

中文題目：腹膜後瀰漫性大型 B 細胞淋巴瘤擬似胰臟腫瘤

英文題目：Retroperitoneal diffuse large B-cell lymphoma mimicking pancreatic tumor

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Introduction

Diffuse large B-cell lymphoma(DLBCL) is the most common type of non-Hodgkins's lymphoma(NHL). However, primary retroperitoneal DLBCL is uncommon, and the diagnosis is usually late and challenging. We reported a case of retroperitoneal diffuse large B-cell lymphoma mimicking a pancreatic tumor.

Case presentation

The case is a 37-year-old man, without underlying systemic disease, presented with epigastric pain for 5-6 days.

The pain radiated to left back. Besides, poor appetite and body weight loss 2 Kg in recent a week were reported. There was no fever, vomiting, cough, dyspnea, chest pain, dysuria, constipation, diarrhea, tarry or bloody stool. Lab datas revealed leukocytosis($12.66 \times 10^3/\text{ul}$), elevated total bilirubin(1.7 mg/dl), LDH(412 IU/l), and GGT(113 IU/L) level. Abdominal computed tomography showed a large hypovascular tumor (10.5cm) of pancreatic body with central necrosis. Tumor encasement of splenic artery and invasion of common hepatic artery. Multiple metastatic nodes in bilateral paraaortic, peripancreatic regions, retrohepatic, and right cardiophrenic region. Under the tentative diagnosis of pancreatic tumor with nodal and peritoneal metastasis, he was admitted to our ward for further survey.

Endoscopic ultrasound(EUS) was arranged and showed one large solid tumor about 8cm with multiple small nodules up to 2cm at pancreatic body. For tissue-proven diagnosis, EUS-guided fine needle biopsy was performed, and the pathology revealed atypical lymphoid proliferation with partial degeneration, suspicious for B-cell lymphoma. For a secured definitive diagnosis, laparoscopy retroperitoneal lymphadenectomy was arranged, and diffuse large B-cell lymphoma (DLBCL), non-germinal center phenotype was confirmed. FDG-PET/CT scan, bone marrow aspiration and biopsy were done as staging workup of DLBCL, and the marrow biopsy pathology showed no lymphoma involvement. The final staging is Lugano stage III.

First cycle of chemotherapy with Rituximab in combination with Cyclophosphamide, Doxorubicin, Vincristine and Prednisolone (R-CHOP) was given. The patient then discharged under stable condition, and follow up regularly in outpatient department.

Discussion

Diffuse large B-cell lymphoma (DLBCL) is the most common lymphoid malignancy in adults accounting for 31% of all NHL in Western Countries. More than 50% of patients have some site of extra-nodal involvement at diagnosis, including the gastrointestinal tract and bone marrow. Although lymphomas are considered to be one of the most common malignancies of the retroperitoneum, this location has been very rarely reported as the primary site. Clinical diagnosis of retroperitoneal tumors is often delayed as most of these tumors are asymptomatic until they become very large. The first line chemotherapy for diffuse B cell lymphoma is Rituximab in combination with Cyclophosphamide, Doxorubicin, Vincristine and Prednisolone (R-CHOP), with a complete response in 45-53% of cases and long-term survival of 30-37%.

Conclusion

We described a case of retroperitoneal diffuse large B-cell lymphoma, presenting with epigastric pain, mimicking pancreatic cancer. DLBCL was confirmed by laparoscopic retroperitoneal lymphadenectomy. The patient had received first course of chemotherapy with R-CHOP, then discharged uneventfully.

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