Case Report

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A Rare Cause of Upper Gastrointestinal Bleeding; Non-Hodgkin's Lymphoma

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Introduction

Acute upper gastrointestinal bleeding (UGIB) is a common indication for upper gastrointestinal endoscopy, with a large audit reporting 14% mortality [1,2]. Although, the gastrointestinal tract is the most common site of the lymphoma, lymphoma is a rare cause of the gastrointestinal bleeding [3]. In this paper, we present a case with non-Hodgkin's Lymphoma (NHL) resulting in massive gastrointestinal bleeding.

Case

A 65-year-old woman admitted with hematemesis, melena since the day before, and mild abdominal pain for three days to our clinic. On admission, the patient was hypotensive with blood pressure of 90/50 mmHg and heart rate of 104 beats per minute and afebrile and her respiratory rate was 18 breaths per minute. Physical examination, revealed a palpable left paraumbilical, chest wall, and anterior lower extremity mass. A scar of the previous Billroth II operation, which had been performed because of the peptic ulcer perforation fifteen years ago, was seen.

Laboratory work-up revealed haemoglobin of 6.5 g/dL, albumin of 2.1 g/dL. Other serum chemistry, liver function tests, coagulation test, electrocardiogram, and chest radiograph were within normal limits. Esophagogastroduodenoscopy (EGD) revealed about 3 cm ulcerated lesion on residual antrum with blood clot and showed that Billroth II operation (Figure 1) but the evaluation was suboptimal because of the active bleeding. Abdominal computed tomography (CT) with intravenous contrast revealed multiple lesion on multiple localization (Figure 2). The patient was resuscitated with intravenous fluids and a red cell transfusion, five units red cell transfusion and proton pump inhibitor infusion were administered. On third day of the admission, after hemodynamic stability established, EGD was performed. Second EGD revealed an about 3 cm ulcer with everted edge (Figure 3). Multiple biopsies were obtained from surround of the lesion. Then, biopsies were obtained from mass on chest wall, too. Histopathological examination of both materials showed a strong and diffuse expression of CD20 and CD45 in the malignant cells, establishing the diagnosis of diffuse large B-cell lymphoma (DLBCL). The patient was transferred to the oncology service for chemotherapy. However, the patient was treated primarily with systemic chemotherapy plus the recombinant anti-CD20 antibody rituximab, treatment was stopped because of the severe complication; febrile neutropenia. Second gastrointestinal bleeding attack occurred during hospitalization because of the febrile neutropenia. Unfortunately, she could not discharge, she died.

Discussion

Acute gastrointestinal bleeding is a potentially life-threatening abdominal emergency that remains a common cause of hospitalization. UGIB is defined as bleeding derived from a source proximal to the ligament of Treitz. UGE is the best diagnostic and therapeutic investigation to the treatment of UGIB. While peptic ulcer is the major cause of the UGIB, lymphomas is a really rare cause of it. Reviewing to the literature, there are a few case presentations [4-6]. Bleeding is less common in lymphomas than with other gastric tumors, and

Figure 1: An upper gastrointestinal endoscopy; thickened gastric folds and deep ulcerated lesion in the antrum of the stomach.

lymphomas are associated with obscure UGIB [3].

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; most of them are MALT-associated lymphomas or DLBCLs [7].

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 rarely be associated with bleeding. Treatment of these conditions may include surgery, chemotherapy or radiotherapy is the mainstay of therapy for lymphomas. Surgery can be performed when the primary lesion is deemed resectable. Adjuvant chemo-radiation therapy is of definitive survival benefited to patients with NHL. Prognosis depends on the disease stage and performance status [8].

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Figure 2: Axial computed tomographic images with contrast demonstrating hypodense lesions. (a) Axial unenhanced thorax CT shows lobulated mass in the subcutaneous fat of the anterior chest wall. (b) Axial contrast enhanced abdominal CT show mass involving between lesser curvature of the stomach wall and left lobe of the liver.

Figure 3: Axial T2-weighted MR image show large mass in the subcutaneous fat of the anterior right femur.

We present a woman with DLBCL who presented with UGI bleeding. Upper gastrointestinal bleeding is an uncommon manifestation of lymphomas. The case presented suggests that the presence of large gastric ulcers with deep craters should suggest the gastric malignancy and lymphomas.

Consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

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