

Jejunal and Adrenal Lymphoma Presenting as GI Bleed

A Case Report

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Introduction

GI lymphomas are relatively rare accounting for only 1-4% of GI malignancy. The most common site of GI lymphoma is overwhelmingly the stomach with less than 10 percent occurring in the small bowel. GI lymphomas present with a variety of symptoms including early satiety, vague abdominal pain, B symptoms, but very rarely as a GI bleed. Adrenal incidentalomas are a common occurrence, but rarely due to lymphoma.



Fig 1. Representative preoperative CT abdomen image

Patient Presentation

This is a case of a 70 year old male who presented to the hospital with symptomatic anemia and melanotic stools. He was noted to have a hemoglobin of 5.1 on admission. He received 4 u PRBC over three days and responded well with an increase in hemoglobin to 9.0. Gastroenterology was consulted who performed EGD and colonoscopy which revealed no abnormalities. Capsule endoscopy showed a suspicious lesion with possible ulceration in the jejunum. CT enterography was obtained and confirmed the presence of a jejunal mass as well as a 7.5 x 5.4 x 5.4 cm left adrenal mass concerning for mass concerning for malignancy. Urine and plasma metanepherines were obtained and within normal limits.

Surgical Course

- Left subcostal incision
- Small bowel resection with anastomosis
- Open Left Adrenalectomy
- Path:
 - Diffuse B cell lymphoma in adrenal gland and jejunum
 - All margins uninvolved
 - 16/16 positive nodes
- POD4- Port placement
- POD5 DC home
- Underwent chemotherapy and is now in complete remission 13 months post operatively

Discussion

•Although lymphoma is generally quite responsive to chemotherapy, surgical resection does play a role when indications such as bleeding or obstruction are present. Surgery can also play a role in abdominal lymphoma when tissue diagnosis is necessary in situations such as this adrenal mass with concerning features.

