Usefulness of endoscopic ultrasound in the evaluation of a lymphoma with multiple gastric and pancreatic lesions

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CASE REPORT

A 22-years-old woman, without relevant medical history, was hospitalized with a 10-days history of jaundice and epigastric pain. Laboratory test revealed 5,920 leukocytes/mm³, 448,000 platelets/mm³, bilirubin 3.4 mg/dL, aspartate aminotransferase 153 IU/L, alanine aminotransferase 405 IU/L, gamma-glutamyl transferase 188 IU/L, alkaline phosphatase 486 IU/L. A linear EUS was performed with Pentax EG-3870UTK® and HITACHI-Preirus®, demonstrating numerous pancreatic homogeneous hypoechoic lesions (Fig. 1), measuring from 4 to 20 mm, with a homogenous blue elastographic pattern and a strain ratio of 35.33 (Fig. 2). Microcholedocholitiasis and an upstream dilated common biliary duct due to an extrinsic compression by a pancreatic mass were also detected. Several subepithelial gastric lesions, with a central scar (Fig. 3), well-limited, homogeneous and hypoechoic, originated from mucosa and muscularis mucosae layer were also identified (Fig. 4). Biopsies were taken from these subepithelial lesions, giving the diagnosis of a diffuse large B-cell lymphoma. A multidetector-CT-scan confirmed previous finding. An endoscopic retrograde cholangiopancreatography (ERCP) was performed, and a 5 cm-10Fr plastic biliary stent was placed. The patient was submitted to Hematology Department, and started with a specific chemotherapy strategy.

DISCUSSION

Endoscopic ultrasound (EUS) is considered as the most accurate method for the diagnosis and staging of pancreatic and gastro-esophageal lesions. EUS can also guide tissue sampling from both gut wall (by using standard forceps biopsies) and
pancreatic solid lesions (by guiding fine needle aspiration (FNA) (1-3). Nowadays, new tools associated to EUS, like elastography, add relevant information to the standard B-mode image, helping in the differential diagnosis of solid pancreatic masses (4,5). In the present case, biopsies were obtained from a gastric lesion, giving the final diagnosis of a diffuse large B-cell lymphoma. When analyzing the multiple pancreatic solid masses, the strain ratio measured by EUS-guided elastography was 35.33, which has been associated in our previous studies to malignancy (5).

REFERENCES