointestinal FL (GI-FL) have >80% 5-year survival. Many patients require no treatment. Its pathogenesis is largely unknown. DFL has a female predilection as high as a 2:1 ratio. Most common location is in the duodenum. Other sites include the large bowel and stomach.

While little is known about its pathogenesis, gut microbiome disruption has been associated with DFL in a case-control study. Mucosal microbiota disruption is also seen in nonalcoholic fatty liver disease (NAFLD) and NASH. No mechanistic explanations have been presented thus far, but the mucosal disruption present in both NASH and DFL needs further investigation.

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