Magnified endoscopic observation with FICE of primary duodenal follicular lymphoma

Daisuke Norimura¹, Hajime Isomoto¹, Daisuke Niino², Yuko Akazawa¹, Naoyuki Yamaguchi¹, Ken Ohnita¹, Saburo Shikuwa¹, Fuminao Takeshima¹ and Kazuhiko Nakao¹

¹Department of Gastroenterology and Hepatology, Nagasaki University Hospital, NAGASAKI, JAPAN
²Department of Pathology, Kurume University Hospital, KURUME, JAPAN

Address for correspondence and reprint requests:
Daisuke Norimura, MD,
Nagasaki University Hospital
1-7-1 Sakamoto, Nagasaki 852-8501, JAPAN
Tel: +81-(95)-819-7481; Fax: +81-(95)-819-7482
E-mail: norir333081@yahoo.co.jp

Key words: follicular lymphoma, magnified endoscopy, Fuji Intelligent Chromo Endoscopy (FICE)
Follicular lymphoma occurs rarely in the gastrointestinal (GI) tract, only 1-3%\textsuperscript{1)} in all the B-cell derived non-Hodgikin lymphoma of the GI tract. Prior reports has described cases of follicular lymphoma by using advanced endoscopic imaging studies\textsuperscript{1)-4)}. With narrow band imaging (NBI) and magnification, the lesion of follicular lymphoma is reported to show enhanced whitish area within enlarged villi, together with coiled and elongated vascular pattern\textsuperscript{12}). According to a previous case report\textsuperscript{1)}, it was also identified as whitish small nodules in the jejunum by using Fuji Intelligent Chromo Endoscopy (FICE). However, observation of FICE in combination with magnified endoscopy in follicular lymphoma has not been reported to date.

A 63-year-old woman was admitted to our hospital due to episodic back and epigastric pain. Upper GI endoscopy showed the whitish, small polypoid lesions with fold convergence in the second portion of duodenum (A) and FICE could clearly identify the small polypoid white lesions (B). Magnified endoscopy showed dilatation and mild irregularity of the villous structures within the lesions (C), and magnifying observation with FICE showed the coiled and elongated microvascular patterns within the lesions (D). Histopathology of endoscopic biopsy specimens taken from the lesions showed the follicular structures consisting of small-sized abnormal lymphoid cells with dense nuclei within the mucosal layer (E). Immunohistochemical analysis revealed that the neoplastic cells were positive for CD10 and CD20, but negative for CD3 and cyclin D. Bcl-2 protein was
substantially expressed in the cytoplasm of most of the neoplastic cells (F), and hence, she was diagnosed as having duodenal follicular lymphoma.

We report a rare case of the duodenal follicular lymphoma observed by magnified endoscopy with FICE, providing new endoscopic imaging to detect the abnormality in the microvascular and microsurface patterns of this type of GI lymphoma.

Reference


