Intestinal mantle cell lymphoma observed by double balloon endoscopy with Fuji Intelligent Chromo Endoscopy (FICE)

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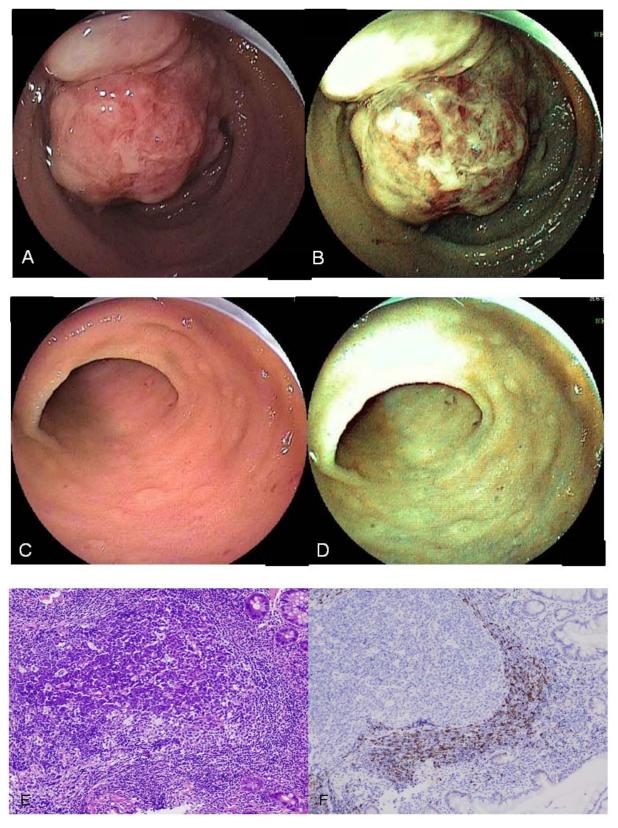
Key words: mantle cell lymphoma, double balloon endoscopy, Fuji Intelligent Chromo Endoscopy (FICE) Mantle cell lymphoma rarely occurs in the gastrointestinal (GI) tract, although other B-cell derived non-Hodgikin lymphoma often occurs there. According to previous reports, gastrointestinal spread of mantle cell lymphoma frequently involves the colorectum and stomach, whereas reports of small intestinal involvement were rare. Consistent with preceding reports¹⁾⁻³⁾, endoscopic features of colorectal and small intestinal spread of mantle cell lymphoma showed the presence of multiple lymphomatous polyposis in the lower ileum and colorectum. Prior reports has described cases of gastrointestinal mantle cell lymphoma by using advanced endoscopic imaging technologies¹⁾⁻³⁾, however observation of double balloon endoscopy with Fuji Intelligent Chromo Endoscopy (FICE) in small intestinal mantle cell lymphoma has not been reported to date. We report a rare case of the intestinal mantle cell lymphoma diagnosed by capsule endoscopy and double balloon endoscopy with FICE, providing new endoscopic imaging of this type of gastrointestinal lymphoma.

A 66-year-old man was admitted to our hospital due to anemia and tarry stool. Upper GI endoscopy and total colonoscopy had no remarkable changes. Capsule endoscopy showed the elevated lesions in the distal ileum, and double balloon endoscopy was undertaken for further examination. Double balloon endoscopy showed the reddish irregular elevated mass lesion with giant folds in the distal ileum and FICE highlighted superficial vessels (A, B). Multiple small polypoid lesions were spread in the distal ileum and FICE could identify them clearly as whitish small nodules (C, D). Endoscopic biopsy specimens taken from the mass lesion

and small polypoid lesions showed the follicular structures within the thick mantle layer under the mucosa, consisting of medium sized abnormal lymphoid cells with dense nuclei (E). Immunohistochemical analysis revealed that the medium sized abnormal lymphoid cells were positive for Cyclin D1 (F), CD5, CD20, Bcl-1 and Bcl-2, but negative for CD3 and CD10. Based on histopathological and immunophenotypic findinds, a diagnosis of intestinal mantle cell lymphoma was made.

Reference

- Hotta K, Oyama T, Kitamura Y et al: Mantle cell lymphoma presenting as multiple lymphomatous polyposis spreading widely to the small intestine. Endoscopy. 2007; 39: E347-3485.
- 2) Penyige J, Farczadi E, Boer K et al. A rare intestinal malignancy : mantle cell lymphoma. Endoscopy. 2007; 39: E60.
- Yumori A, Okubo H, Takahashi H et al. Gastrointestinal: mantle cell lymphoma diagnosed by balloon enteroscopy. Journal of Gastroenterology and Hepatology 2008; 23: 1623.



CyclinD1