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A Rare Case of Intestinal Obstruction.

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ABSTRACT

Non –Hodgkin's lymphoma of intestine is a rare disease. It mostly presents with features of intestinal obstruction, however it has to be differentiated from other malignant swellings as the prognosis and treatment are completely different. This is a rare case of concurrent presentation of lymphoma intestine with Tuberculosis (TB) intestine. The incidence rate is 1.9 in 10000.

Keywords: Intestinal Lymphoma, TB Intestine, Concurrent presentation, surgery

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INTRODUCTION

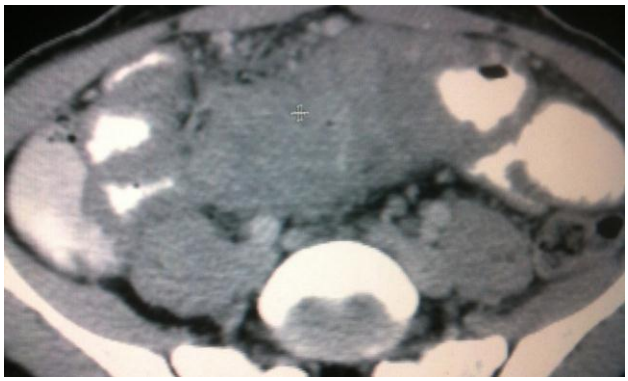
Concurrent presentation of Non-Hodgkins lymphoma along with intestinal TB is quite rare. In this report, we describe a 22 year old male with primary extra nodal NHL along with TB small intestine, which was resected. The study shows that tumour tissue histopathology features are the most important factors in the histological diagnosis of NHL with TB intestine [1,2].

Case Report

A 22 year old male presented to our deparment with 1 year history of Abdominal pain, 3 month history of vomiting, history of malena for 6 months, history of loss of weight and appetite along with a history of low grade fever was present .The patient was apparently well prior to the illness and his past medical history was uneventful. Physical examination revealed a moderately built and nourished individual, with no abnormal findings on systemic examination. No palpable cervical, axillary or Inguinal lymphadenopathy was observed. The patient was found to have to have a ill-defined mass of approximately 6x6 cm occupying the epigastric and umbilical regions; which was firm, non-tender and did not move with respiration.

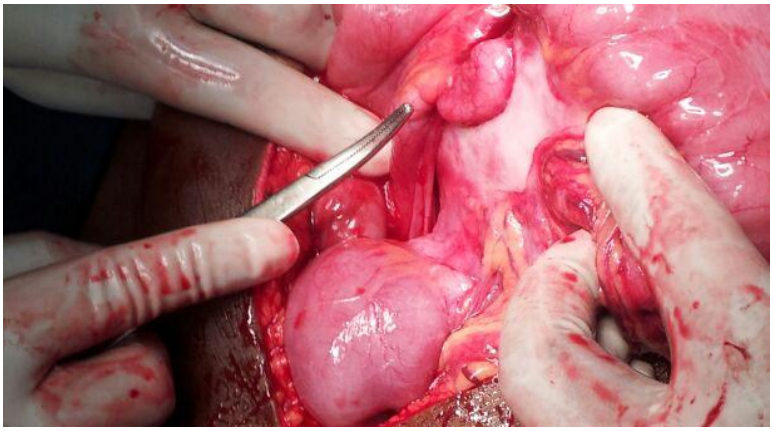
Hematological and biochemical work up revealed 11.4mg/dl(HB), a white blood cell count of 11800, albumin of 2.4 g/l, ESR of 110, normal levels of (LDH) and normal renal and liver function. The chest X ray was normal. Ultrasonogram showed a diffuse mass involving small bowel. Computed Tomography (CT) revealed an almost circular mass measuring 7x6 cm in the small bowel. The lesion showed lower signal intensity on T1-weighted images and uneven higher signal intensity on T2-weighted images. Tentative diagnoses included adenocarcinoma small bowel, TB small bowel, Lymphoma small bowel, Regional ileitis.

Laparotomy was planned and preceded and a resection of the tumor en-masse was done, while maintaining bowel continuity at the same time.



CT image of the mass

Intra-operative images



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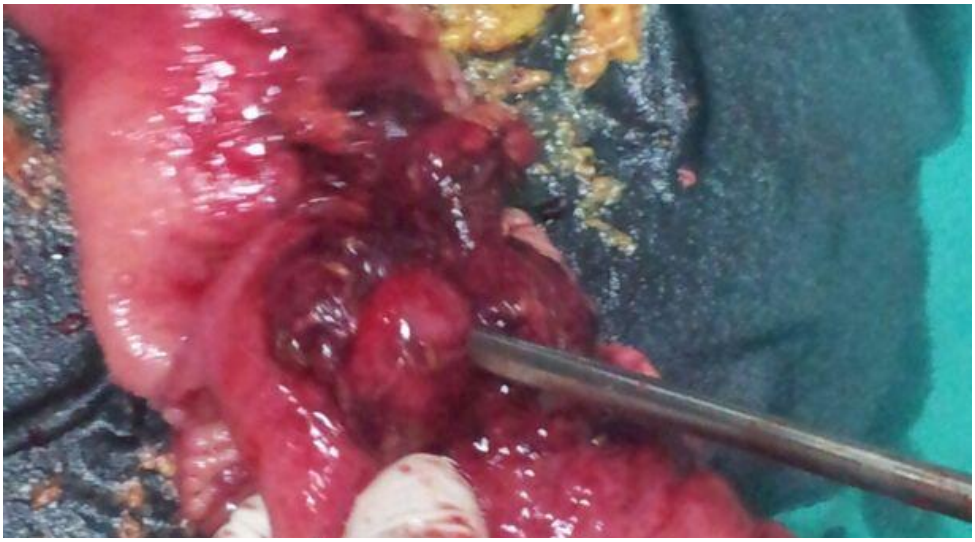
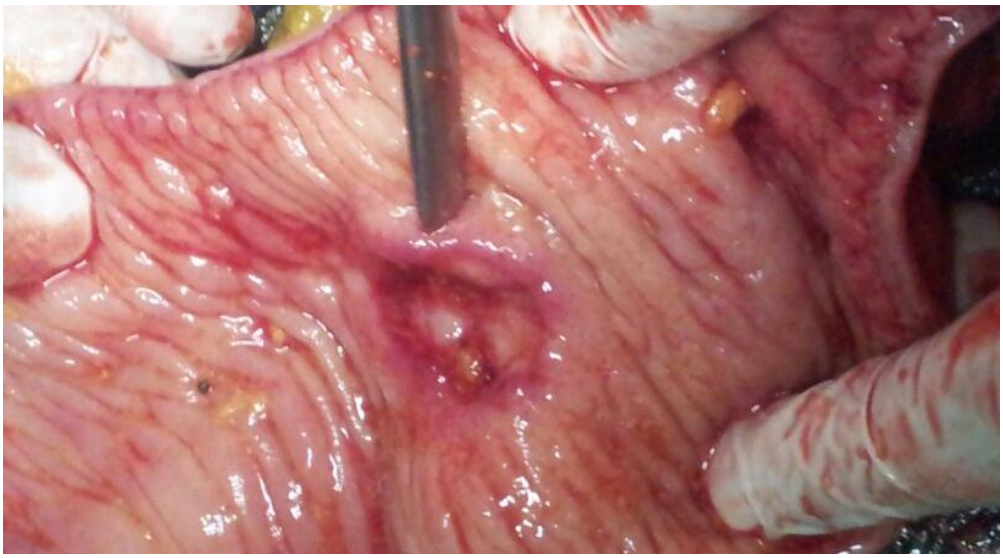
Hard mass over the small bowel wall



Resected small bowel with the mass



Multiple ulcerations of the colonic mucosa was seen in addition to the mass

Histopathological examination of excised mass revealed the co-existence of B cell Non Hodgkins Lymphoma with TB. Immunohistochemistry study revealed that the neoplastic cells were of B cell origin: positive CD20 and CD45 staining. Ziehl-Neelson technique for AFB was positive along with the presence of caseating necrosis.

The patient was staged as 1(Ann Arbor staging) [11], and post-operatively received chemotherapy – CHOP regimen (cyclophosphamide, Adriamycin, vincristine and prednisolone) along with ATT simultaneously. Patient improved clinically. Patient is now under follow up.

DISCUSSION

Malignant lymphoma may present in any region of the body [3]. The condition is referred to as primary extra nodal NHL when the extranodal site is the only site involved or when the bulk of the disease is confined to the extra nodal site. The most common extra nodal sites include the gastrointestinal tract, Waldeyers ring, head and neck, testes, ovary, central nervous system, thyroid, breast, bone and skin, in order of decreasing frequency [4,5]. Primary NHL localized in the gastrointestinal tract is uncommon. Certain reports

suggest that true primary NHL in the GI tract represents approximately 0.11% of all malignant lymphomas [6-8].

In conclusion, surgical excision is the mainstay of treatment for most Lymphomas of the intestine as they are cause obstruction [9].

Nevertheless, primary extremity lymphomas are rare tumours with potentially high malignancy and metastatic capacity, exhibiting clinical and histological difficulty for a correct diagnosis [10,11]. The presence of an intense mass on CT imaging, particularly in middle aged or older aged patient is highly suggestive of lymphoma [12]. Considering the sensitivity to chemotherapy and radiotherapy, resection is not optimal unless patient presents with intestinal obstruction. Early recognition and correct diagnosis will allow the proper treatment protocol to be initiated [13].

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