Gut (2011) 60(4):441.

An unusual elevated lesion of the oesophagus

Sawada, Koji ; Ikuta, Katsuya ; Itabashi, Kentaro ; Suzuki, Yasuyuki ; Mizukami, Yusuke ; Fujiya, Mikihiro ; Kubo, Koji ; Tamura, Yasuaki ; Torimoto, Yoshihiro ; Kohgo, Yutaka

An unusual elevated lesion of the oesophagus

Koji Sawada[1], Katsuya Ikuta[2], Kentaro Itabashi[1], Yasuyuki Suzuki[1], Yusuke Mizukami[2], Mikihiro Fujiya[2], Koji Kubo[1], Yasuaki Tamura[3], Yoshihiro Torimoto[2], Yutaka Kohgo[2]

[1] Department of Internal Medicine, Municipal Nakashibetsu Hospital, Nakashibetsu; [2] Department of Medicine, Division of Gastroenterology and Hematology/Oncology, Asahikawa Medical College, Asahikawa; [3] Department of Pathology, Sapporo Medical University School of Medicine, Sapporo, Japan.

Corresponding author:

Katsuya Ikuta, M.D., Ph.D.
Assistant Professor
Division of Gastroenterology and Hematology/Oncology, Department of Medicine
Asahikawa Medical College
2-1-1-1 Midorigaoka-Higashi
Asahikawa, Hokkaido 078-8510, Japan 078-8510
TEL: +81-166-68-2462
FAX: +81-166-68-2469
e-mail: ikuta@asahikawa-med.ac.jp

CLINICAL PRESENTATION

A 44-year-old man with a history of gastric cancer that was treated with distal gastrectomy 4 years ago underwent upper endoscopic examination in a follow-up study. The endoscopic examination revealed an elevated lesion 8 mm in size in the lower esophagus (Figure 1A) and narrow band imaging (NBI) endoscopy showed vascular augmentation as brownish spots on the surface of the elevated lesion (Figure 1B). There was no abnormality in the stomach and esophagus-squamous junction. Physical examination and a routine blood test, including tumor markers, showed no abnormal findings. Whole body computed tomography (CT) detected no abnormalities. A biopsy of the lesion was performed.

Figure legends

Figure 1.
(A) Endoscopic photograph of the lower esophagus showing an elevated lesion. (B) Narrow band imaging (NBI) endoscopy displaying brownish spots on the surface of the lesion.

QUESTION

What is the diagnosis?

ANSWER

Histological findings showed that massive centrocyte-like (CCL) cells were diffusely infiltrated in the lamina propria (Figure 2A, B). CCL cells destroyed the esophageal grand and formed lymphoepithelial lesion (LEL). The atypical cells were detected $CD20^{+}$, $CD\ 79a^{+}$, $CD5^{-}$ and $CD10^{-}$, corroborating the diagnosis of a primary esophageal mucosa-associated lymphoid tissue (MALT) lymphoma. Administration of 60 mg lansoprazole, 1500 mg amoxicillin and 800 mg clarithromycin for two weeks was undertaken, similar to eradication therapy for gastric MALT lymphoma. Endoscopic and pathological examination performed on 6 months after treatment detected no evidence of lymphoma (Figure 2C, D).

Primary esophageal MALT lymphoma has been reported less frequently and the best therapeutic strategy has not yet been established [1-5] (Table).

This is the first case of esophageal MALT lymphoma cured with antibiotics and proton pump inhibitor (PPI). Our case has shown no recurrence for one year, in support of administration of antibiotics and PPI as a new option for managing esophageal MALT lymphoma.

Figure legends

Figure 2.

(A) Massive atypical lymphoid cells were noted in the esophageal lamina propria (hematoxylin-eosin, x100). (B) CCL cells destroyed the esophageal grand and formed lymphoepithelial lesion (LEL) (hematoxylin-eosin, x200). (C) Endoscopic photograph 6 months after administration of antibiotics and proton pump inhibitor detected no lymphoma lesion. (D) Histological findings of biopsy specimens taken from lower esophagus showed no lymphoma cells (hematoxylin-eosin, x200).

REFERENCES

1 Nishiyama Y, Yamamoto Y, Ono Y, *et al*. Visualization of esophageal non-Hodgkin's lymphoma with Ga-67 scintigraphy. *Ann Nucl Med* 1999;13:419-421.

2 Hosaka S, Nakamura N, Akamatsu T, *et al*. A case of low grade mucosa associated lymphoid tissue (MALT) lymphoma of the oesophagus. *Gut* 2002;51: 281-284.

3 Kitamoto Y, Hasegawa M, Ishikawa H, *et al*. Mucosa-associated lymphoid tissue lymphoma of the esophagus: a case report. *J Clin Gastroenterol* 2003;36:414-416.

4 Shim CS, Lee JS, Kim JO, *et al*. A case of primary esophageal B-cell lymphoma of MALT type, presenting as a submucosal tumor. *J Korean Med Sci* 2003;18:120-124.

5 Miyazaki T, Kato H, Masuda N, *et al*. Mucosa-associated lymphoid tissue lymphoma of the esophagus : case report and review of the literature. *Hepato-Gastroenterology* 2004;51:750-753.

Table 1: Clinical and pathological findings of primary esophageal MALT lymphoma

Author	Age	Sex	Appearance	Therapy	Clinical course	Location
1 Nishiyama et al [1]	63	F	SMT 10 cm	NA	NA	25 cm*
2 Hosaka et al [2]	83	F	two SMTs 1 cm	EMR	22 months	20 cm*
3 Kitamoto et al [3]	74	F	SMT	Radiation	NA	29 cm*
4 Shim et al [4]	61	M	SMT 8 cm	Surgery	NA	mid to distal
5 Miyazaki et al [5]	49	M	SMT 4 cm	Surgery	NA	36 cm*
6 Our case	44	M	Elevation 8 mm	Administration of antibiotics and PPI	One year	Distal

SMT: submucosal tumor; EMR: endoscopic mucosal resection; PPI: proton pump inhibitor; NA: not available; *: distance from incisor teeth