Diffuse Mesenteric Lymphadenopathy and Duodenal Polyposis Secondary to Mantle-Cell Lymphoma: A Rare Case Report

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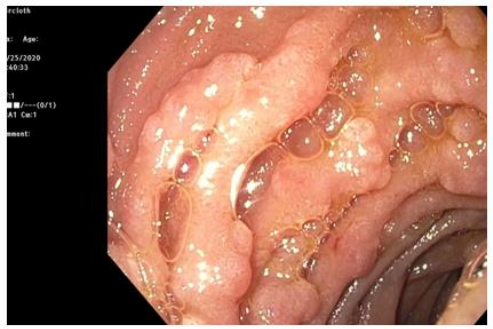
Background:

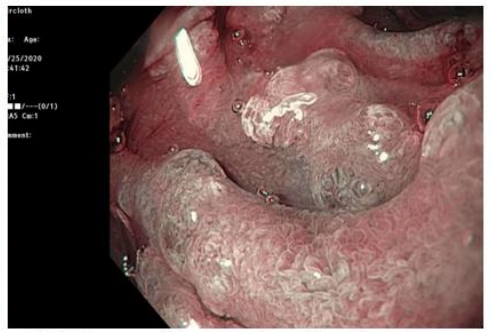
- Mantle cell lymphoma (MCL) is a rare type of B-cell non-Hodgkin lymphoma characterized by atypical small lymphoid cells within the mantle zone of germinal center follicles.
- GI involvement is common as an extranodal site of the MCL; however, primary GI lymphoma is very rare (about 1-4% of all GI malignancies).
- Here we present a case of primary gastrointestinal mantle cell lymphoma that was managed with chemotherapy.

Case Description:

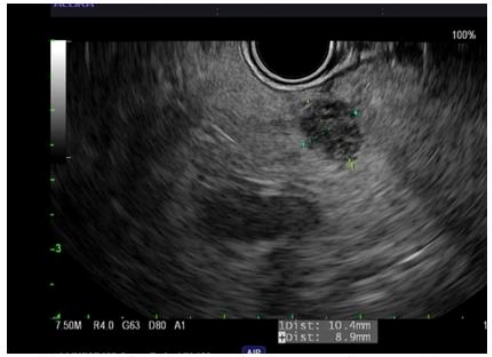
- A 58-year-old male presented with epigastric abdominal pain, nausea, and vomiting for a few weeks. He denied unintentional weight loss, night sweats, or anorexia.
- Physical exam and essential laboratory work were unremarkable.
- Computed tomography (CT) scan showed proximal small bowel wall thickening, with moderate epigastric, retroperitoneal, and mesenteric lymphadenopathy concerning for lymphoma.



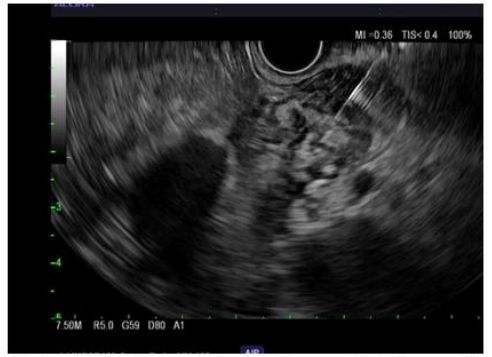
EGD image shows diffuse polyposis in the proximal duodenum



EGD image with narrow-band imaging shows diffuse duodenal polyposis



Endoscopic ultrasound shows peripancreatic lymphadenopathy



Endoscopic ultrasound with fine-needle biopsy of the thickened duodenal wall.

Patient course:

- EGD showed diffuse polyposis in the proximal duodenum. EUS showed multiple enlarged peri duodenal and peripancreatic lymph nodes and abnormal duodenal wall thickening.
- FNA of the duodenal wall and lymphadenopathy was obtained. Histology was consistent with mantle cell lymphoma, and molecular testing was positive for monoclonal IgH gene rearrangement.
- The patient was referred to oncology and started on chemotherapy per protocol.

Conclusion:

- Mantle cell lymphoma (MCL) is a rare type of B-cell non-Hodgkin lymphoma.
- Because of poor detection by radiological imaging, multiple organ systems are involved by the time of diagnosis leading to a poor prognosis with very low median survival.
- Little is known about the outcome, the response to treatment, and the duration of remission in primary GI MCL patients, as Only a few case reports are available.