UNUSUAL PRESENTATION OF PRIMARY GUT LYMPHOMA

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INTRODUCTION

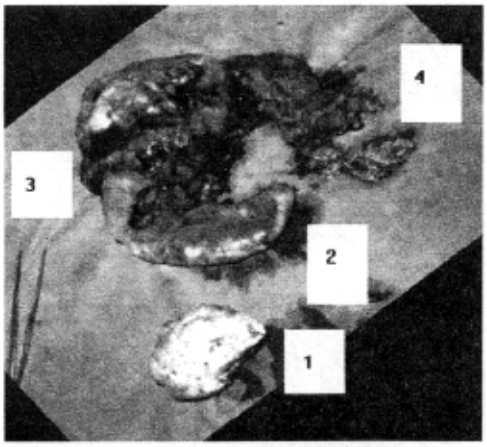
Primary malignant intestinal lymphoma is an uncommon gut malignancy with commonest site being the ileum (Primary Gut Lymphoma) and right sided large gut. Majority of Primary Gut Lymphoma are non-Hodgkin's type. Diffuse large cell type is the commonest variant.[1,2] Very few cases have been reported in literature. Surgery followed by chemo-radiations gives good result in terms of survival and quality of life.

CASE REPORT

A 30 years old lady presented with abdominal masses, anorexia, loss of weight, amenorrhea and secondary infertility of one year duration. Although she already had two children but she wanted to have more keeping in view the local traditions. On examination, there was a mass in right flank, fixed, extending from pelvis unto right hypochondrium and medially just short of umbilicus. In addition, there were two small masses in the pelvis. Clinically ovarian pathology was diagnosed. Sonography revealed the two pelvic masses to be ovaries and a larger mass occupying right, paravertebral gutter, all other abdominal viscera and lymph nodes were clear from any pathology, giving the probability of hydatid disease. Casoni's test was unremarkable, X-Ray chest was normal and hematological tests were normal.

This lady was subjected to exploratory laparatomy. Operative findings were enlarged ovaries of cricket ball size, hard in consistency, freely lying in pelvis, with a mass of the same consistency had completely surrounded ascending colon right from ceacum up to hepatic flexure and adherent to posterior abdominal wall. Ovarian masses were completely free from colonic mass, all other abdominal organs were normal and the lymph nodes were not enlarged. Right hemicolectomy and illeotransverse anastomosis was performed and the right ovary was removed as the peroperative look of the masses was benign (the consent was not given for bilateral oopherectomy and hysterectomy). Operative diagnosis was primary ovarian pathology. Post-operative period was uneventful and the patient was discharged on 5th post-op day.

Immunohistopathological examination of the both masses[6,8] i.e. right ovary and ascending colon (Fig-1) from Pathology Departments Combined Military Hospital



Legend:

1. Right ovary.
2. Terminal Ileum.
3. Ascending Colon.
4. Transverse Colon with omentum.

Fig.–1

Peshawar and Hayatabad Medical Complex, Peshawar came out to be Primary gut lymphoma, large cell type high grade with secondries in ovary.

The lady was referred to Institute for Chemo-radiation and was followed by regular physical examination and abdominal sonography.

DISCUSSION

Primary gut lymphoma is uncommon but not rare, it usually presents with symptoms and signs of the site of occurrence like obstruction, perforation, and bleeding etc.[1,3] The presentation can be acute or insidious. It can occur anywhere from esophagus to anus, but the commonest site being the terminal ileum and right sided colon. The criteria for the lymphoma to be labeled, as Primary Gut Lymphoma has now been established i.e there shouldn't be any hematological upset, no bone marrow abnormalities, no systemic lymphadenopathy, spleen and liver are not involved and there should be only gut symptoms.[4] The staging of primary gut lymphoma (PGL) is done according to Modified An-Arbor staging system.[1]

This case was unusual in a sense that it didn't present with primary gut symptoms and it didn't follow the mentioned pattern of spread i-e local spread to lymph nodes and then to other organs. In this case there was anorexia but presenting features were amenorrhea and lower abdominal mass. On laparatomy, the lesion was in the gut and ovaries which were involved secondarily from primary lesion. According to staging system it should either fit into stage II or stage IV but there was no lymphadenopathy either local or systemic making it unusual case in terms of presentation and spread.

Anyhow the treatment of PGL is basically surgery followed by radiation and chemotherapy but incases of stage-IV disease the initial treatment is chemotherapy.[1,2] Some authors have questioned the role of surgery in low-grade tumors.[3]

Our patient who had high-grade tumor followed the same regime (i-e surgery followed by chemo-radiations) from IRNUM and after one year of follow up she is alive and repeated ultrasound shows her left ovarian mass has regressed to normal.

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