



# REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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## CLINICAL IMAGE IN GASTROENTEROLOGY

### Gastric metastatic lesions due to Burkitt lymphoma

### Lesiones metastásicas gástricas por linfoma de Burkitt

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Burkitt lymphoma tends to be located primarily in the terminal ileum. Gastric metastases are rare, with few cases described in the literature, and a prevalence of 0.2–1.7%.<sup>1</sup> The organs in which metastases due to Burkitt lymphoma are most frequently detected are the bone marrow, central nervous system, and liver.<sup>2</sup> On endoscopy, gastric metastases may manifest as raised lesions with an ulcerated center (known as “volcano-like” lesions), subepithelial lesions, or multiple nodules.<sup>3</sup>

A 50-year-old man, with a previous diagnosis of Burkitt lymphoma, sought medical attention for lumbar pain. A PET-CT scan showed activity in the terminal ileum, stomach, liver, and bone (Fig. 1). Endoscopy identified “volcano-like” lesions in the lesser curvature and a lesion in the duodenum (Fig. 2). Biopsies confirmed Burkitt lymphoma associated with Epstein-Barr virus with positive markers (Fig. 3).

In conclusion, gastric metastasis due to Burkitt lymphoma is very rare and usually indicates advanced disease. The endoscopic finding of the “volcano-like” lesions, associated with immunohistochemical positivity for CD20 and CD10 and a high proliferation index, led to the definitive diagnosis.

### Ethical considerations

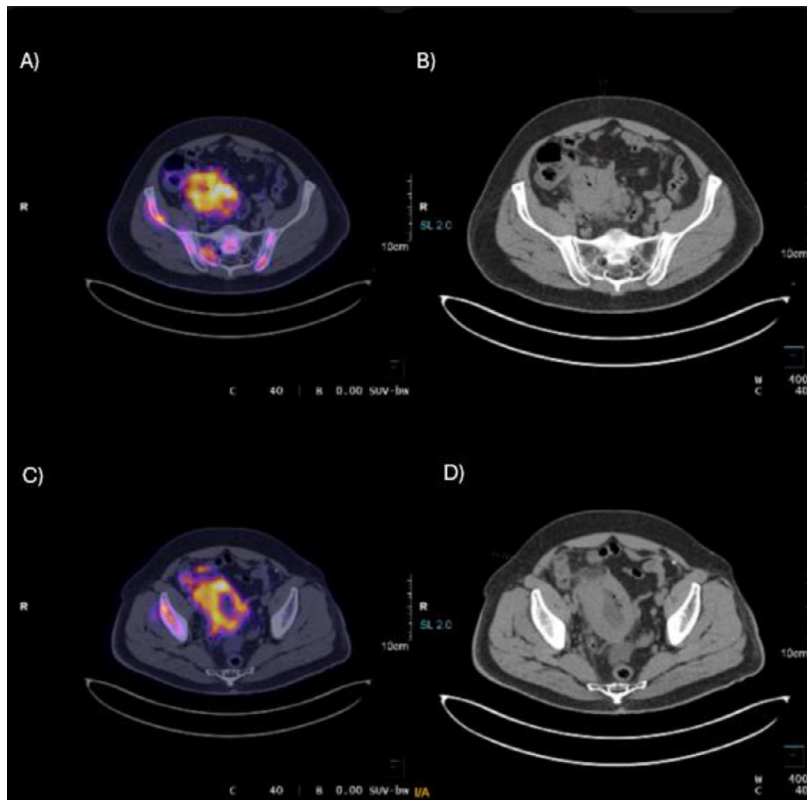
The present work is an observational study with no therapeutic or experimental interventions, and so, requires no institutional ethics committee approval. The patient was treated in accordance with current clinical standards and gave informed consent for the performance of the endoscopic procedure. Because the manuscript contains no personal or imaging data that could identify the patient, no additional consent was required for its publication. The authors declare this article contains no personal data that could identify the patient.

### Financial disclosure

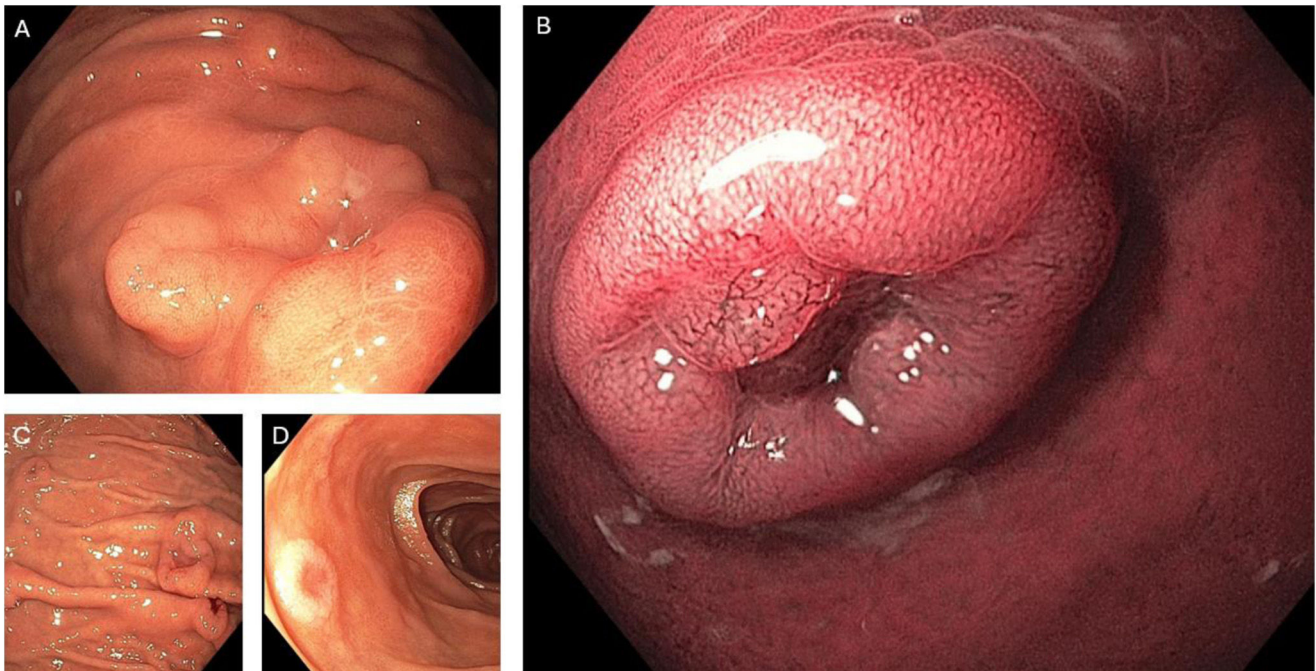
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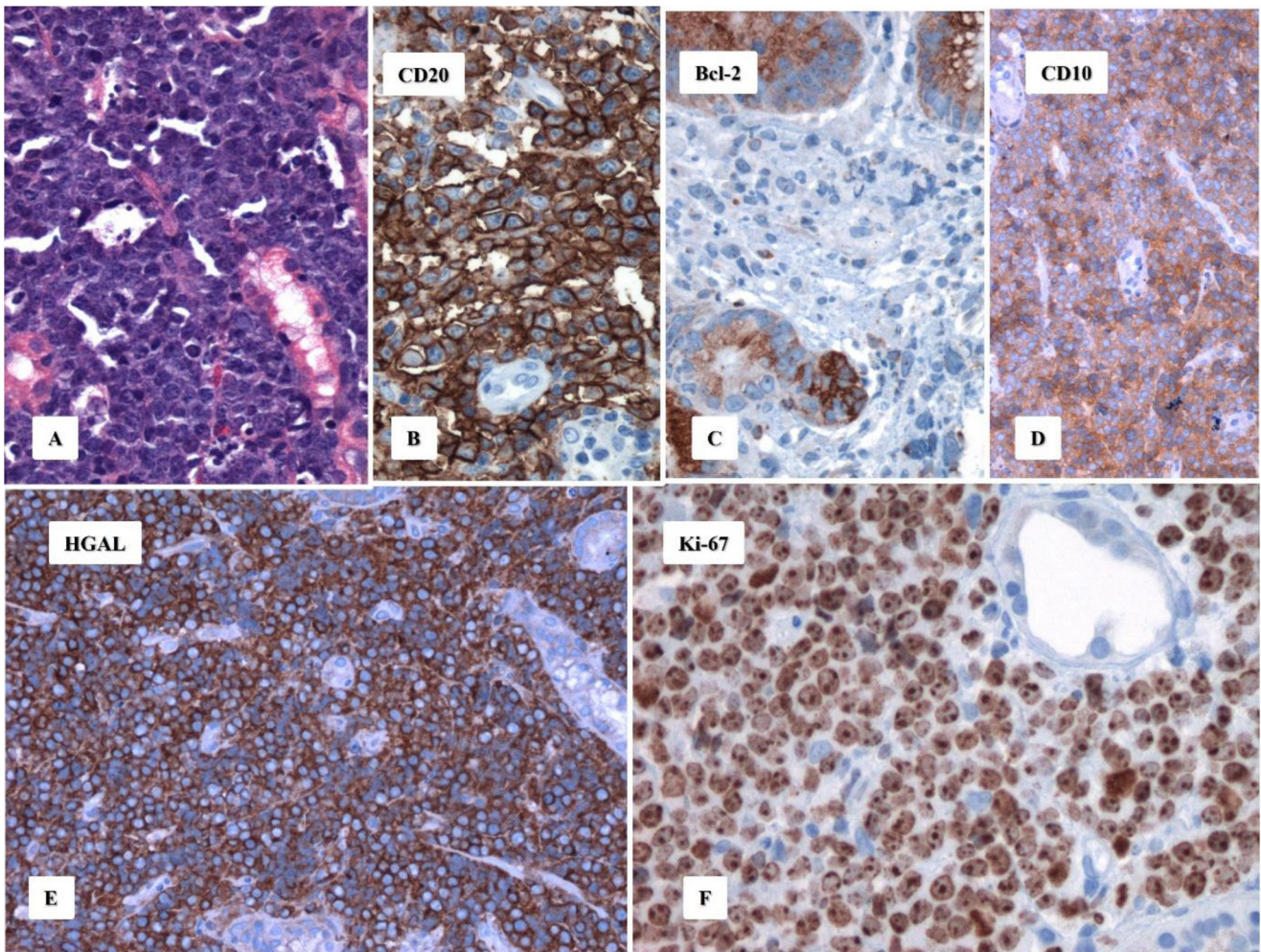
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**Figure 1** Positron emission tomography-computed tomography (PET-CT) of a patient with Burkitt lymphoma. Areas of hypermetabolism are seen in the ileocecal region and the adjacent structures, with a maximum standardized uptake value (SUV) of 13.42, indicative of high metabolic activity consistent with active tumor infiltration. The fusion images (A and C) reveal a marked contrast in fluorodeoxyglucose (FDG) uptake, suggesting neoplastic involvement. The axial views of the simple tomography scan (B and D) identify intestinal wall thickening.



**Figure 2** Endoscopy revealing lymphoma with gastric and duodenal involvement. A) In the lesser curvature, raised nodular lesions with central ulceration, known as “volcano-like” lesions are identified (near focus). B) The same lesion, with narrow band imaging (NBI) and near focus, shows vascular and mucosal pattern distortion. C) White light panoramic view of the greater curvature, with multiple nodular lesions of different sizes, some with ulcerated centers. D) A single rounded lesion in the second part of the duodenum, with a central depression.



**Figure 3** Histopathologic studies of the infiltrated gastric mucosa due to Burkitt lymphoma. A) Hematoxylin and eosin staining. B) Positive for CD20. C) Negative for Bcl-2. D) Positive for CD10 (CALLA). E) Positive for HGAL. F) Ki-67 proliferation index of 95%.

### Conflict of interest

The authors declare that there is no conflict of interest.

### References

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