An Important Syncopal Event: Syncope as the Presenting Sign of Primary Small Bowel Diffuse Large B-Cell Lymphoma

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Introduction

- Primary tumors of the small intestine are very rare and account for less than 2% of all gastrointestinal (GI) malignancies. Due to their rarity and non-specific symptom, they are often missed on initial evaluation.
- We present a case of syncope leading to the diagnosis of primary small bowel lymphoma in the absence of predisposing risk factors or other GI-related symptoms.

Case Presentation

- A 58-year-old man with history of GERD on PPI therapy presented for further evaluation following a syncopal episode. Cardiac workup including nuclear stress test was unremarkable, but he was found to have iron deficiency anemia with a hemoglobin of 10.4 in the absence of overt GI bleeding.
- With suspected symptomatic anemia and no prior endoscopic evaluation, he underwent EGD which was unrevealing, but his colonoscopy was significant for fresh blood throughout the entire colon and a 10cm frond-like/villous, non-obstructing, circumferential mass in the terminal ileum.
- Subsequent CT scan of the abdomen/pelvis confirmed a non-obstructive, 8cm distal ileal mass with innumerable lobulated and irregular lymph nodes suggesting mesenteric lymphadenopathy either from small bowel lymphoma or carcinoma but no features of peritoneal carcinomatosis.
- Endoscopic biopsy of the mass was consistent with Diffuse Large B cell Lymphoma (DLBCL). During his hospitalization, he underwent a right hemicolectomy and ileocecectomy with primary ileocolonic anastomosis. Surgical pathology revealed DLBCL (non-germinal center subtype). All regional lymph nodes were benign. He was started on first-line chemotherapy with R-CHOP. On presentation, he denied B-symptoms, abdominal pain, nausea, vomiting, melena or hematochezia.

Figures

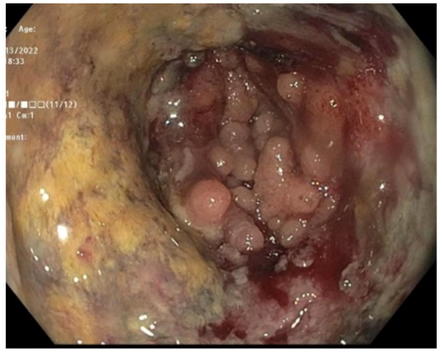

Figure 1: Approx. 10cm villous friable mass in terminal Ileum

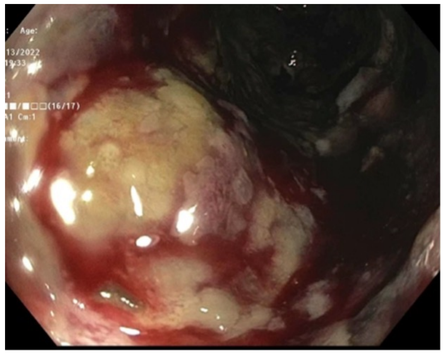

Figure 2: Circumferential non obstructing oozing mass in terminal ileum

Discussion/Conclusion

- Lymphoma involving the GI tract are mostly secondary to widespread nodal disease. However, primary GI lymphoma constitute 1-4% of all GI malignancies.
- Primary small intestine lymphoma account for 20-30% of all GI lymphomas and can have varied presentations.
- The most common pathology subtype is DLBCL. Clinical presentations include abdominal pain, nausea, vomiting, weight loss, obstructive symptoms, and perforation, while B symptoms and syncope are rare.
- Risk factors include celiac disease, HIV/AIDS and EBV infection. Although there have been notable advances in diagnosis and treatment of GI lymphomas, they portend poor prognosis due to advanced disease at the time of diagnosis.
- Given their non-specific presentation, it is important to always consider small bowel lymphoma as a differential diagnosis.

References

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2. Bharti S, Bharti J, N, Lodha M: Common Presentation of an Uncommon Small Intestinal Lymphoma: A Rare Case Entity. Gastrointest Tumors 2021;8:47-51.