

[ PICTURES IN CLINICAL MEDICINE ]

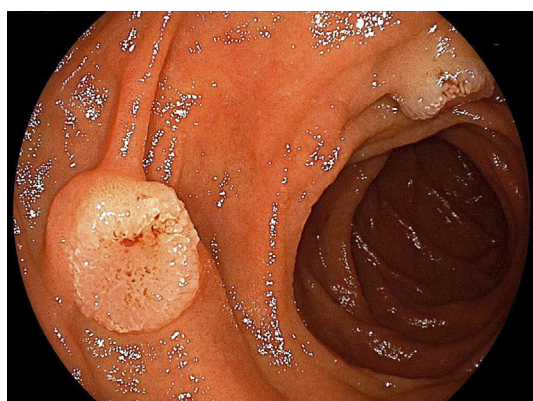
## Burkitt Lymphoma of the Duodenum

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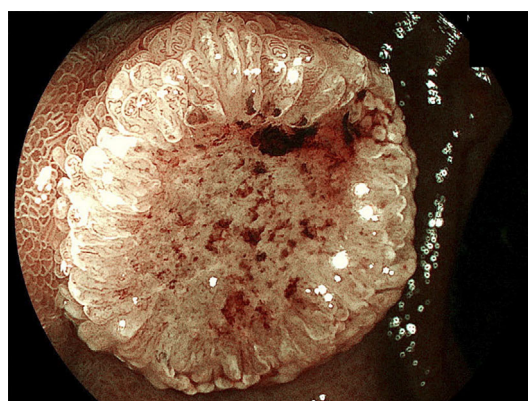
**Key words:** Burkitt lymphoma, duodenum, starry sky appearance

(Intern Med 57: 1493-1494, 2018)

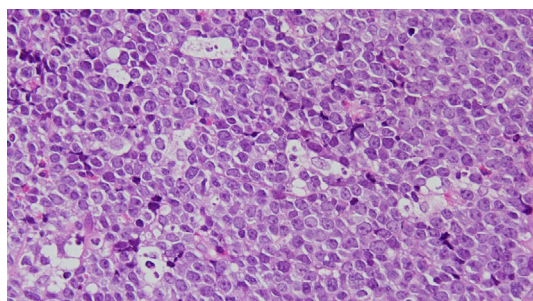
(DOI: 10.2169/internalmedicine.9896-17)



Picture 1.



Picture 2.



Picture 3.

A 78-year-old man without HIV visited our hospital because of abdominal pain. Gastroendoscopy revealed two discolored, soft, protruding lesions in the superior duodenal angle (Picture 1). A magnified observation demonstrated a lack of pits and the presence of abnormal vessels (Picture 2). Computed tomography showed thickening of the jejunum wall and tumor infiltration of the vertebral body.

The histological examination of the biopsied specimen from the duodenum revealed diffuse proliferation of abnormal lymphoid cells positive for CD10 and CD20 but negative for CD3 and CD5. Tingible body macrophages were

scattered, showing a “starry sky” appearance (Picture 3). The MIB1 index was more than 95%. In addition, a fluorescence *in situ* hybridization analysis showed t(8;14)(q24;q32) translocation. Lymphoma cells that had infiltrated the bone marrow showed morphological features resembling Burkitt lymphoma (BL). Based on these findings, the patient was diagnosed with BL stage IV according to the Ann Arbor staging system.

Only 1-2% of adult patients with non-Hodgkin lymphomas have the Burkitt variety. The stomach, distal ileum, and cecum are the most commonly involved sites of BL (1), and BL of the duodenum is rare. Most duodenal BLs are found in the second portion of the duodenum (2). Endoscopically, it is possible to some extent to distinguish between duodenal BL and other aggressive lymphomas such as diffuse large B-cell lymphoma (DLBCL). Multiple submucosal tumor-like protruding lesions showing a steep rise and depression with a smooth surface in the center are very likely to be BL or high-grade lymphoma resembling BL. However, other aggressive lymphomas, such as DLBCL, are usually an ulcerative type of tumor, appearing as deep ulcer-like lesions with whitish debris on the surface.

**The authors state that they have no Conflict of Interest (COI).**

## References

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*Intern Med 57: 1493-1494, 2018*