

A Rare Cause of Melena: Gastric and Duodenal Diffuse Large B-cell Lymphoma

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A 75 year old female patient was diagnosed with rectal MALT lymphoma in 1996. She was treated with CHOP regimen, entering in remission. In 2004, she noticed enlarged lymph nodes in the left cervical region. Histological analysis showed peripheral B-cell lymphoma and she started cyclophosphamide, with partial remission.

In 2012, at the age of 91, she was admitted with a respiratory infection. Pulmonary X-ray was considered inconclusive, and CT-scan was remarkable for the presence of multiple nodules in the lung, associated with enlarged lymph nodes in the pulmonary hilum and mediastinum. Meanwhile, she developed melena. Esophagogastroduodenoscopy was performed, showing multiple ulcerated lesions in the duodenum (Figs. 1, 2), gastric antrum (Fig. 3) and fundus. Histological analysis revealed extensive infiltration by large and apparently undifferentiated malignant cells. Immunohistochemical analysis showed a strong and diffuse expression of CD20 and CD45 in the malignant cells, establishing the diagnosis of gastric and duodenal diffuse large B-cell lymphoma (DLBCL). The patient died a few days after the diagnosis, with multiorgan failure.

Most lymphomas of the gastrointestinal tract are B-cell lymphomas, being the majority MALT-type lymphomas. Gastric lymphomas are responsible for 5% of gastric neoplasms, and are the most frequent extra-nodal lymphomas in developed countries [1]; most of them are MALT-associated lymphomas or DLBCLs.

The pathogenesis of gastric DLBCLs is poorly understood. They can appear *de novo* or be related with components of MALT-tissue that is assumed to evolve from low grade to high-grade lesions. They present as a single large lesion or as multiple ulcers, particularly in the gastric body and antrum. Clinically, patients may have epigastric pain or dyspepsia, and ulcerating lesions may be associated with bleeding. Duodenal DLBCLs



are histologically and clinically similar. Treatment of these conditions may include surgery, chemotherapy or radiotherapy [2]. Prognosis depends on the disease stage and performance status.

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