

Introduction

Extranodal marginal zone B-cell lymphomas, also known as B-cell lymphoma of mucosa-associated lymphoid tissue (MALT) are a group of malignancies that arise in a number of epithelial tissues, including the stomach, salivary gland, lung, small bowel, thyroid and elsewhere.¹ The relationship between *Helicobacter pylori* (*H. pylori*) and gastric MALToma is well established. 90% of gastric MALT lymphomas are associated with *H. pylori* infection.² Infectious agents, like *H. pylori*, have been suspected in the etiology of ocular adnexal MALToma.¹ However, there has been no reported cases in the link between ocular adnexal MALToma leading to gastric MALToma. Here we report a case of *H. pylori*-negative gastric MALToma in a patient who had been previously diagnosed with MALT lymphoma of the left upper eyelid.

Clinical Case

A 80-year-old Caucasian male presented after a near syncopal episode without loss of consciousness. The patient complained of intermittent, epigastric discomfort for the last few weeks. He described the pain as dull in nature, 5/10 in intensity, and occurring after eating a meal. In the ambulance, he had an episode of a black vomitus. He denied any difficulty swallowing, weight loss, or reduced appetite. He was taking aspirin 81 mg daily but denied use of nonsteroidal anti-inflammatory drugs.

His significant past medical history included left eyelid MALT lymphoma which was diagnosed a year ago and is in complete remission after radiation therapy. He denied tobacco, alcohol, or recreational drug use and has no significant family history of cancer. The patient had 4-5 colonoscopies in the past, which were unremarkable, but never had an esophagogastroduodenoscopy (EGD).

Physical examination was unremarkable except for guaiac positive melena. His orthostatic vital signs were positive. Labs showed a significant drop in hemoglobin from two months prior (14 g/dL to 8.8 g/dL). Other pertinent labs showed hypoalbuminemia (3.0 g/dL) with total protein of 5.9 (6.3-8.2 g/dL), elevated BUN of 41 (9-20 mg/dL), creatinine of 1.0 (0.7-1.3mg/dL), mild hyponatremia (136 mEq/L), and normal liver function tests. The patient was admitted to the ICU and was treated for acute blood loss anemia secondary to upper GI bleeding. He was given volume resuscitation, packed red blood cells, and platelet transfusion. An esophagogastroduodenoscopy (EGD) was performed showing multiple gastric masses with hypertrophic gastric folds and ulceration of one of the masses (Figure 1). The pathology of the gastric mucosa was consistent with a brisk lymphoid infiltrate composed of predominantly small to medium sized CD20+ B-cells that focally encroached glandular structures suggesting the diagnosis of extra nodal marginal zone lymphoma. *H. pylori* was negative.

The patient was stabilized and discharged with a follow-up visit. His condition improved and he had no further episodes of melena or hematemesis. He was treated as an outpatient with local radiation to stomach with successful remission.

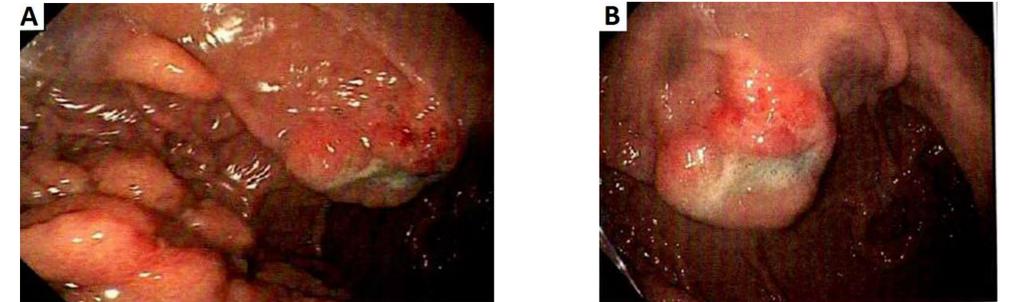


Figure 1. Esophagogastroduodenoscopy showing (a) multiple gastric masses with hypertrophic gastric folds and (b) ulceration of one of the mass.

Discussion

The stomach is the most common primary location of MALTomas. However, as represented in this case, gastric extranodal marginal zone B-cell lymphomas can follow as a recurrence of ocular adnexal MALToma. In a recent study, routine evaluation of the stomach with an EGD was completed in non-GI MALToma patients. Of the 36 patients evaluated, 12 patients were found to have gastric involvement, with 2 patients progressing in the stomach 5 and 6 months later.³ Nevertheless, an EGD was not performed in our patient at the time of eyelid MALT lymphoma diagnosis. Therefore, it is recommended to perform an endoscopy as a initial staging working up for all non-GI MALT lymphomas to diagnose concurrent gastric involvement in a timely manner.

About 90% of gastric MALToma cases are *H. pylori* positive and responds to antibiotic eradication treatment with high efficacy up to 80%.² In comparison, the patient in our case was negative for *H. pylori*. There are limited studies regarding the effectiveness of antibiotics eradication, one observing 50% complete remission rate after eradication therapy in *H. pylori* negative patients.⁴ Although the number of patients seen was low (n=6), the guidelines set by the European Society of Medical Oncology suggests the use of anti-*H. pylori* treatment prior to radiation in localized *H. pylori* negative gastric MALToma patient.

References:

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