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CLINICAL IMAGE IN GASTROENTEROLOGY

Primary follicular lymphoma of the duodenum: Incidental finding in a routine gastroscopy

Linfoma folicular primario duodenal: hallazgo incidental en una gastroscopia de rutina

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Follicular lymphoma (FL) is one of the most frequent non-Hodgkin lymphomas, but accounts for less than 4% of the gastrointestinal lymphomas. Duodenal-type FL is a rare variant, recognized in 2016, that affects the entire gastrointestinal tract. Occasionally multifocal, the most frequent presentation is periampullary, and rarely associated with symptoms. A 60-year-old woman, with no prior medical history or medication use, underwent gastroscopy due to gastroesophageal reflux. Mucosa with whitish micronodules was heterogeneously distributed in the second part of the duodenum, involving 75% of the circumference and affecting the major duodenal papilla (Fig. 1). The finding was confirmed through duodenoscopy (Fig. 2). Biopsies were taken, revealing a lymphoid infiltrate in the lamina propria, forming follicular aggregates with 2 centroblasts (Fig. 3), no villous atrophy or architectural distortion, and IHQ staining positive for CD20, CD10, and BCL-2 (Fig. 4), consistent with grade 1 duodenal-type FL. The study was completed through capsule endoscopy, showing involvement in the entire duodenum (Fig. 5), and a chest and abdominal computed tomography (CT) scan and positron emission tomography (PET)-CT

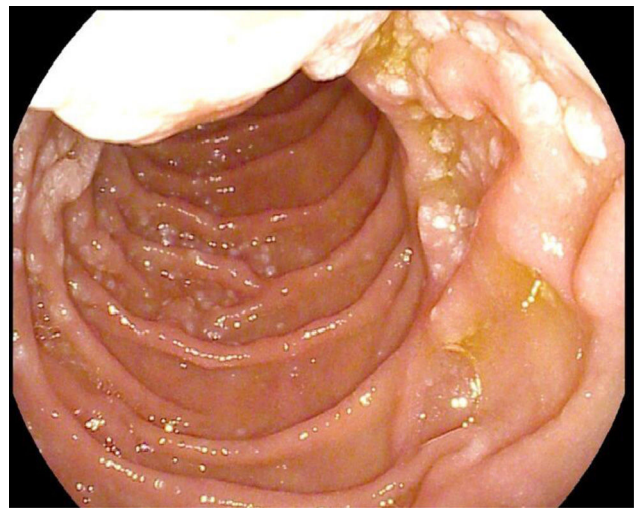


Figure 1 Whitish micronodular lesions in the gastroscopy, upon reaching the second part of the duodenum.

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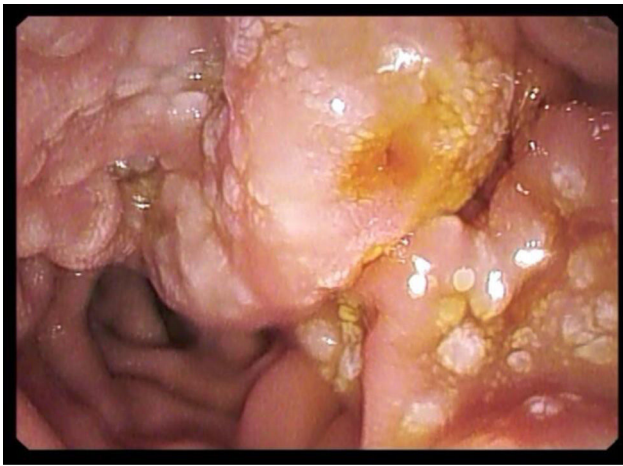


Figure 2 Duodenoscopy, showing multiple whitish micronodules surrounding the major duodenal papilla.

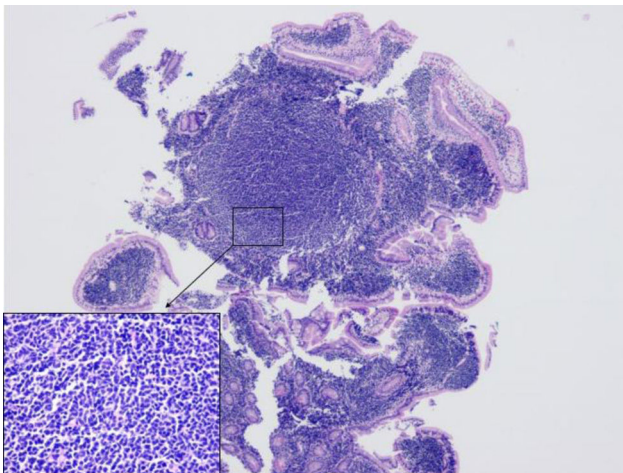


Figure 3 Biopsy from the duodenum, with a uniform lymphocytic infiltrate forming follicular aggregates, with no visualization of macrophages (hematoxylin and eosin [H&E] staining, $\times 40$, in the lower left corner of the image).

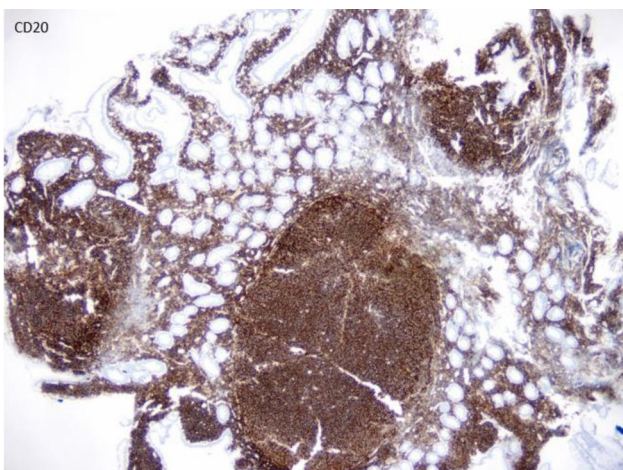


Figure 4 Immunohistochemistry with positive CD20 staining of a duodenal biopsy sample, confirming the B-lymphocyte cell line.



Figure 5 Capsule endoscopy, revealing patchy micronodules reaching the most distal parts of the duodenum.

scan showed no systemic or nodal involvement. The watch-and-wait strategy was adopted, leaving radiotherapy or rituximab use for more aggressive cases.

Ethical considerations

The authors declare that this article contains no personal information that could identify the patient, and so obtaining informed consent was not required. In addition, because this is not a research study, approval by an ethics committee was not necessary.

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Declaration of competing interest

The authors declare that none of them have or have had any financial or personal relationships with organizations that could give rise to a conflict of interest in relation to the article submitted for publication.