

Terminal ileal lymphoma resembling abdominal abscess

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DESCRIPTION

A 23-year-old man presented to the emergency service with abdominal pain. The ultrasound study showed an area with thick wall and internal air–fluid levels. Appendix vermiformis could not be distinguished as a dividual structure. Radiological appearance was thought to be periapendicular abscess due to the perforation of appendix vermiformis. However, due to the persistence with normal small bowel loops shown, this area could be a possible dilated bowel loop with mural thickening. Therefore, contrast-enhanced abdominal CT examination was performed. CT showed aneurysmal dilatation and minimally enhancing mural thickening which reaches 3 cm in one wall, from right lower quadrant to left lower quadrant in an approximately 20 cm terminal ileal segment. This segment included ileocaecal valve (figure 1A, B). In retrocaecal region, appendix vermiformis diameter was in normal limits (6 mm), but there was no inflammatory finding in the fatty planes (figure 1C). Findings were well-matched primary gastrointestinal lymphoma. The diagnosis was corrected with positron emission tomography and laparotomy.

Lymphomas are nearly half of all primary intestinal tumours. The most common place for extranodal non-Hodgkin lymphomas is the gastrointestinal system. The stomach is the most involved organ in the gastrointestinal system.¹ There are three types which show different views radiologically, namely, circumferential type, polypoid form and mesenteric

Learning points

- ▶ The most common place for extranodal non-Hodgkin lymphomas is gastrointestinal system. The stomach is the most involved organ.
- ▶ Circumferential-type non-Hodgkin lymphomas are especially seen with aneurysmal dilatation and mural thickening.
- ▶ It should be kept in mind that terminal ileal lymphoma may resemble abdominal abscess.

forms. Within these types, circumferential type is especially seen with aneurysmal dilatation and mural thickening. It should be kept in mind that terminal ileal lymphoma may resemble abdominal abscess as in this case.

Contributors AKS, SA and HÖ conceived the paper. AKS and SA assembled the case history from hospital records. AKS and SA participated in writing of the paper. HÖ approved the final version.

Competing interests None declared.

Patient consent Obtained.

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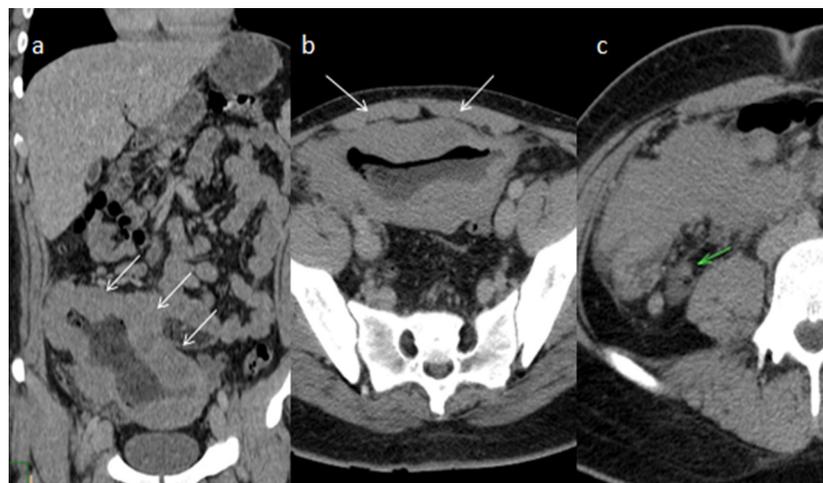


Figure 1 Contrast-enhanced abdominal CT coronal (A) and axial (B) images show aneurysmal dilatation and minimally enhancing mural thickening in terminal ileal segment. In retrocaecal region, appendix vermiformis diameter is in normal limits (6 mm) with minimal periappendiceal fluid (C).



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