Acquired Small Bowel Mucosa-Associated Lymphoid Tissue Lymphoma in the Absence of Helicobacter pylori

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A 56-year-old male with a medical history of hypertension presented to his primary care doctor for evaluation of progressive fatigue and melena over the previous few weeks. Laboratory data revealed a microcytic anemia with a hemoglobin of 6.6 g/dL. Initial upper endoscopy revealed a large white based non-bleeding ulcer with heaped edges within the second portion of the duodenum (Figure 1). Duodenal biopsies revealed active chronic duodenitis with evidence of gastric metaplasia. Antral biopsies were performed and H.pylori staining was negative. Computed tomography of the abdomen and pelvis revealed wall-thickening of the junction of the second and third portions of the duodenum. He was started on a proton pump inhibitor. Follow up endoscopy 3 months later revealed persistence of the duodenal lesion with a new nodularity component (Figure 2). Repeat biopsy was consistent with a MALT lymphoma (Figure 3). Follow up positron emission tomography (PET) scan and bone marrow biopsy revealed stage 1E disease without evidence of lymph node involvement or metastasis. He completed 4 cycles of rituximab therapy with follow up PET scan revealing partial tumor regression.

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