CASE REPORT

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Hepatic diffuse large B-cell lymphoma incidentally diagnosed during gastroscopy: A case report

Gastroskopide tesadüfen tanınan diffüz büyük B hücreli karaciğer lenfoması: Vaka sunumu

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Primary non-Hodgkin lymphoma of the liver is a very rare malignancy. Here, we report the case of a 78-year old man who presented with complaints of fatigue, slight weight loss and decreased appetite; since 6 months. Because he was anemic and regularly taking aspirine, we first suspected chronic blood loss from the stomach as a cause of anemia. Gastroduodenoscopy was planned as the next step. It revealed an external hemispheric, mobile compression on the greater curvatura of the stomach; which had to be further evaluated via whole abdominal computed tomography with contrast Abdominal computed tomography demonstrated hepatomegaly caused by multiple mass lesions, with necrosis at the center. Next, a positron-emission tomography was advised; and it revealed potential malignacy with widespread lymph node metastases and malignant ascites. Liver biopsy performed under ultrasonographic guidance revealed diffuse large B-cell lymphoma of the liver. The patient is now under medical oncology follow-up, and receiving chemotherapy. Based on our findings, physicians should be more aware and consider that external gastric compression on routine gastroscopy may be an indicator of a more serious disease.

Key words: *Primary hepatic lymphoma, non-Hodgkin lymphoma, liver, gastroscopy*

Karaciğerin primer non-Hodgkin lenfoması, oldukça nadir görülür. Bu yazıda; son 6 aydır yorgunluk-hafif kilo kaybı-iştahsızlık yakınmaları olan 78 yaşındaki bir erkek hastanın vaka sunumunu yapıyoruz. Hasta anemik olduğu ve düzenli aspirin kullanım öyküsünden dolayı, öncelikle mideden kronik kan kaybı olasılığını düşünerek, bir gastroskopi yapmayı planladık. Gastroskopide; büyük kurvatura üzerinde hareketli, yarım küre şeklinde bir dış bası izi görerek; bir sonraki basamak olarak kontrastlı tüm batın tomografisi çektirdik. Batın tomografisinde; çok sayıda kitle lezyonlarının sebep olduğu, büyümüş bir karaciğer saptandı. Yapılan pozitron emisyon tomografisinde yaygın lenf nodu tutulumu olan, assite sebep olmuş muhtemel bir malignite tespit edildi. Ultrasonografi eşliğinde karaciğer biyopsisi gerçekleştirildi, patolojik tanı karaciğerin yaygın büyük B hücreli lenfoması olarak geldi. Hasta şu anda medikal onkolojinin takibinde olup, kemoterapi seanslarına girmektedir. Umarız ki yazımız, gastroskopi yapan meslektaşlarımızda, işlem sırasında saptanan böyle bir dış basının altından ilginç tanılar çıkabileceğine dair farkındalık yaratır.

Anahtar kelimeler: *Primer karaciğer lenfoması, non-Hodgkin lenfoma, karaciğer, gastroskopi*

INTRODUCTION

Primary hepatic lymphoma (PHL) is an unusual form of non-Hodgkin lymphoma (NHL) that usually presents with constitutional symptoms, hepatomegaly and signs of cholestatic jaundice without lymph node and extrahepatic (spleen, bone marrow and other lymphoid tissues) metastases at early stage of the disease (1). The prevalance of PHL was 0.4% among extranodal non-Hodgkin lymphomas, and 0.016% among all non-Hodgkin lymphomas (2). PHL may ocur at any age, although the median age is 50 years, with a male-to-female ratio of 2/3:1 (3-5). The etiology of PHL remains unclear, however, certain viruses, including hepatitis C virus (HCV), human immunodeficiency virus (HIV) and Epstein-Barr virus (EBV) may be involved. Liver cirrhosis, systemic lupus erythematosus (SLE) and immunosupressive therapy may also be associated with PHL. HCV infection is detected in 40 %-60 % of patients with PHL (2,6,7).

To date, no optimal treatment for PHL exists due to the rarity of this malignancy. However, surgical resection, radiotherapy and chemotherapy are the currently available treatment modalities.

Here we present a patient who had an external mass compressing into the gastric lumen, as observed on routine gastroscopy, but was later diagnosed as diffuse large B-cell lymphoma of the liver.

CASE REPORT

A 78-year old man presented at our outpatient clinic with complaints of fatigue, slight weight loss and decreased appetite; since 6 months. His physical examination revealed no pathological finding, except epigastric pain. His medical history included diabetes, hypertension and ischemic cardiovascular disease, for which he was undergoing regular treatment.

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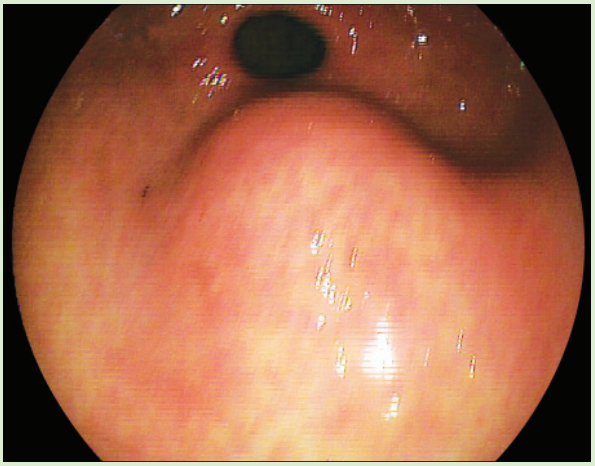

Figure 1. Endoscopic view of the compressing mass, on the greater curvatura of the stomach, with pylorus in sight.

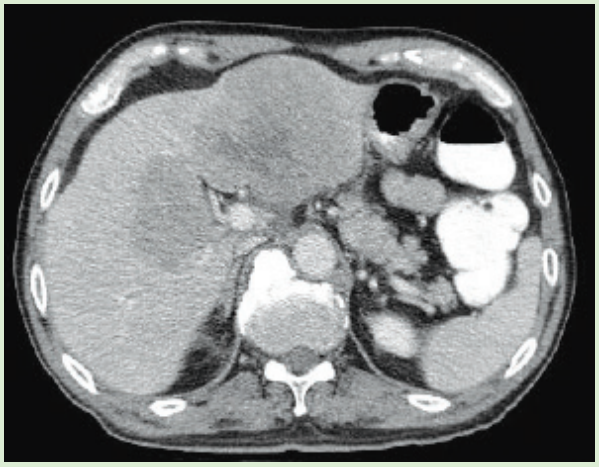

Figure 2. There is a mass lesion in the left lobe and hilar region of the liver. After contrast administration at portal phase, the mass lesion shows heterogenous enhancement with central necrosis.

Blood tests revealed normochromic normocytic anemia with moderate neutropeni; other parameters were within normal limits. Because he was taking clopidogrel and acetylsalicylic acid (ASA) daily for ischemic heart disease, we first suspected chronic blood loss from the stomach, hence gastroduodenoscopy was planned as the next investigative step.

Endoscopy revealed reflux esophagitis, pangastritis with duodenitis, along with an external hemispheric and mobile compression on the greater curvatura of the stomach, thus necessitating a whole abdominal computed tomography (CT) with contrast as the next step in investigation.

Abdominal CT revealed hepatomegaly caused by multiple mass lesions, with necrotic centers. A PET/CT was advised; which revealed potential malignacy with widespread lymph node metastases and malignant ascites.

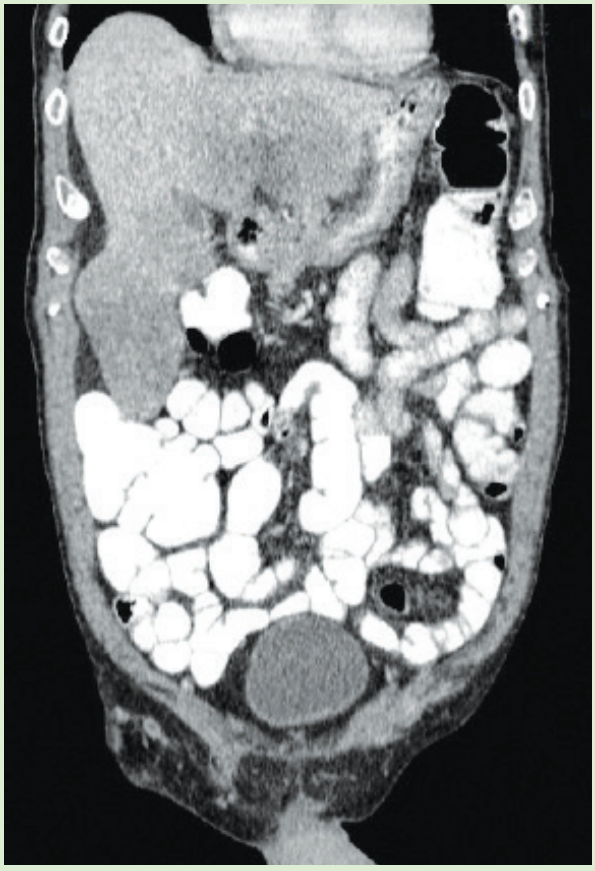

Figure 3. Exophytic mass lesion at the left and caudate lobes of the liver, with external identation on the antral part of the stomach.

A liver biopsy was performed under ultrasonographic guidance, which revealed diffuse large B-cell lymphoma of the liver.

The patient is now under medical oncology follow-up, and undergoing chemotherapy.

DISCUSSION

PHL was first described in 1965 by Ata and Kamel (8). It is described as a lymphoma which is either confined to the liver or majorly involving the liver (9). It represents less than 1% of all extranodal lymphomas (10). Based on histological and immununohistochemical data, different subtypes of primary lymphoma of the liver have been described. The most common variant of NHL of the liver is diffuse large B-cell lymphoma, which accounted for 71% of all PHL cases in a previous study (11).

The exact cause of PHL is unknown, although viruses such as HBV, HCV and Ebstein Barr virüs have been implicated. There may be a strong association between primary hepatic NHL and HCV. Hepatitis C is found in 40%-60% of patients with PHL. The possible roles of HCV, cirrhosis and

therapeutic interferon in lymphomagenesis remain unclear (12). However, our patient was not positive for HCV or HBV.

PHL is twice as frequent in men as in women and the usual age at presentation is 50 years (9). Symptoms are usually nonspesific, with most patients reporting right upper quadrant and epigastric pain, fatique, weight loss, fever, anorexia and nausea, hepatomegaly is also frequently encountered (13).

The disease may be of either T or B-cell origin. Most PHLs corresponds to a larger cell type and demonstrates a B-cell immunophenotype (14). Symptoms and histological features are very typical for the disease, as in our case.

Liver biopsy remains the most valuable tool for the diagnosis of PHL, which was also used in our case to achieve correct diagnosis.

The patient is now under medical oncology follow-up, and receiving chemotherapy.

Notably, PHL should be considered as the differential diagnosis when examining patients with space-occupying liver lesion. These lesions can sometimes cause external compression of the stomach, which highligts the importance of gastroscopy in the diagnosis of such distinct lesions.

We hope that our case study increases awareness among our colleagues about considering an external gastric compression on routine gastroscopy as a sign of a more serious disease.

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