

Primary Lymphoma of The Small Intestine Presenting with Massive Lower Gastrointestinal Bleeding: A Case Report

Masif Alt Gastrointestinal Sistem Kanaması İle Seyreden
Primer İnce Barsak Lenfoma Olgusu

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Özet

Lymphomas are not very common in the gastrointestinal tract and small intestine involvement is rare. Symptoms such as bleeding, abdominal pain, palpable mass in the abdomen and obstruction are present according to the involved segment of the small bowel by lymphoma. We aimed to present a case of massive lower gastrointestinal bleeding due to primary lymphoma of the small bowel.

Key words: gastrointestinal tract, massive bleeding, small bowel lymphoma

Abstract

Amaç: Lenfomalar gastrointestinal sistemde çok sık görülmemekle birlikte, ince barsak tutulumları da oldukça nadirdir. İnce barsak tutulumu olan lenfomalar kitlenin bulunduğu segmente göre kanama, karn ağrısı, karnada ele gelen kitle ve obstrüksiyon gibi semptomlar görülebilir. Biz de primer ince barsak lenfomasının tutulumuna bağlı oluşan masif alt gastrointestinal sistem kanamalı olguyu sunmayı amaçladık.

Anahtar kelimeler: gastrointestinal sistem, masif kanama, ince barsak lenfoması

Introduction

Malignant tumors of the small intestine occur rarely. The most common appears to be adenocarcinoma followed by carcinoid tumors, sarcomas, lymphomas¹. There are no specific symptoms of the involvement of small intestine with lymphomas. Lymphoma rarely results in perforation leading to acute abdomen and similar to our case may be diagnosed through bleeding².

In this article; we aimed to present a rare case with massive lower gastrointestinal (GIS) bleeding together with the related literature.

Case Report

A sixty-eight-year-old male patient, while being examined in the hematology department with abdominal mass and anemia, was referred to our institution because of sudden onset of rectal bleeding. During the first evaluation of the patient; tachycardia (102 / min) and arterial blood pressure of 80/50 mmHg was observed. Digital rectal examination showed hematochezia and patient's blood hemoglobin level was 6.5 g / dl. Stomach contents without the presence of bleeding were noticed from the nasogastric tube. Following the appropriate fluid and blood replacement therapy given to patients' abdomen tomography revealed; a mass reaching 10 cm in diameter in the distal segment of ileum. Patients' clinical condition deteriorated despite the blood replacement and urgent surgery decision was made. During the exploration; about 70 cm proximal to the ileocecal junction, in the small intestine wall approximately 20 cm of high degree thickening, lymph nodes in meso with the largest reaching about 4-5 cm in diameter, gata as a conglomerate of the small intestine itself was noticed in this area (Figure 1). Partial bowel resection and side-to-side intestinal anastomosis was performed in order to include the lymph nodes of the meso. The postoperative course was uneventful, and the patient was discharged on the 9th day. The histopathologic examination of the resected specimens was consistent with B-cell non-Hodgkin's lymphoma.

Discussion

Small intestinal lymphomas are very rare and constitute 1-4% of all gastrointestinal tumors. Gastrointestinal lymphomas occur most often in the stomach followed by small intestine and the colon,

respectively. In some Middle Eastern and African countries, small intestine is the most commonly affected area. Childhood lymphomas are most frequently seen in the small bowel³. During the course of lymphomas the GI involvement may be seen in two different ways as primary and secondary and also may be seen in different histopathological types⁴.



(Figure 1). a black arrow. Gato as a conglomerate of the small intestine. b white arrow. Lymph nodes in meso

Primary gastrointestinal lymphoma was first described by Billroth in 1871. Usually the histopathologic type is as non-Hodgkin's lymphoma; Hodgkin's lymphoma is extremely rare. Among primary GIS lymphomas, non-Hodgkin's lymphoma constitutes 15-20%⁵. Dawson criteria are most commonly used diagnosis (Table 1)⁶.

Table 1. Dawson criteria in primary gastrointestinal lymphoma

1. The lack of peripheral lymphadenopathy.
2. Lack of mediastinal lymph node pathological in size on chest X-ray.
3. A normal white blood cell count and peripheral blood smear.
4. A normal bone marrow and aspiration.
5. The main lesions in the gastrointestinal tract during surgery, the presence of the pathological lymph nodes in the area that the lesion is drained.
6. Lack of involvement in the liver and spleen.

There are no specific clinical symptoms of the small intestine lymphoma. Small intestine masses may cause bleeding, abdomi-

nal pain and obstruction depending to their localization and size⁷. In our case, intraabdominal palpable mass lesion and bleeding was present.

Most of the lower gastrointestinal bleeding is not severe but sometimes similarly to our patient the degree of bleeding can be life-threatening. Up to 10-15% of patients with acute massive hematochezia require prompt diagnosis and treatment⁸. Among the factors that increase mortality in the lower gastrointestinal bleeding, the severity of the bleeding, recurrent bleeding, patient age, comorbid conditions, intestinal ischemia and hemodynamic instability are present⁹. Diagnosis and fast administration of hemostatic treatment in massive lower gastrointestinal bleeding can be life-saving.

Conclusion

In patients with intra-abdominal mass and severe bleeding, similarly to our patient, lymphomas should be considerate as differential diagnosis, and despite it rarity it should be kept in mind may present with massive lower gastrointestinal bleeding during their course.

Patient Consent

A signed consent form was obtained from the patient.

Conflict of Interest

No conflict of interest is declared by the authors.

Financial Disclosure

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