

## Title:

Primary follicular lymphoma of the duodenum as an incidental finding on upper gastrointestinal endoscopy

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Primary follicular lymphoma of the duodenum as an incidental finding on upper gastrointestinal endoscopy

Authors:

Brais Fernández Suárez <sup>1</sup>, Lucía Seoane Blanco <sup>1</sup>, María Gómez Rivas <sup>1</sup>, Andrea García Gómez <sup>1</sup>, Lorena González Otero <sup>1</sup>, Alba Roibás Veiga <sup>1</sup>, Julieta Fernández Molina <sup>1</sup>.

Department of Gastroenterology. Hospital Universitario Lucus Augusti (HULA).
Lugo, Galicia.

Corresponding author: Brais Fernández Suárez. Mail: brais.fernandez.sua@gmail.com

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Dear Editor,

We are submitting the case of a 64-year-old woman who is presented with intermittent abdominal pain and postprandial distress-type dyspepsia of approximately one year's duration, with poor response to medical treatment. For this reason, an upper gastrointestinal endoscopy was performed, revealing a micronodular mucosal area with numerous diffuse whitish plaques and some superficial erosions at the beginning of the third duodenal portion (Figure 1). In view of this endoscopically non-specific finding, it was decided to perform biopsies which showed changes compatible with primary duodenal follicular lymphoma (DFL) grade I. Further evaluation through a bone marrow biopsy, endoscopic video capsule, thoracoabdomino-pelvic CT and PET-CT were negative.

Follicular lymphoma (FL) is an indolent B-cell lymphoproliferative disorder that tipically involves the lymph nodes, and is one of the most common types of non-Hodgkin's lymphoma (NHL). The gastrointestinal tract (GIT) is the most common site of



extranodal NHL involvement, with diffuse large B-cell lymphoma (DLBCL) and mucosaassociated lymphoid tissue lymphoma (MALT) being the most common subtypes (1).

FL accounts for only 1-4% of primary NHL with GIT involvement (2). DFL is a rare variant, with few reported cases, and was recognised as a distinct entity by the World Health Organization in 2016. Although the endoscopic findings are typical, as described above, they are non-specific, and a definitive diagnosis is achieved through anatomopathological study.

The second portion of the duodenum (SPD) is the most commonly affected area (3,4), followed by the jejunum (4). It is worth noting that up to 85% of patients with lesions in the SPD may have concomitant lesions in the jejunum and ileum (3).

Most patients are asymptomatic at diagnosis, although cases with various gastrointestinal manifestations and even jaundice have been reported (5). Unlike other NHLs with GIT involvement, the prognosis is excellent even in the absence of treatment. Treatment decisions depend on the presence or absence of florid symptoms and/or systemic involvement and range from "watch and wait" to first-line rituximab-based immunochemotherapy regimens (4).

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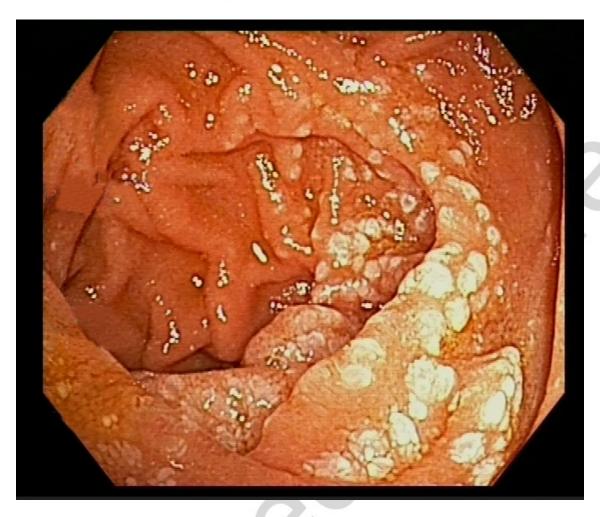


Figure 1. Micronodular lesions in the third duodenal portion corresponding to primary follicular lymphoma of the duodenum.