Esophageal Ulcer due to Lymphoma

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A 68-year-old man was admitted to our hospital with epigastralgia. Esophagastroduodenoscopy showed a lengthwise esophageal ulcer (Picture 1) and multiple endoscopic biopsies demonstrated infiltration of nonspecific inflammatory cells, although a bacteriological culture did not reveal any significant growth. In addition, there were no abnormalities in the patient’s blood count or biochemical parameters, except for slight elevation of the anti-cytomegalovirus IgG antibody titer. Meanwhile, CT showed slight thickening of the esophageal wall (Picture 2). We therefore administered ganciclovir in order to obtain a therapeutic diagnosis; however, the ulcer did not resolve. Following a series of treatments, the patient reported that he had undergone enu-

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cleation of a gingival tumor only one year previously at another hospital, where he had received a diagnosis of diffuse large B cell lymphoma (DLBCL) with infiltration of CD20⁺ ovoid cells. He ultimately died of acute pneumonia several months after the present hospitalization. An autopsy revealed infiltration of CD20⁺ and CD79a⁺ DLBCL cells in the esophageal submucosa and muscular layer in addition to other organs (Picture 3, 4: Hematoxylin and Eosin staining) (1, 2).

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References