Primary Follicular Lymphoma in the Small Intestine: A Rare Cause of Bowel Obstruction

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A woman between 60 and 70 years of age experienced nausea, vomiting, and epigastric pain radiating throughout the abdomen for several days. Physical examination revealed abdominal tenderness with epigastric prominence, without peritoneal irritation. Dynamic computed tomography (CT) showed dilation of the small intestine and two points of bowel obstruction due to intestinal wall thickening (Figure 1A, arrow), increased mesenteric fatty tissue (Figure 1B), and enlarged mesenteric lymph nodes (Figure 1B, arrowhead). Based on her history of appendectomy, we considered the possibility of adhesive bowel obstruction. Conservative treatment was unsuccessful; surgery was needed. Laparotomy revealed stenosis due to two tumors (110 cm and 125 cm in diameter, respectively) arising from the Treitz ligament, and mesenteric lymphadenopathy along the distribution of the mesenteric artery.

The stenosed areas of the small intestine were partially resected (Figure 2A, marked by asterisks). Histological and immunohistochemical examination revealed a follicular lymphoma (FL) (Figure 2B) with CD20-positive tumor cells (Figure 2C) and a CD10-positive germinal center of the lymphoid follicle (Figure 2D). The patient was diagnosed with a grade 3A FL, was evaluated for residual disease using positron emission tomography, and underwent chemotherapy.

Primary gastrointestinal FL is often asymptomatic and relatively rare, accounting for 1% to 3.6% of gastrointestinal lymphomas.1 Intestinal obstruction is a rare presentation.2 In one study of patients...
with abnormal mesenteric fat concentration and signs of malignant disease on CT, 28% had a malignant disease, of which 36% were lymphomas (17% FLs and 9% diffuse large B-cell lymphomas). An abnormal mesenteric fat concentration on CT should raise suspicion of malignancy, especially lymphoma.

POTENTIAL COMPETING INTERESTS
The authors report no potential competing interests.

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