

Special Article: Endoscopic Surgery

A Case of Duodenal-type Follicular Lymphoma

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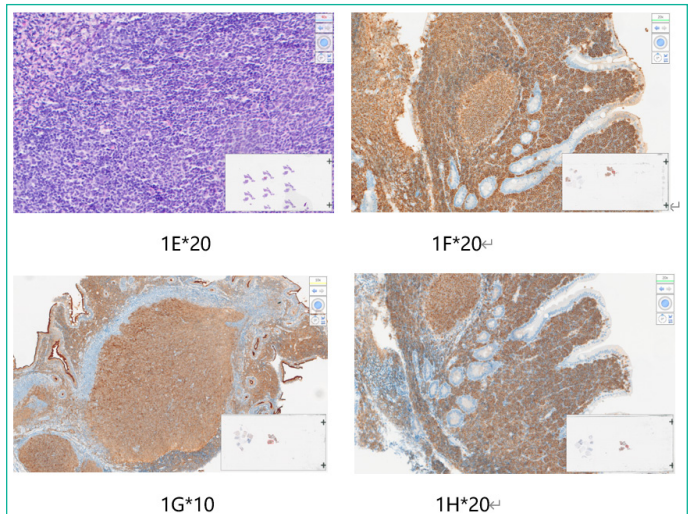
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Case Presentation

A 47-year-old female patient underwent esophagogastroduodenoscopy because of intermittent abdominal pain for more than 10 years. The patient has a history of hepatitis B. No obvious abnormality was found in physical examination and laboratory examination. Gastroscopy revealed multiple small white nodular lesions in the descending part of the duodenum, with no apparent abnormalities of the nipple. The mucosa of the frenulum proliferates, and there is a depression in the center of it. Mucosa in the depression showed fading tone, and mucosa in the protuberance showed red color. Magnifying endoscopy with indigo-carmin staining confirmed the continued existence of the boundary. The ultrasound microprobe scan observed that the lesion was originated from the mucosal layer with irregular, uneven echo, but the submucosa was intact (Figure 1A, B, C & D). Histopathological examination showed chronic inactive enteritis with significant lymphoid hyperplasia (Figure 1E). Immunohistochemical analysis confirmed that CD20 (Figure 1F), CD10 (Figure 1G) and BCL2 (Figure 1H) were strongly positive, which was consistent with Follicular Lymphoma (FL). Bone marrow biopsy and abdomen enhanced CT excluded extraintestinal involvement. Consequently, based on those findings, the patient was diagnosed as duodenal follicular lymphoma, despite the absence of obvious symptoms. The patient was man-

aged using the Watch-and-Wait (WW) strategy and underwent regular esophagogastroduodenoscopy approximately every six months at our institution. Duodenal-Type Follicular Lymphoma (DFL) is a unique and rare subtype of Follicular Lymphoma (FL). It is classified as a special subtype of FL in the WHO classifica-

**Figure 1:**

tion of lymphoid and hematopoietic tissue tumors (version 2016) [1]. There was abnormal expression of CD10, CD20 and Bcl.2 in the second part of duodenum (descending part), and the proportion of male and female was equal. DFL patients have almost no clinical symptoms, the vast majority of patients are in the early stage of the disease in the fashion of diagnosis, and the prognosis is good, so most doctors choose the strategy of watching and waiting in the face of DFL patients(W&W) [2].

Author Statements

Ethics

This retrospective review of patient data did not require ethical approval in accordance with national guidelines. Written informed consent from participants was not required in accordance with national guidelines.

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Conflict of Interest Statement

Drs. Ximei Ren, Qibin He, Guifang Xu, have no conflicts of interest or financial ties to disclose.

Author Contributions

Ximei Ren: Conceptualization, Writing- Original draft preparation. Guifang Xu: Writing- Reviewing and Editing, Funding acquisition. Qibin He: Project administration, Supervision.

Data Availability Statements

All data generated or analyzed during this study are included in this article and its supplementary material files. Further enquiries can be directed to the corresponding author.

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