中文題目：一位肝硬化病人因瀰漫性大型Ｂ細胞淋巴癌而引發上消化道出血:病例報告

英文題目：An Uncommon Cause of Upper GI Bleeding in A Cirrhotic Patient – Primary Gastric Diffuse Large B-cell Lymphoma: A Case Report

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Background: Most cirrhotic patients presenting with upper GI bleeding (UGIB) were found to have variceal bleeding. Other causes include peptic ulcer bleeding, portal hypertensive gastropathy, gastric antral vascular ectasia, Mallory-Weiss tear, and malignancy. Diffuse large B-cell lymphoma (DLBCL) is the most common primary gastric lymphoma. However, it only accounts for about 1.5% of gastric neoplasm. Here we presented a relatively rare case of UGIB due to DLBCL in a cirrhotic patient.

Materials and Methods: An 80-year-old male was admitted due to progressive abdominal fullness for two weeks. About one month ago, he began to have bilateral lower feet pitting edema. Besides, progressive abdominal fullness also developed for two weeks. Though he has hepatitis C virus (HCV) infection – related cirrhosis, he didn't have ascites and pittting edema prior to this episode. He denied fever, chills, and abdominal pain. He also complained of tarry stool for two weeks. We performed paracentesis for new onset ascites and the calculated serum albumin – ascites albumin was ≧1.1g/dl. However, the differential cell count of ascites revealed lymphocyte-predominant. The esophagogastroduodenoscopy (EGD) demonstrated a huge ulcerative mass in his stomach and the pathology showed DLBCL. We performed a Pubmed search with use of the key words “gastric DLBCL”, “cirrhosis” and “UGIB” for a brief review of epidemiology, clinical manifestations, diagnosis and treatment.

Result: From Pubmed, there was no report about gastric DLBCL among those with cirrhosis and UGIB. However, it has been reported that HCV infection is associated with B-cell lymphoma or DLBCL. Approximately 65% of primary gastric lymphoma is DLBCL but primary gastric DLBCL only represents 5% of lymphoma. The symptoms are non-specific, such as epigastric pain, nausea, vomiting, weight loss, and gastrointestinal bleeding. The diagnosis requires EGD with biopsy. Computed tomography and positron emission tomography are helpful for staging. The treatment options include chemotherapy, surgery, and radiotherapy. To manage HCV-associated DLBCL, chemotherapy with R-CHOP (rituximab, cyclophosphamide, hydroxydaunorubicin, vincristine, prednisolone) is the standard treatment.

Conclusion: In contrast to variceal or peptic ulcer bleeding, UGIB attributed to gastric malignancy is less common and primary gastric DLBCL is relatively rare. The treatment modalities include surgery, chemotherapy and even radiotherapy.