

CASE 034

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A 53 year old female patient presented with progressively increasing abdominal pain, nausea and vomiting for 5 months. No significant past history was obtained. The endoscopy and radiological findings showed diffuse wall thickening of small bowel favoring neoplastic pathology. She underwent small bowel resection and was diagnosed as non-Hodgkin lymphoma with morphology favoring MALToma.

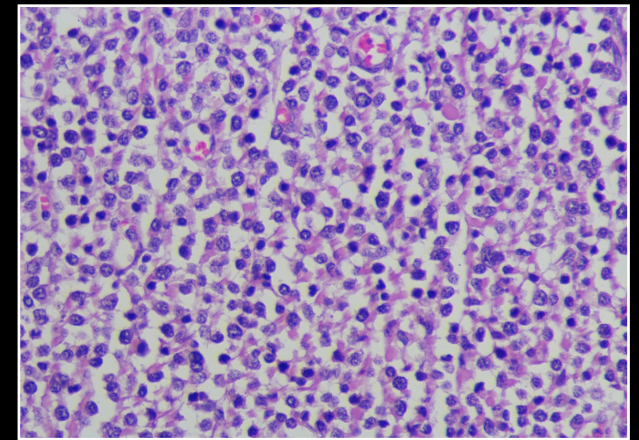
We received paraffin blocks for immunohistochemistry workup and final diagnosis.

HISTOMORPHOLOGY

Sections examined from the intestinal resection specimen showed small intestinal mucosa with focally preserved villous architecture along with transmural infiltration by a tumor composed of sheets of atypical lymphoid cells. These atypical lymphoid cells were relatively uniform, having small round nuclei, coarse chromatin and scanty cytoplasm. Brisk mitotic activity was also seen.

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On immunohistochemical evaluation, the neoplastic lymphoid cells expressed positivity for CD3, CD7, CD8, CD56 and BCL2 and the Ki67 proliferation index was 50%.



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