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Case Report

Primary Intestinal Hodgkin's Lymphoma associated with Intussusception and Cholelithiasis.

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Abstract

Primary intestinal lymphoma is a lymphoproliferative neoplasm of the small intestine. Clinical manifestations are primarily limited to the small intestine. In these cases there is no evidence of lymphoma on chest radiograph, CT scan, peripheral blood or bone marrow puncture. On laparotomy the bowel lesion predominates and few lymph nodes are associated with intestinal lesion. Primary intestinal lymphoma involves the ileum more frequently than jejunum because there is an abundance of lymphoid follicles in the distal small intestine. On the other hand secondary intestinal lymphoma is a manifestation of generalized systemic lymphoid neoplasm. Here we present a very rare case of primary intestinal Hodgkin's lymphoma associated with chronic ileo-caecal intussusceptions and cholelithiasis.

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Introduction

Primary intestinal lymphoma is a lymphoproliferative neoplasm of the small intestine. Clinical manifestations are primarily limited to the small intestine. In these cases there is no evidence of lymphoma on chest radiograph, CT scan, peripheral blood or bone marrow puncture. On laparotomy the bowel lesion predominates and few lymph nodes are associated with intestinal lesion. Primary intestinal lymphoma involves the ileum more frequently than jejunum because there is an abundance of lymphoid follicles in the distal small intestine. On the other hand secondary intestinal lymphoma is a manifestation of generalized systemic lymphoid neoplasm. Here we present a very rare case of primary intestinal Hodgkin's lymphoma associated with chronic ileo-caecal intussusceptions and cholelithiasis.

Case Report

Mrs. N B, a 65 year old lady, was admitted into surgical unit–IV of Rajshahi Medical College Hospital with presenting complaints of pain and gradually increasing swelling in the right lower abdomen for last 6 months and loss of weight as well as loss of appetite for 3 months. Pain was mild, dull ache in nature without any aggravating or relieving factors. There is no history of jaundice and fever. The patient is menopausal for last 16 years.

On general examination, the patient was ill looking, malnourished and moderately anemic. On local examination, a visible swelling and visible

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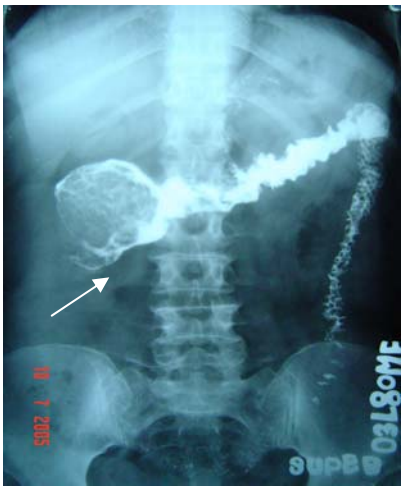
peristalsis was detected over right lumber region. On palpation, there was tenderness over the right lumber and hypochondriac region. An ill defined elongated mass (about 10 x 12 cm) was detected over the right lumber region extending into the right hypochondrium. The lump was mobile in all directions, firm in consistency with smooth surfaces. Digital rectal examination was insignificant.

On investigation the patient was found to be anemic with high ESR (100 mm in first hour). Chest x-ray P/A view was normal. USG scanning revealed a complex mass in upper abdomen-suggestive of bowel mass with associated cholelithiasis. Barium Enema X-ray of colon revealed a filling defect over the hepatic flexure with positive Claw sign - suggestive of colonic mass with intussusceptions (Fig-1). Colonoscopy was planned but the patient could not afford it out of financial constraints. Our clinical diagnosis was Carcinoma of ascending colon associated with cholelithiasis.

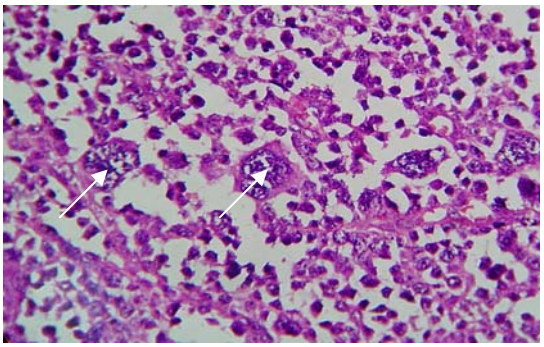


(Fig-1) **Barium Enema X-ray of colon**

The patient had been subjected to routine operation. During laparotomy, a growth was found involving ileo-caecal region which was mobile in all direction. There were few lymph nodes near the growth. The terminal ileum was invaginated into caecum through ileo-caecal valve. No distant metastasis was found. Right hemicolectomy and cholecystectomy was performed. The ileo-caecal lump was sent for histopathology (Fig-2). Per-operative diagnosis was intestinal tuberculosis with chronic intussusception and cholelithiasis.

(Fig-2): Resected specimen of colonic mass

During postoperative period histopathological report was at hand and diagnosis was mixed cellular Hodgkin's disease (Fig-3). The final diagnosis was Primary intestinal Hodgkin's lymphoma with intussusceptions and associated with cholelithiasis.



(Fig-3): **Histopathology slide**

During post operative follow-up, the patient had been consulted with radiation oncologist and hematologist. Patient was subjected to combination Chemotherapy. However two months after operation the patient was found to be in good health with significant weight gain. No features of recurrence are recorded.

Discussion

Our patient is having primary intestinal Hodgkin's disease, at least histologically. Immunohisto-chemical (IHC) technique was not available to confirm the diagnosis. However the patient

merited on some other score as she had chronic Ileocaecal Intussusceptions and was associated cholelithiasis.

Hodgkin's disease of small intestine is rare. On review of literatures a very small number of cases of intestinal Hodgkin's disease could be recorded. A series of literatures revealed only seven cases of intestinal Hodgkin's disease out of 778 gastrointestinal lymphoms[1]. In another series only 11 patients with small bowel Hodgkin's disease was recorded since 1967.[1] In any case all these patients were diagnosed without the use of IHC staining. The diagnoses recently have been doubted.[2] Some of these patients are thought to have suffered from some different disease, which histologically resembles Hodgkin's disease. For example anaplastic large-cell lymphoma shows atypical cells that resemble Reid-Sternberg cells. Similarly a highly undifferentiated carcinoma or malignant melanoma could also mimic Hodgkin's disease with large RS-like cells [2]. IHC techniques could easily differentiate these tumors from Hodgkin's disease[3]

Histological confirmation by immunohisto-chemistry technique supports the diagnosis of small intestinal Hodgkin's disease to be valid. Because it is rare for Hodgkin's disease to localize in the small intestine without involvement of regional or distant lymph nodes, any diagnosis of small bowel Hodgkin's Disease should prompt a thorough search for additional disease at other sites. However we could not ascertain the presence of disease in other site**.**

Small intestinal malignancy is rare. Lymphoma constitutes only 25% of all intestinal malignant tumours. Primary intestinal lymphoma constitutes a small fragment of all intestinal lymphoma which are mostly secondary. Primary Hodgkin's lymphoma is less common than non Hodgkin's lymphoma (1% of all primary intestinal lymphoma). A very rare primary intestinal Hodgkin's disease is associated with chronic ileo-caecal intussusceptions. It is again associated with cholelithiasis. We consider our case as a unique one.

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