

Images in...

Early radiological findings on CT in a patient with enteropathy-associated T cell lymphoma

Kota Sato, Michihiro Uchiyama

Department of Haematology, Suwa Red Cross Hospital, Suwa, Japan

Correspondence to Dr Michihiro Uchiyama, mi.uchiyoama@suwa.jrc.or.jp

DESCRIPTION

A 74-year-old woman has visited to our hospital with general lassitude and appetite loss in October 2010. The patient had experienced abdominal pain for the past 2 months and had become aware of insidious weight loss of 5 kg in the last few months. The abdomen was flat and soft, and bowel sounds were slightly hyperactive. There was no history of serious illnesses, operations or hospitalisations. Blood analyses showed a haemoglobin level of 9.2 g/dl, and biochemical analysis showed a serum lactate dehydrogenase level of 201 IU/l and an albumin level of 2.5 g/dl. CT revealed thickening of the wall in the small intestine without intestinal occlusion and lymphadenopathy of the mesenteric lymph nodes (figure 1). The patient then underwent the lower double balloon enteroscopy, and revealed stenosis of the small intestine by using gastrogafin, though the lesion could not be reached. The patient underwent partial resection of the small intestine and lymph node resection of the mesenteric lymph nodes. The pathological specimen showed diffuse mucosal infiltration by slightly large neoplastic cells with round nuclei having a stippled chromatin pattern and villous atrophy

around the anal side of the resected small intestine. The neoplastic cells expressed CD3, TIA-1 and granzyme B (figure 2). These results suggested enteropathy-associated T cell lymphoma. Findings of the mesenteric lymph nodes



Figure 1 CT of the abdomen revealed thickening of the wall in the small intestine and lymphadenopathy of the mesenteric lymph nodes.

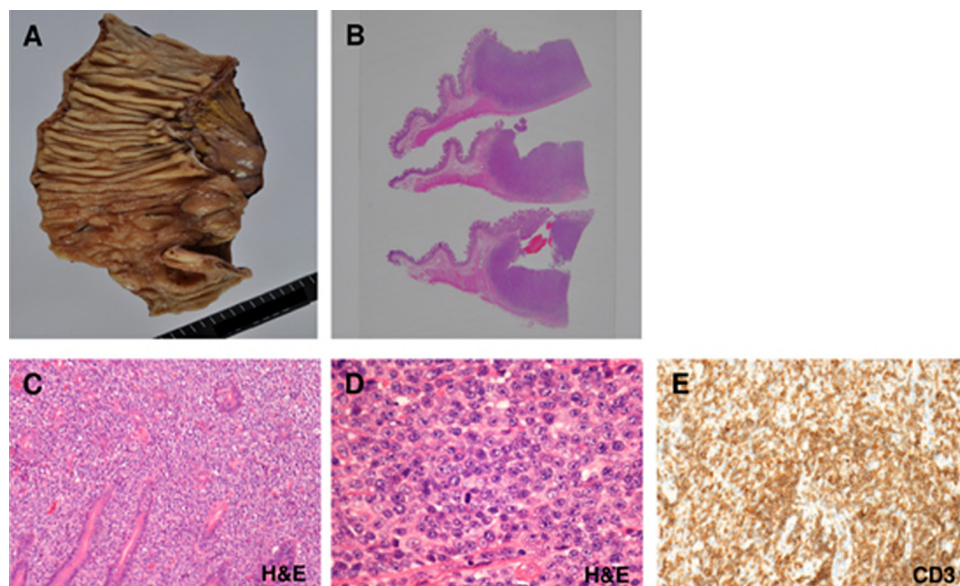


Figure 2 Enteropathy-associated T cell lymphoma histology in this case. (A) Gross inspection of the surgical specimen revealed a stenotic segment in the small intestine. (B) The pathological specimen showed multiple ulcers (B, H&E stain, 20 \times) with diffuse mucosal infiltration (C, H&E stain, 40 \times) by slightly large neoplastic cells with round nuclei having a stippled chromatin pattern and villous atrophy (D, H&E stain, 100 \times). The neoplastic cells expressed CD3 (E, 40 \times).

were negative for lymphoma cells. The patient was staged as IB, and treated with six cycles of a regimen comprising pirarubicin-cyclophosphamide-vincristine-prednisolone therapy, and remained in remission until the last follow-up evaluation in November 2011.

Learning points

- ▶ EATL is an extremely rare T cell lymphoma that accounts for less than 1% of all non-Hodgkin's lymphomas and has a poor prognosis.^{1 2}
- ▶ EATL is often diagnosed in an advanced stage, with frequent multifocal involvement of the small intestine. Delayed diagnosis leads to poor general conditions and recurrence of complications such as infections, perforations, gastrointestinal hemorrhages, and occlusions. This case was fortunately diagnosed in an early stage of the disease by CT findings in particular. A high index of suspicion is essential for early and correct diagnosis.
- ▶ Moreover, the most classic form of EATL is associated with celiac disease. In this case, there was a history of malabsorption lasting about 4 months, clinically similar in manifestation to celiac disease. However, these symptoms were thought to be due to lymphoma because of the disappearance of clinical signs after operation.

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Verbeek WH**, Van De Water JM, Al-Toma A, *et al*. Incidence of enteropathy-associated T-cell lymphoma: a nation-wide study of a population-based registry in The Netherlands. *Scand J Gastroenterol* 2008;**43**:1322–8.
2. **Delabie J**, Holte H, Vose JM, *et al*. Enteropathy-associated T-cell lymphoma: clinical and histological findings from the international peripheral T-cell lymphoma project. *Blood* 2011;**118**:148–55.

This pdf has been created automatically from the final edited text and images.

Copyright 2011 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Sato K, Uchiyama M. Early radiological findings on CT in a patient with enteropathy-associated T cell lymphoma. *BMJ Case Reports* 2011; 10.1136/bcr.10.2011.5025, Published XXX

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow