A 66-year-old patient with diffuse large B cell lymphoma was admitted with melena. Recent upper endoscopy and colonoscopy had been unremarkable. Therefore, a video capsule endoscopy was performed which captured images of the small bowel for 6 hours, 30 minutes. This showed large amounts of blood and clots in the mid and distal small bowel (A, B). Next, a balloon enteroscopy was done. Two gastric nodules 1 cm each were found (C). Four ulcers were seen in the duodenum and jejunum 1-2 cm each (D). The lesions were biopsy confirmed as diffuse B-cell lymphoma (DBCL). This is a type of non-Hodgkin’s lymphoma that accounts for 2% of small intestinal malignancies (SIMs) (1). Despite the rarity of DBCL in reference to SIMs, 90% of GI lymphomas are B-cell in origin with the ileum accounting for the primary location of 60-65% of small intestinal lymphomas. (2,3).

This presentation of small bowel bleeding, ulceration, and nodule development from DBCL is significant to understand as data suggests a rise in intestinal lymphoma cases. (4)

References