

A Case of Small Bowel Lymphoma in a Patient with a History of Parotid Melanoma

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Abstract

Small bowel lymphoma is one of the most common small bowel malignancies, the most common sites are the ileum in the first place and the jejunum, it is seen predominantly in well-defined patient groups. The imaging is very useful for the diagnosis, showing a wall thickening with aneurysmal dilatation, making the difference with the other malignancies, associated with regional lymphadenopathy.

Keywords: *Lymphoma; Small Bowel; Wall Thickening; Aneurysmal Dilatation*

A 53 years old patient, with a history of parotid melanoma, treated recently for HP antrofundic gastritis. A CT scan was performed for following up her malignancy revealed an increased wall thickness in jejunal loops measuring about 5 cm in length and 18 mm in maximum thickness; accompanied by aneurysmal luminal dilatation (Figure A), there are also surrounding fat stranding and numerous enlarged regional lymph nodes (Figure B), consistent of a small bowel lymphoma.



Figure A: Axial-CT section with contrast administration at portal phase shows a wall thickness in jejunal loop, accompanied by aneurysmal luminal dilatation (white arrow).



Figure B: Axial-CT section with contrast administration at portal phase demonstrate a mesenteric lymphadenopathy (White asterix).

Lymphoma represents 20% of primary small intestinal malignancies, the most common sites are the ileum (60 - 65%) and jejunum (20 - 25%), it is seen predominantly in well-defined patient groups, predisposing conditions include: HIV, HP positive patient, celiac disease and patients with organ transplant.

Characteristic CT and MR signs include an irregular infiltrating mass manifesting as short segment bowel wall thickening with luminal narrowing commonly affecting a single loop. Focal 'aneurysmal' dilatation, caused by extensive lymphomatous invasion of the muscle layers and neural plexuses, is characteristic and may be accompanied by typically bulky adenopathy.

In conclusion, we have a patient treated for HP antrifundic gastritis (predisposing condition), and a CT showing a wall thickening and aneurysmal dilatation of the jejunal associated with regional adenopathy which is characteristic of lymphoma.

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