The elusive diagnosis of primary esophageal lymphoma

Rachel Abou Mrad, MD,1 Nadim El-Majzoub, MD,2 Ali Shamseddine, MD,3 Assaad Soweid, MD1

1Department of Internal Medicine, the Division of Gastroenterology and Hepatology, American University of Beirut Medical Center, Beirut, Lebanon
2Department of Pathology and Laboratory Medicine, American University of Beirut Medical Center, Beirut, Lebanon
3Department of Internal Medicine, the Division of Hematology and Oncology, American University of Beirut Medical Center, Beirut, Lebanon

Address for reprint and correspondence:
Assaad Soweid, MD, FACG, FASGE
Associate Professor of Medicine
American University of Beirut Medical Center
P.O. Box 11-0236 Riad El Solh 110 72020 Beirut, Lebanon
Tel: +961-1-350000 extension 5341
Fax: +961-1-366098
e-mail: as25@aub.edu.lb

Authors of this article have no conflict of interest and have no funding source to declare.

Number of words: 146, Number of Figures: 1

Keywords: endoscopy; endosonography; esophagus; non-Hodgkin’s lymphoma

Conflict of Interest Statement
Rachel Abou Mrad, Nadim El-Majzoub, Ali Shamseddine, Assaad Soweid declare that they have no conflict of interest.

A 76 year-old woman presented with a two-month history of progressive dysphagia that was associated with weight loss. Computed tomography of the neck showed significant circumferential soft tissue thickening involving the upper esophagus with luminal narrowing (Panel A). Upper GI endoscopy revealed a very tight stricture below the cricopharyngeus. The stricture was traversed using a neonatal endoscope. Endoscopic
ultrasonography using a miniprobe revealed marked esophageal wall thickening with diffuse hypoechoic infiltration involving the entire wall (Panel B). Biopsy specimens from the esophageal stricture revealed malignant NHL (diffuse large B-cell type) confirmed by immunohistochemistry (Panel C: H&E stain 100x magnification of the lymphoid infiltration and D: Ki67 (proliferation index) 400x magnification stains 40% of tumor cells). The patient received 6 cycles of therapy chemotherapy (anti-CD 20 monoclonal antibody (rituximab) plus the CVP regimen), followed by a PET-CT and EGD with biopsy that showed no evidence of lymphoma.