A 73-year-old man with a year-long history of persistent abdominal pain was presented. He had never noticed any tarry stools, and neither lymphadenopathy nor an abdominal tumor was palpable. Laboratory data included: serum C-reactive protein, 3.6 mg/dL (normal range: n<0.3); lactate dehydrogenase (LDH), 133 IU/L (n<221); total protein, 6.0 g/dl (n>6.5); serum albumin, 2.9 g/dl (n>4.0); and, soluble interleukin-2 receptor, 1207 U/mL (n<570). There were no abnormalities found on gastrointestinal fiberoscopy and colonoscopy. A multi-planar reconstruction image using a multislice computed tomographic (CT) scanner showed a dilated lesion in the ileum (Figure 1A, B). No hepatosplenomegaly was seen on the CT scan. Gallium scintigraphy showed accumulation in the lesion (Figure 2). The lesion was resected. The lesion was located 40 cm from the ileum end; no lymphadenopathy was detected at the time of operation. On histology, the specimen was diagnosed as a B cell lymphoma (diffuse large cell type). The patient received adjuvant chemotherapy and was disease-free at 6 months. Given that malignant lymphoma often occurs in the ileum, as in this case, physicians in general practice should include malignant lymphoma of the ileum in the differential diagnosis of abdominal pain.
Figure 1A.

Figure 1B.

Figure 2.