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The elusive diagnosis of primary esophageal lymphoma

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Conflict of Interest Statement

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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

Diagnosis of primary esophageal lymphoma

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.

