

Title:

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Primary esophageal follicular lymphoma: a rare entity

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Dear editor,

A 63-year-old woman presented with dyspepsia *de novo*. An esophagogastroduodenoscopy revealed a 30 mm flat yellowish esophageal lesion, 28 cm from the incisors (Fig. 1a), with the stomach and duodenum without any lesion. *Helicobacter pylori* infection was excluded. Histological examination was suggestive of a lymphoproliferative process (Fig. 1b). Immunohistochemistry showed diffuse positivity for CD20 (Fig. 1c) and BCL-2 (Fig. 1d), dim CD10 and BCL-6 staining, a Ki-67 of 20-25%, no CD21 or cyclin D1 expression, all these features compatible with low-grade follicular lymphoma. Physical examination was unremarkable. Computed tomography of the neck, chest, and abdomen revealed no lymph node enlargement, hepatosplenomegaly or metastasis. Blood routine tests and tumor markers were at normal levels. Bone marrow biopsy showed no involvement by lymphoma. Therefore, a diagnosis of

primary follicular lymphoma of the esophagus was made. The patient opted for a watch-and-wait strategy and there is no evidence of disease progression after four years of follow-up.

Discussion

Primary esophageal lymphoma accounts for less than 1% of primary gastrointestinal lymphomas¹, with the subtypes diffuse large B-cell and mucosa-associated lymphoid tissue lymphomas being the most frequent. Primary esophageal follicular lymphoma is particularly rare². We read with great interest the recent article by Martínez P. et al, in which the authors report a case of symptomatic primary esophageal diffuse large B-cell lymphoma treated with R-CHOP chemotherapy. In contrast to this case, we were able to reach the diagnosis with endoscopic biopsy of an incidental finding unrelated to the patient's symptoms. Also, another point of contrast is the indolent course after a long follow-up period without the need for any treatment.

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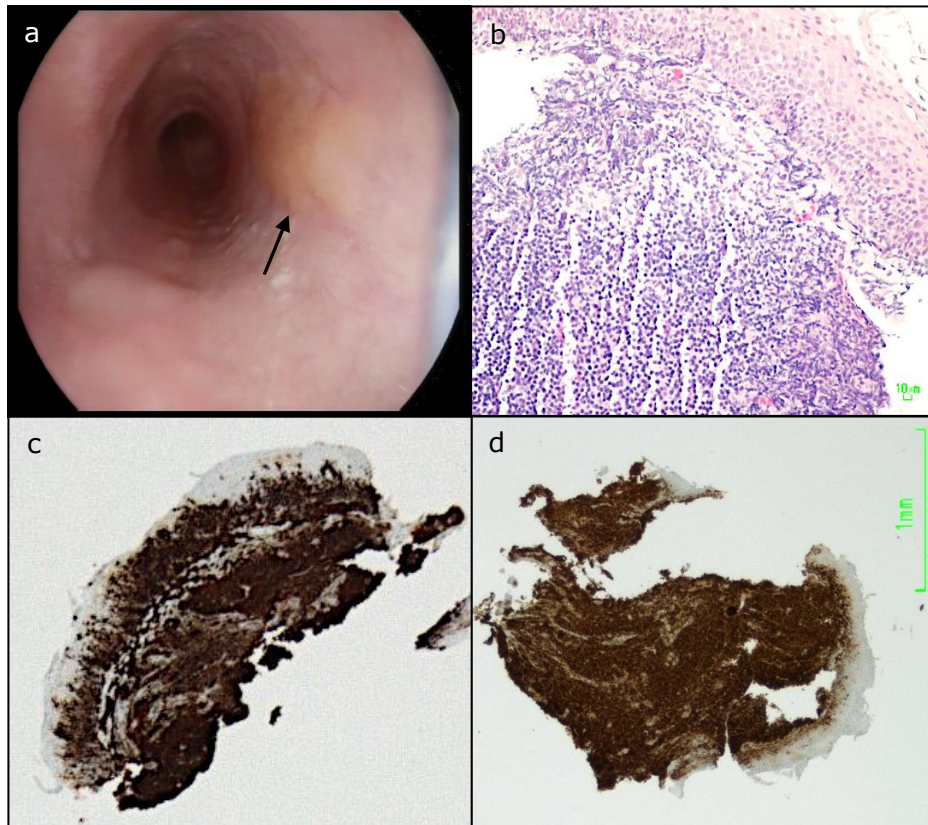


Figure 1. Endoscopic image of the flat yellowish esophageal lesion (a) and microscopic examination with hematoxylin and eosin staining (b). Diffuse CD20 positivity within tumor cells (c) and positive immunohistochemistry for BCL-2 (d).