

PICTURES IN DIGESTIVE PATHOLOGY

## 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/mm<sup>3</sup>, 448,000 platelets/mm<sup>3</sup>, 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). Microcholedocholitis 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



Fig. 1. EUS image from pancreatic body demonstrating the presence of numerous pancreatic homogeneous hypoechoic solid masses.

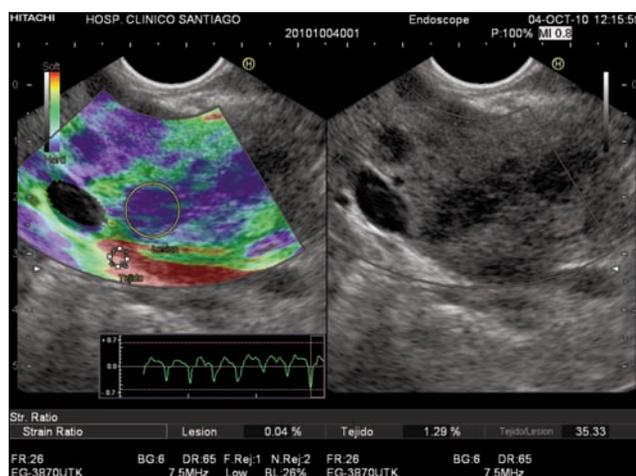


Fig. 2. Quantitative EUS elastographic evaluation of one of the pancreatic solid lesions, located at the body-tail of the pancreas, with a strain ratio value of 35.33.

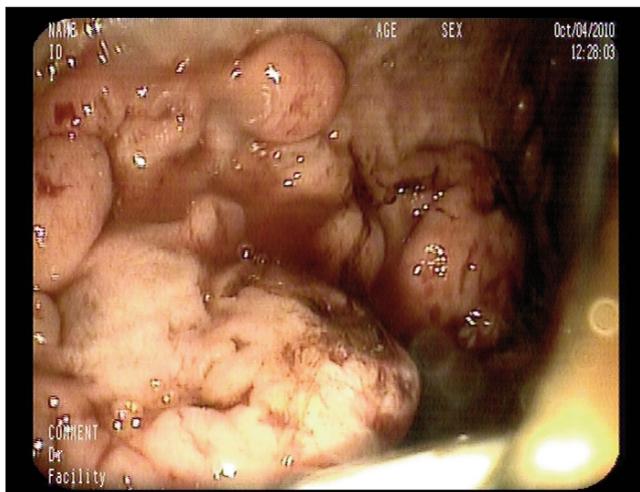


Fig. 3. Endoscopic image of the stomach body, obtained with the linear EUS scope, demonstrating the presence of multiple subepithelial lesions, with central scar.



Fig. 4. EUS image of the subepithelial lesions, well-limited, homogeneous and hypoechoic, originated from mucosa and muscularis mucosae.

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).

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