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Multiple Gastrointestinal Tract MALT Lymphoma with Involvement of Bone Marrow

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Multiple Gastrointestinal Tract MALT Lymphoma with Involvement of Bone Marrow Background The stomach is the most commonly involved site, accounting for more than 75% of gastrointestinal tract lymphoma while synchronous MALT lymphoma of stomach and duodenum is very rare. Furthermore, according to the literature review, there was not reported any case of the synchronous gastroduodenal MALT lymphoma with involvement of bone marrow and spleen. According to NCCN Guidelines, in nongastric MALT lymphoma and gastric MALT lymphoma bone marrow biopsy and aspirate, proton emission tomography is recommended in the selective case and absolute indication of these examinations is not describe. Case 62-year-old man visited the clinic for the purpose of health examinations and upper gastrointestinal endoscopy was performed. Mucosa inflammation and abnormal fusion of mucosal folds in third part of the duodenum was observed and biopsies were performed. About 1.5 cm sized ulcer scar at greater curvature of lower body was observed and biopsies were done and about 1 cm sized elevated erosion at greater curvature of upper body was observed and biopsies were done. On histopathologic examination, lymphoid hyperplasia and lymphoepithelial lesion at gastric and duodenal mucosa ware observed. On immunohistochemical staining, CD20 and B-cell staining was positive. Other staging evaluations, including colonoscopy, abdomino-pelvic CT, chest CT, 18F fludeoxyglucose-positron emission tomography, and a bone marrow examination showed involvement of bone marrow and spleen. So we diagnosed stage EIV MALT lymphoma and systemic chemotherapy began. Conclusion We experienced multiple gastrointestinal tract MALT lymphoma with involvement of bone marrow and spleen and if there were found multiple gastrointestinal tract MALT lymphoma, we suggest that bone marrow biopsy may be checked more aggressive.

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Recurrent Upper Gastrointestinal Bleeding from Pancreatic Pseudocyst

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Gastrointestinal (GI) bleeding complication of pancreatic pseudocyst is rarely reported. Massive upper GI bleeding from gastro-cystic fistula formation and intracystic bleeding of pancreatic pseudocyst is extremely rare but that is potentially fatal. A 53-year-old male was referred to emergency room with melena and hematemesis. Urgent endoscopy revealed massive gastric hematoma but showed no specific bleeding focus. In the follow-up endoscopy, gastro-cystic fistula formation and intracystic bleeding leakage to the stomach was doubtful. Contrast-enhanced computed tomography demonstrated splenic artery pseudoaneurysm and extravasation of contrast media into the cyst that was abutted to the greater curvature side of stomach. Urgent angiography and therapeutic splenic artery embolization was successfully performed to stop further bleeding. After the embolization, the patient's clinical course was uneventful and no recurrence of bleeding has been reported for 1 year since his discharge. We reported a case of recurrent upper GI bleeding that was originated from gastro-cystic fistula formation and intracystic aneurysmal bleeding of pancreatic pseudocyst. Massive gastric bleeding of pancreatic pseudocyst is associated with high mortality. Therefore, urgent contrast-enhanced CT scan with or without angiographic embolization or even surgery in necessary for proper diagnosis and treatment. The bleeding-complicated pseudocyst should be considered as one of the causes of recurrent GI bleeding in the patients with pancreatic pseudocyst.