

Title:

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Synchronous MALT lymphoma and gastric adenocarcinoma

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Abstract:

A 73-year-old man underwent endoscopy for iron-deficiency anemia, revealing mucosa-associated lymphoid tissue (MALT) lymphoma with staging of stage IV lymph node involvement. He received H. pylori eradication and rituximab-bendamustine, achieving lymph node regression. Follow-up endoscopy identified a 20-mm antral ulcer, histologically confirmed as well-differentiated tubular adenocarcinoma. This case highlights the rare association of MALT lymphoma and gastric adenocarcinoma.

Dear Editor,

A 73-year-old man with no relevant medical history underwent upper digestive endoscopy for iron-deficiency anemia. Endoscopy revealed an infiltrative, friable antral and body mucosa with ulcerated areas (Fig 1A). Biopsies confirmed mucosa-associated lymphoid tissue (MALT) lymphoma and *Helicobacter pylori* (*H. pylori*). Full-body computed tomography (CT) showed supra and infradiaphragmatic lymph node involvement (Lugano stage IV).

The patient received *H. pylori* eradication and systemic rituximab-bendamustine. After six months, follow-up CT showed marked lymph node regression. Repeat endoscopy confirmed *H. pylori* eradication and mucosal improvement. Notably, a 20-mm depressed, ulcerated antral lesion was identified (Fig 1B). Histology revealed well-differentiated tubular adenocarcinoma, Lauren intestinal type.

At a multidisciplinary team meeting, total gastrectomy was recommended. Histopathology confirmed MALT lymphoma and well-differentiated tubular adenocarcinoma (pT1aN0) (Fig 1C and 1D).

Discussion:

A synchronous diagnosis of MALT lymphoma and gastric adenocarcinoma is rare, with only 57 cases reported^{1,2}. Patients with a prior diagnosis of marginal zone lymphoma have a sixfold higher risk of developing adenocarcinoma than the general population³. Prognosis and treatment are generally dictated by adenocarcinoma, given its typically more aggressive course, but management requires a multidisciplinary, case-by-case approach. Macroscopic differentiation between MALT lymphoma and gastric adenocarcinoma can be challenging, underscoring the importance of thorough endoscopic assessment and targeted biopsies of suspicious areas.

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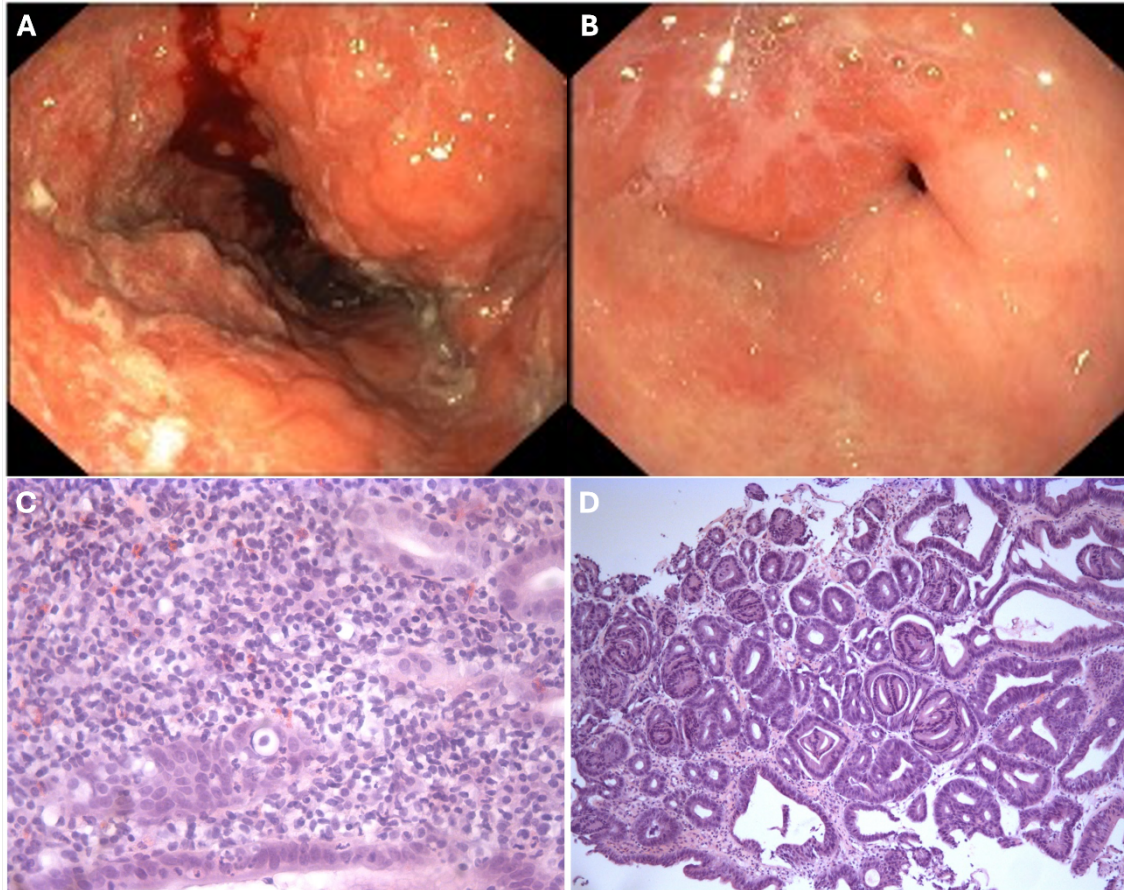


Fig 1. A. Infiltrative, friable antral and body mucosa with ulcerated areas. B. A 20-mm depressed, ulcerated antral lesion. C. Extensive MALT gastric marginal zone B lymphoma. D. Well-differentiated tubular adenocarcinoma, Lauren's intestinal type in the prepyloric antrum, in an estimated area of 20mm (pT1a, N0).