International Journal of Health Sciences and Research
www.ijhsr.org ISSN: 2249-9571

Case Report

A Bleeding Gastric Lesion: MALToma

Dr Pudale Sunil Kumar[1], Dr Prabhu Vinod[2], Dr Pathak Sudhanwa[3], Dr Gorad Kedar[4]

[1]Junior Resident (General surgery), [2]Professor and Head of Surgery Department, [3]Surgical Gastroenterology Consultant, [4]Associate Professor of Surgery Department,
Bharati Vidyapeeth Deemed to be University Medical College and Hospital, Sangli

Corresponding Author: Dr Pudale Sunil Kumar

ABSTRACT

We are reporting a case of bleeding gastric lesion which presented as massive bleeding from lesion and was confirmed by upper G.I endoscopy. [1] Out of all the gastric tumors, lymphomas accounts up to 2 -4% and stomach is the commonest site for extranodal mucosa-associated lymphoid tissue MALToma that accounts to 40% of primary gastric lymphoma. Gastric MALT lymphoma reaches its peak incidence between 50 to 60 years of age; therefore, it is rare. [2] The development of MALT lymphoma temporarily depends on antigen stimulation of Helicobacter pylori. More than 90 % of MALT lymphoma patients are positive for Helicobacter pylori antibodies, but the positivity on biopsy is present only in 60 % of them. Antibiotic therapy in Helicobacter pylori infection may lead to complete regression of the localized primary gastric lymphoma of the MALT type without any anti-tumour therapy.

Keywords **–** Lymphoma, MALToma, Helicobacter pylori,

INTRODUCTION

Mucosa associated lymphoid tissue (MALT) lymphoma was first used in 1983 by Isaacson *et al.* [4] Gastric mucosa associated lymphoid tissue (MALT) lymphoma is the most common extranodal marginal zone lymphoma of the MALT. It is characterized by a good clinical course and has a better survival compared to other malignant tumors. [2] The clinical features of gastric MALT lymphoma are nonspecific but may present as abdominal pain, vomiting, weight loss, etc, which can also be observed in gastric ulcer and any other tumor. Complications like obstruction, perforation, or bleeding are rarely seen. Herein, we report a case of gastric MALT tumor, which presented as bleeding from gastric lesion.

CASE REPORT

A 42years male patient presented to casualty with complaints of blood in vomitus, black stools, generalized weakness and nausea. Patient has history of chronic gastritis and was on proton pump inhibitors for 8 years. For similar history patient had undergone endoscopy couple of times, recent endoscopy was performed for active G.I bleed which showed bleeding gastric ulcer (Fig 1) and multiple attempts were made to arrest the bleeding with the help of sclerotherapy.

Patients' general examination showed pulse - 150 beats/minute (tachycardia), Blood pressure - 70/40mmhg, severe pallor. Per abdominal examination showed generalized tenderness, guarding +. Complete blood count showed Hemoglobin-4.8, White blood cell count - 6700, Platelet-51000. So, patient was taken for emergency

laparotomy. On opening the abdomen a 1*1 cm indurated lesion was seen in gastric fundus which was bleeding actively. A wedge excision was performed (Fig 2). The histopathology was reported as Non-Hodgkin Lymphoma.

Fig 1: Endoscopic picture of bleeding gastric lesion

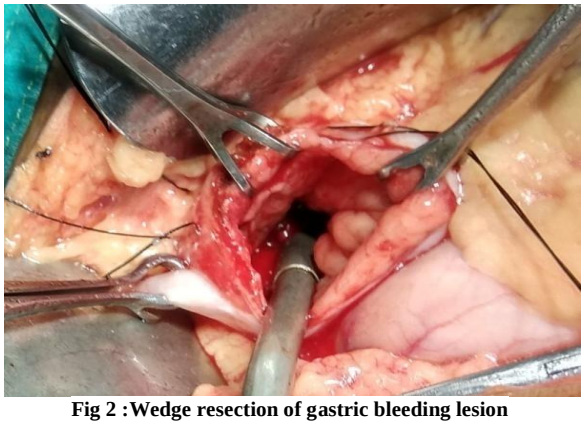

Fig 2 :Wedge resection of gastric bleeding lesion

Immuno Histo-Chemistry exam showed Low grade lymphoma of mucosa-associated lymphoid tissue – MALTOMA. IHC was positive for CD20,BCL2 and negative for CD3,CD5,CD45RO,CD23, CD43,CYCLIN D1,Sox 11,BCL6,CD10.

DISCUSSION

Isaacson and Wright first described MALT lymphoma in 1983. [3] The stomach is the most common site of gastrointestinal lymphoma and constitutes about 70% of all cases. Gastric lymphoma comprises about 40% of gastrointestinal lymphomas and only 0.2-0.6% of large bowel malignancies. [4] MALT lymphoma is characterized as "low-grade" (or indolent) and has a natural history of slow progression, most cases occur in individuals 50 years or older, with the disease being most common in the sixth decade. [2] *H pylori* has been identified as the cause of chronic gastritis with consequent acquisition of lymphatic tissue, and up to 98% of gastric MALT lymphoma are secondary to *H pylori* infection. [5]

H pylori eradication is the first-line of treatment in any case irrespective of *H pylori* status and lymphoma stage and lead to a complete remission in 50-90% of cases. Those patients revealing persistence or progression of lymphoma despite successful *H pylori* eradication should receive radiation or chemotherapy. Surgery usually does not play a role in the therapy of gastric MALT lymphoma; however, complications such as perforation or bleeding that cannot be controlled endoscopically may require surgical intervention. The infiltration of MALT lymphoma is mostly confined to the mucosa, and only 10% of infiltration invades deep beyond Muscularis propria. Endoscopic guided intervention (cauterization, banding, and sclerotherapy) are the primary line of management. Surgical excision of bleeding tumor, Gastrectomy forms an alternate line of management where endoscopy has failed. Radiotherapy is indicated if the lesion has poor response to antibiotic treatment. It provides local control and good cure in localized tumor of stage IE and II 1E. 30Grey of field radiotherapy 15doses are recommended. Chemotherapy of choice is R-CHOP (rituximab with cyclophos-phamide, doxorubicin, vincristine, and prednisolone).

CONCLUSION

MALT Lymphomas are rare tumours which occasionally present with perforation and bleeding which can be treated by endoscopic procedures but rarely require lifesaving surgery.

REFERENCES

1. Lim HW, Kim TH, Choi IJ, Kim CG, Lee JY, Cho SJ, Eom HS, Moon SH, Kim DY. Radiation therapy for gastric mucosa-associated lymphoid tissue lymphoma:

dose-volumetric analysis and its clinical implications. Radiat Oncol J. 2016;34(3): 193–201.
2. Wang YG, Zhao LY, Liu CQ, Pan SC, Chen XL, Liu K, Zhang WH, Yang K, Chen XZ, Zhang B, et al. Clinical characteristics and prognostic factors of primary gastric lymphoma: a retrospective study with 165 cases. Medicine (Baltimore). 2016;95(31): e4250.
3. Isaacson PG, Wright DH. Malignant lymphoma of mucosa-associated lymphoid tissue: A distinctive type of B-cell lymphoma. Cancer 1983; 52:1410–6.
4. Wong MT, Eu KW. Primary colorectal lymphomas. Colorectal Dis. 2006;8:586–591.
5. Fischbach W. MALT lymphoma: forget surgery? Dig Dis. 2013;31(1):38–42.

How to cite this article: Kumar PS, Vinod P, Sudhanwa P et.al. A bleeding gastric lesion: MALToma. Int J Health Sci Res. 2019; 9(5):456-458.

******