

Title:

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Endoscopic balloon dilation in duodenal stenosis secondary to intestinal lymphoma in a heart transplant patient

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Dear Editor,

We present the case of a 12-year-old male who underwent a heart transplant due to dilated cardiomyopathy at ten months of age. He was also under immunosuppressive treatment and diagnosed with lymphoma in the duodenal area (third-fourth portion union). Chemotherapy treatment was initiated and he presented with 1-2 daytime and nocturnal incoercible vomiting episodes after the first cycles. An abdominal computed tomography (CT) showed duodenal stenosis in the horizontal portion with thickening of the wall, proximal dilation and retention of contents. Biopsies were performed of the area via gastroscopy but there were no findings. Thus, a surgical biopsy was performed and there was no neoplastic infiltrate.

Vomiting persisted after chemotherapy with a poor tolerance to solids. An intestinal contrast study was performed that confirmed the persistence of the duodenal stenosis. An increase in the caliber of the proximal duodenum and the stenotic region were observed in the third portion via endoscopy and it was impossible to pass the endoscope through this region (Fig. 1). Pneumatic dilatation by endoscopy resolved the stenosis as observed in the subsequent radiological control.

The patient still had sporadic vomiting episodes after three months and endoscopic dilation was repeated with clinical, radiological and endoscopic resolution.

Discussion

The lymphoproliferative syndrome is an infrequent complication of solid organ transplantation (1,2) and immunosuppression is one of the main conditioning factors for its development. The appearance of intestinal stenosis in gastrointestinal lymphoma may be due to multiple causes such as post-chemotherapy scarring, as in our patient. Although surgical treatment with resection of the stenosis has usually been used as a treatment option, balloon dilation by endoscopy can be used to treat these lesions. The absence of complications of the endoscopic procedure raises the possibility of using this technique in cases where the lesion is not accessible via endoscopy (3).

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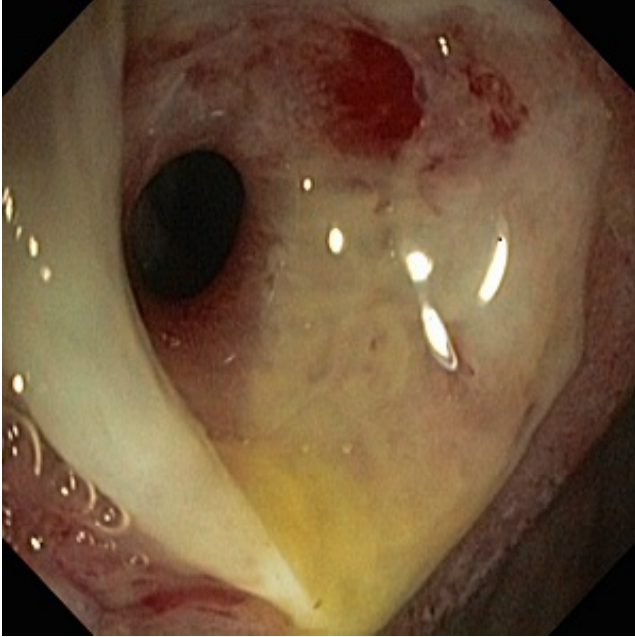


Fig. 1. Stenotic region in the third portion of the duodenum, which could not be accessed via endoscopy.

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