Diffuse Large B Cell Lymphoma Presenting as Acute Recurrent Pancreatitis

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Introduction

- Extra-nodal Non-Hodgkin's lymphomas are mostly made of gastrointestinal sites.
- Primary pancreatic lymphomas account for <1% of all extra-nodal lymphomas and are extremely rare.
- Since the prevalence of chronic pancreatitis or pancreatic adenocarcinoma are more common causes of any pancreatic stricture or mass, diagnosis of pancreatic lymphoma can be missed or delayed
- We present a case of pancreatic lymphoma presenting as acute recurrent pancreatitis

Discussion

- Keeping a broad differential in mind for pancreatic masses is essential to prevent delayed diagnoses.
- With that in mind, although rare, pancreatic lymphoma should always be in the differential and physicians should consider sending for flow cytometry to avoid missing this diagnosis.
- When patients present with recurrent pancreatitis and no other risk factors, lymphoma should be kept in the differential.

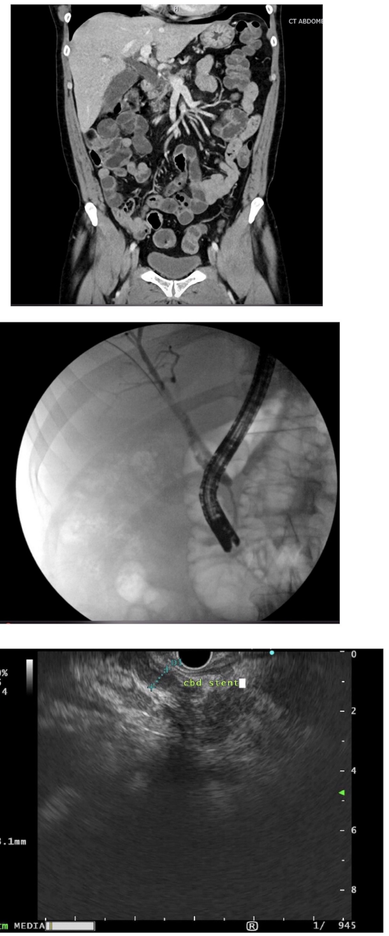

Figure 1: a) CT showing inflammatory reaction of the pancreas with bile duct dilation; b) Bile duct stricture on ERCP; c) EUS image showing common bile duct stent

Case Description

A 51-year-old male with PMH of RA and nicotine use presented with jaundice, abdominal pain, fatigue and 30-pound weight loss.

- CT suggested acute pancreatitis.
- ERCP showed a single localized biliary malignant appearing stricture in the lower third of the main bile duct with upstream dilation.
- EUS showed a 19 mm x 19 mm mass in the head of pancreas and 8 mm dilation of the CBD.
- EUS fine needle biopsy showed chronic pancreatitis with dense fibrosis and benign peri-pancreatic lymph nodes.
- PET CT showed activity in the pancreas and retroperitoneal LNs. Tumor markers (AFP, CEA, CA 19-9) were normal.
- Repeat EUS showed a 20 mm x 15 mm irregular mass in the head of the pancreas with upstream pancreatic duct dilation.
- This time, pathology was sent for flow cytometry. It came back positive for lymphoid infiltrate with a preponderance of B-cells surrounded by dense fibrosis and positive for CD 19, 20, 22 & 10.

By this point, malignancy other than adenocarcinoma was suspected and IR guided biopsy of retroperitoneal lymph nodes confirmed a diagnosis of diffuse large B cell lymphoma. Patient started chemotherapy with a 70% chance of being cured. ERCP one month later showed the stricture had resolved and the stent was removed.