A Case of Gastric Plasmablastic Lymphoma in a 30-Year-Old Immunocompetent Man.

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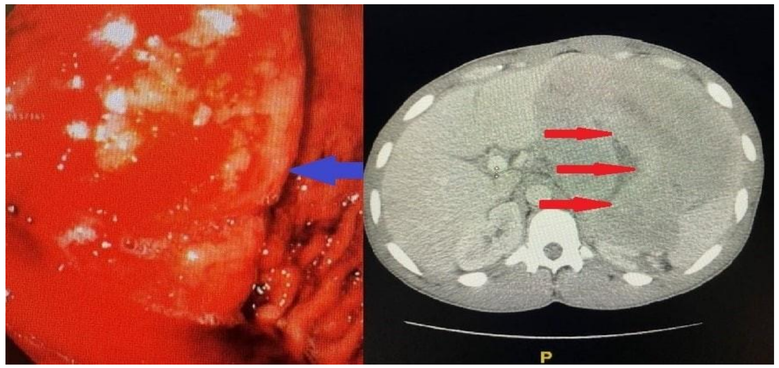
Introduction

Plasmablastic lymphoma (PBL) is a rare lymphoma predominantly seen in the oral cavity of HIV-positive individuals (1). Only a few cases have been reported in HIV-negative individuals and people with no known immunocompromised status.

Herein is a case of gastric PBL in a 30-year-old immunocompetent patient creating a diagnostic dilemma.

Image



(Image on the left shows the gastric mass seen on EGD. The image on the right is a gastric mass seen on CT of the abdomen and pelvis)

Case Presentation

A 30-year-old male presented with a complaint of worsening epigastric pain. About a month prior, he had an inconclusive biopsy result of a gastric mass. He reported nausea, hematemesis, and unintentional weight loss over three months. He denied any immunocompromised state, alcohol, and tobacco use.

On physical examination, he was tachycardic with epigastric tenderness. He had microcytic anemia with leukocytosis, positive fecal occult blood, and CT revealed a 16cm x 17cm x 16cm gastric fundal mass.

Repeat EGD and EUS was done and biopsy of the mass was obtained. Pathology and immunohistochemistry stain were suggestive of gastric plasmablastic lymphoma. Immunodeficiency workup done was negative so was a bone marrow biopsy for lymphoma.

He received first cycle of dose-adjusted - etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin, and rituximab (DA-EPOCH-R). He subsequently continued his care as outpatient.

Discussion

PBL is a very aggressive tumor with a median survival of 3 to 5 months (2). Its Incidence is unknown due to its rarity. A handful of case reports and small case series have been published, which stipulated the median age of diagnosis at 55 years in HIV-negative patients, with a female predominance and the gastrointestinal tract as the most common involved site (20%) (2).

PBL is difficult to diagnose because it mimics several other neoplasms. The diagnostic challenges with our patient include the initial inconclusive biopsy, the variability in his clinical presentation, and atypical immunohistochemistry findings.

Conclusion

We are writing this to add to the available literature on cases reported of gastric PBL in HIV-negative individuals to better understand this rare tumor.

Reference

(1) PMID: 23667804; PMCID: PMC3647105
(2) Bhatt R et al, Plasmablastic Lymphoma.StatPearls Publishing; 2022 Jan

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