

Malignant Lymphoma of the Ileum Diagnosed with Trans-Fistula Biopsy

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2. Keywords

Malignant lymphoma in the gastrointestinal tract; Trans-fistula biopsy; Tumor-bowel fistula

3. List of Abbreviation:

Malignant Lymphoma (ML)

1. Clinical Image

A 55-year-old man was admitted to our hospital with watery diarrhea for two months. Physical examination was unremarkable. Biochemical parameters were normal. CA19-9 and CEA were within normal range, and soluble interleukin-2 receptor was slightly elevated. Contrast-enhanced computed tomography revealed the ileac tumor with cavity adjacent to the rectum [Figure 1]. Barium enema demonstrated rapid flow of contrast into the terminal ileum from the recto-ileac fistula. Colonoscopy showed a large ulceration with a fistula in the lower rectum. The colonoscope could reach the ileum through the fistula [Figure 2] and biopsy was performed from the fistula. The histopathological examination revealed non-Hodgkin's large diffuse B-cell lymphoma [Figure 3]. Although malignant lymphoma (ML) in the gastrointestinal tract has been reported to cause intestinal fistula, ML causing tumor-bowel fistula without chemotherapy was rarely reported. The development of capsule endoscopy and double-balloon enteroscopy has improved the evaluation of small-bowel tumors, but preoperative diagnosis of small-bowel tumors is still challenging. When the patients who were suspected of small-bowel tumor presented the fistula between small-bowel and colon, physicians should attempt to perform a biopsy not only from the ulcerous mucosa but also from the fistula.



Figure 1: Contrast-enhanced computed tomography revealed the ileac tumor with cavity adjacent to the rectum.

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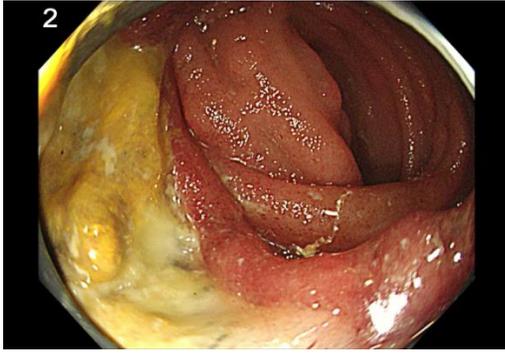


Figure 2: Endoscopic view of the ileum through the fistula.

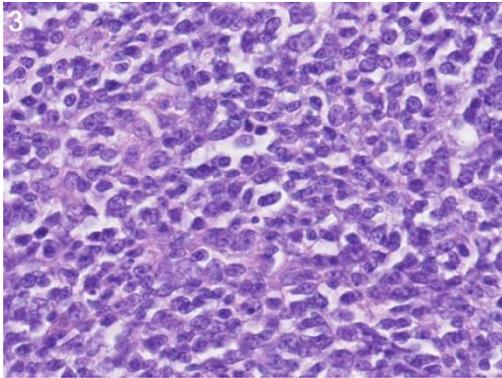


Figure 3: The histopathological examination revealed non-Hodgkin's large diffuse B-cell lymphoma.