

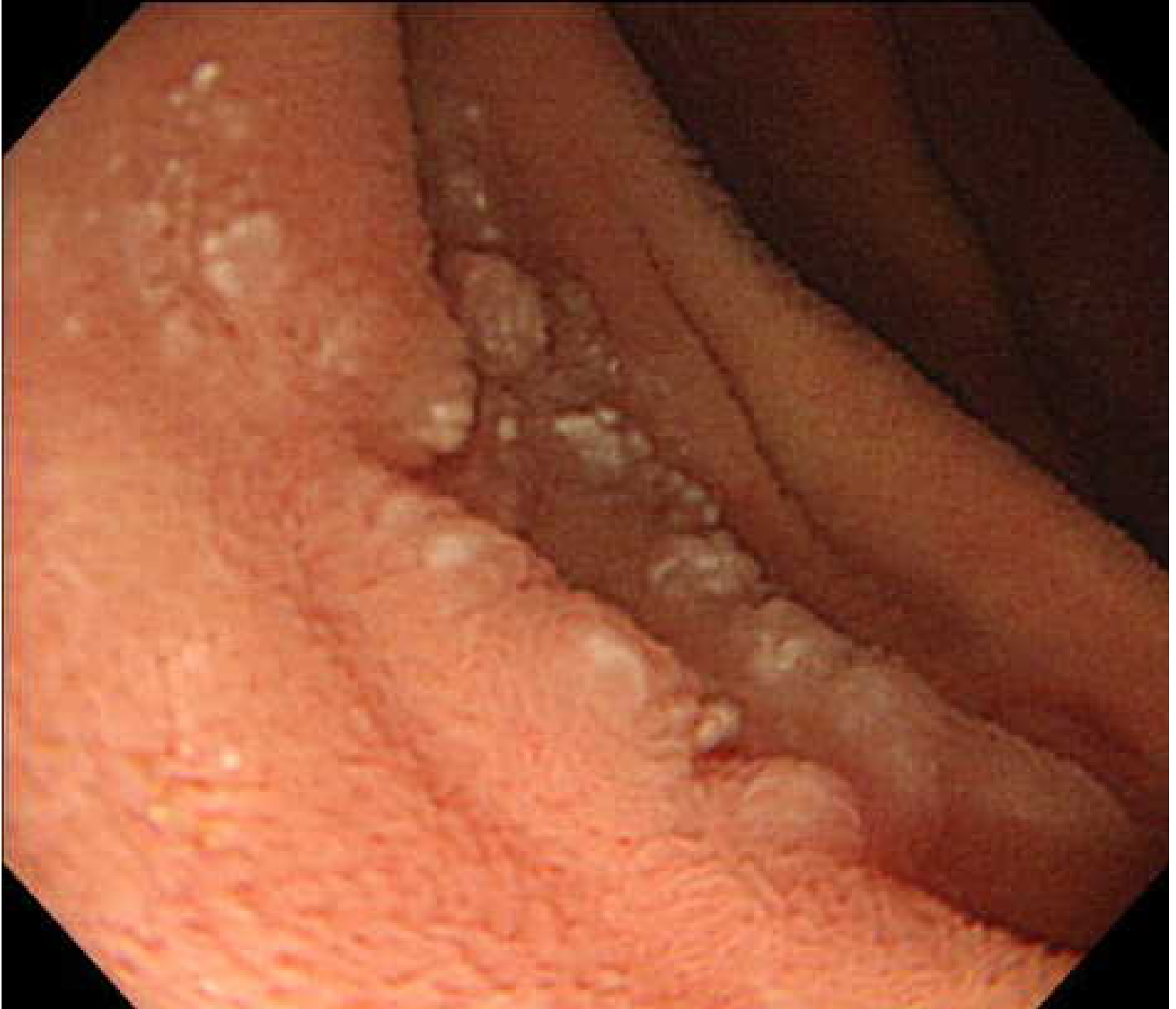
Magnifying endoscopic observation of primary follicular lymphoma of the duodenum by using the narrow-band-imaging system

Naoki Inoue¹, Hajime Isomoto¹, Saburo Shikuwa¹, Yohei Mizuta¹, Tomayoshi Hayashi², Shigeru Kohno¹

¹Second Department of Internal Medicine, Nagasaki University School of Medicine, ²Department of Pathology, Nagasaki University Hospital, Nagasaki, Japan

An asymptomatic 68-year-old man underwent upper GI endoscopy for a health check-up at a local clinic and was referred to our hospital for further investigation of duodenal abnormality. EGD revealed multiple whitish granules in the descending portion of the duodenum (**A**). The granular lesions became clearer upon magnification endoscopy with narrow-band imaging (NBI), which revealed whitish areas in enlarged villi (**B**). Endoscopic biopsy specimens taken from the duodenal lesions revealed a nodular lymphocyte expansion in the lamina propria (**C**, H&E, orig. mag. $\times 100$). Immunohistochemical analysis demonstrated that the lymphoid neoplastic cells were positive for L26 (CD20) and CD10, but negative for CD3 and CD5. Bcl-2 protein expression was intensely positive (**D**, immunohistochemical stain for Bcl-2, orig. mag. $\times 100$). An enlarged para-aortic lymph node was shown on abdominal CT, and he was diagnosed as having stage IIE follicular lymphoma. His course has been indolent without specific treatment, but if clinical symptoms develop or his disease becomes progressive, radiation or immunochemotherapy with an anti-CD20 monoclonal antibody, rituximab, is planned.

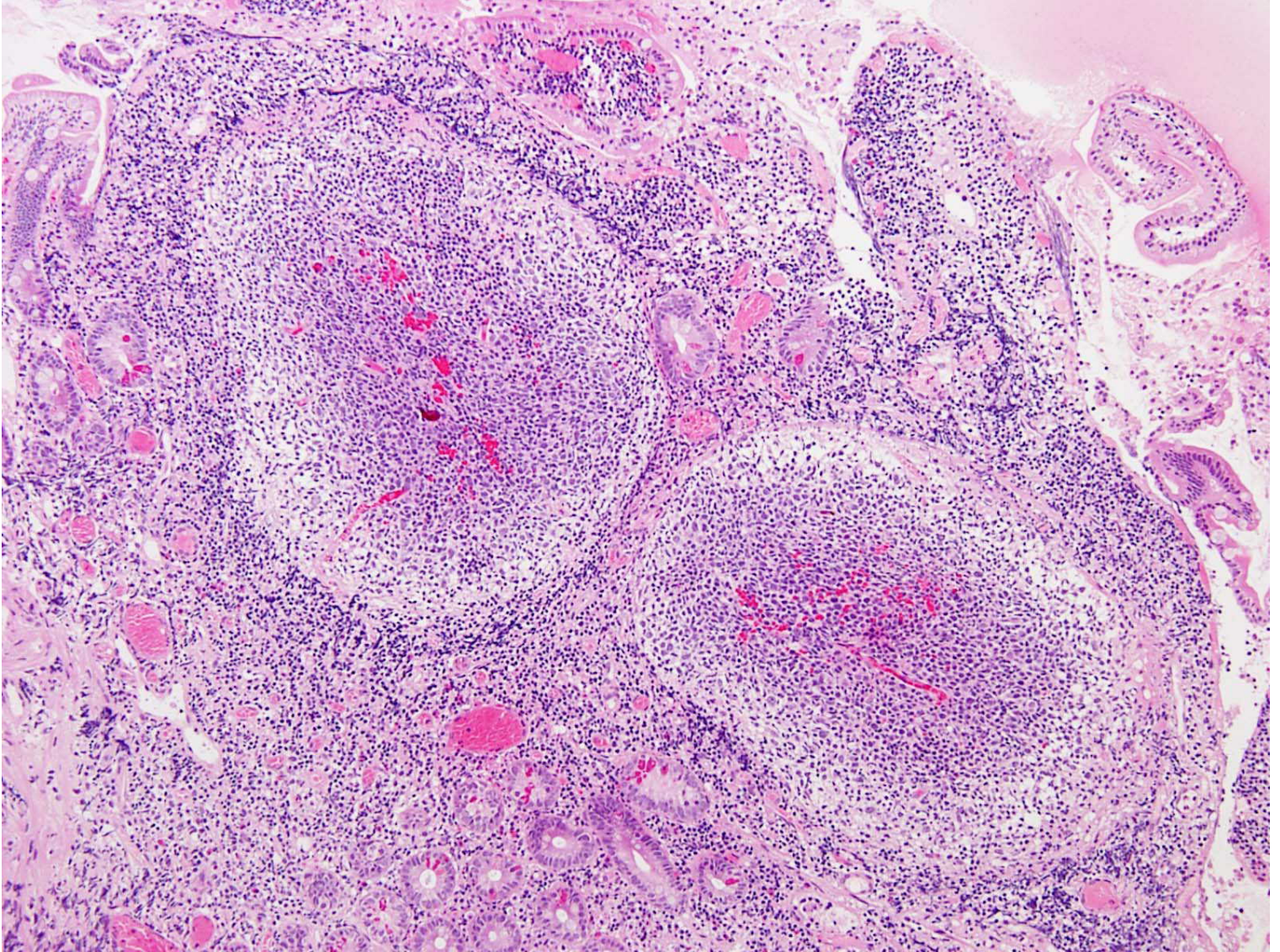
A



B



C



D

