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A case of partial gastrectomy involving other organs for malignant lymphoma originating in the gastric fornix

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Conclusion

There are no criteria for surgical resection for DLBCL, and the current standard of care is chemotherapy. However, in cases of oncology emergency involving gastrointestinal obstruction, perforation, or bleeding due to lymphoma, or in cases where chemotherapy may be likely to cause such problems, surgical resection may be performed first. In addition, by minimizing the extent of resection in anticipation of postoperative chemotherapy, chemotherapy can be started early after surgery.

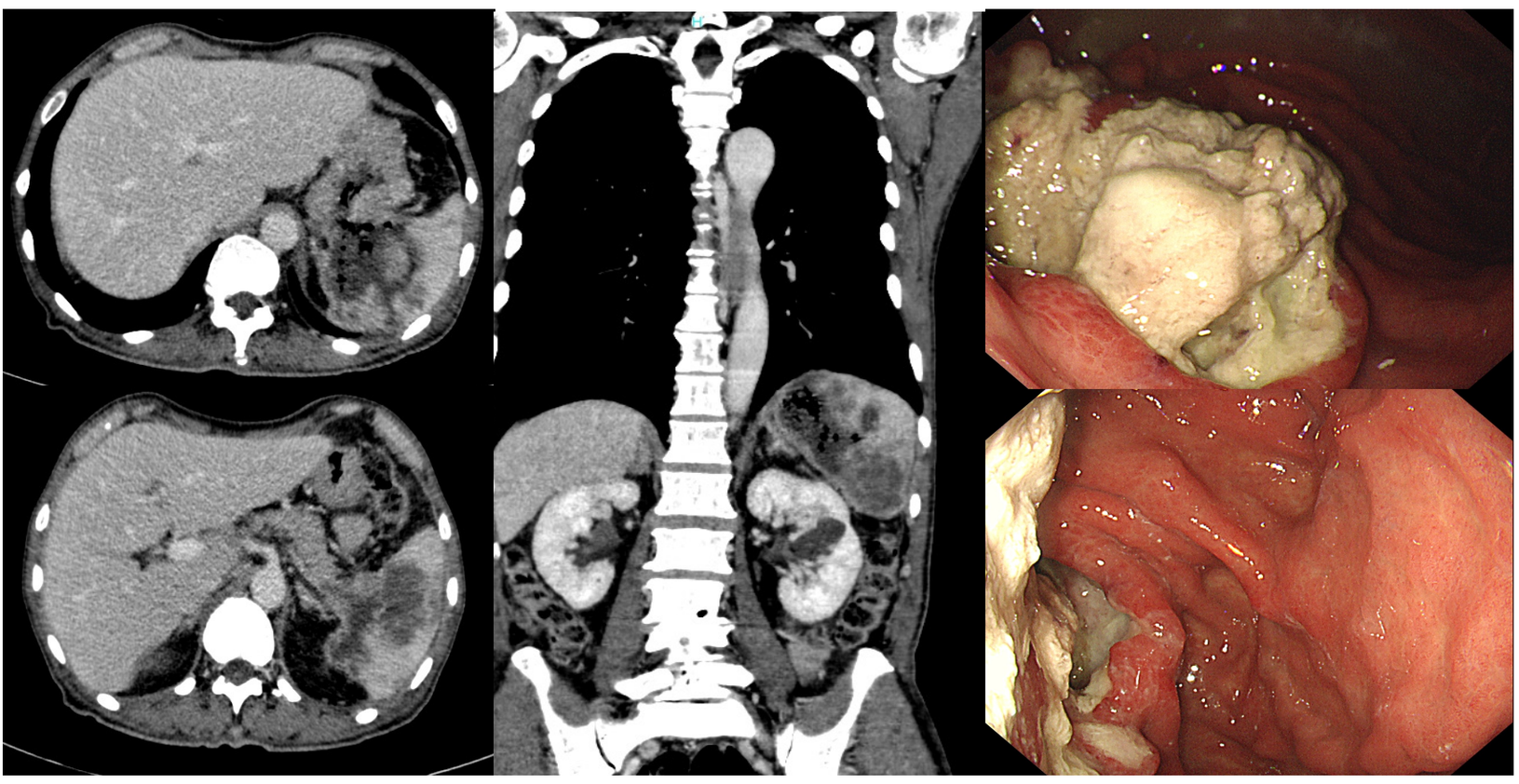
Introduction

The main treatment for Diffuse Large B-cell Lymphoma (DLBCL) is chemotherapy. However, in cases where ulcerative lesions are present, gastric perforation or refractory bleeding may occur after chemotherapy. Therefore, surgical resection may be performed before chemotherapy to prevent these complications. Here, we report a case of surgery prior to chemotherapy for DLBCL originating in the gastric fornix that had invaded other organs.

Case report

A 70-year-old man visited a nearby hospital with a chief complaint of fatigue. Blood examination revealed anemia (Hb 11.5 g/dl), elevated white blood cells and platelets (12700 /μl), and elevated IL-2 receptor levels (1290 U/ml). The patient was referred to our hospital for further examination and treatment.

Past histry: Gastritis (after eradication of H. pylori), Varicose veins in the left leg, Type 2 diabetes, Hypertension, Sleep apnea syndrome



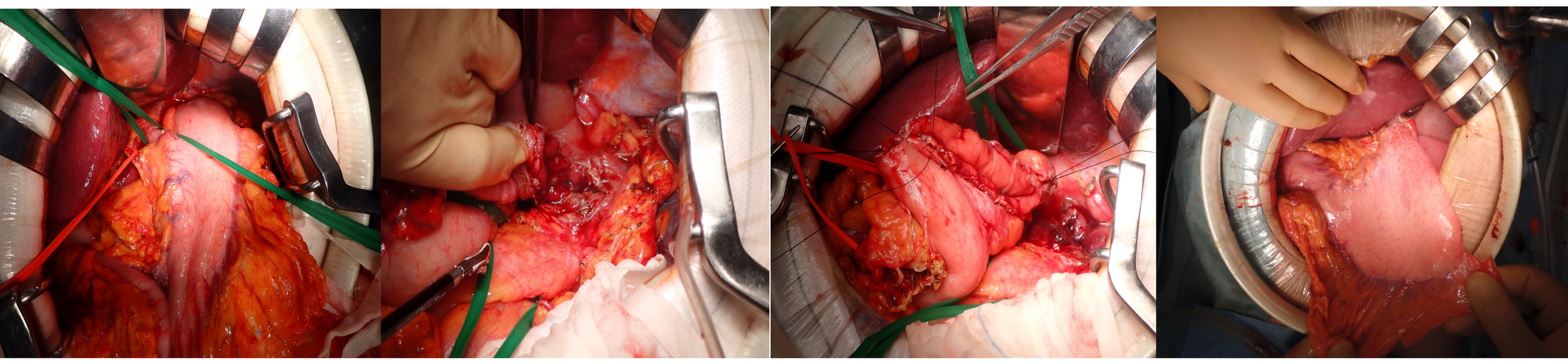
【CT scan】
An approximately 8 cm low-density area extending from the gastric vault to the spleen, tail of the pancreas, and left diaphragm.

【Gastroendoscopy】
An ulcerative lesion was found in the gastric fornix.

Biopsy

The histological diagnosis was DLBCL.
CD20 (+), CD79a (+), CD3 (-), Ki67 (+)

The patient was diagnosed with DLBCL (Lugano classification Stage II E) with infiltration of the diaphragm, pancreatic tail, and spleen, retroperitoneal rupture, and gastrosplenic fistula. Because chemotherapy could cause thoracic rupture, we decided to administer chemotherapy after resection.



The esophagus and the right side of the tumor were taped to secure them. The cardia was far enough away from the tumor that it was deemed possible to preserve it. In addition, the tumor was localized to the posterior wall of the stomach, and partial resection was possible. The gastric fundus containing the tumor, the tail of the pancreas, the spleen, and the diaphragm were removed together. The tumor had invaded the lung through the diaphragm, and a partial resection of the left lower lobe was performed. Although the patient had a mild pancreatic fistula, it improved and he was discharged 32 days after surgery. He underwent eight courses of R-CHOP and is currently without recurrence.

Discussion

In Japan, there have been 19 cases of emergency surgery due to perforation during chemotherapy for malignant lymphoma, 12 cases due to bleeding, 3 cases due to stenosis, and 7 cases of surgery before chemotherapy to aviod risk, such as this case. Most of the surgeries were distal gastrectomy or total gastrectomy, and only 5 cases, including this case, involved partial resection.

The most commonly reported surgical procedure for gastric DLBCL is conventional gastrectomy (proximal gastrectomy or total gastrectomy). Gastric DLBCL has a high response rate to chemotherapy, so partial gastrectomy can be expected to be effective in treating the disease. For quality of life, it seems best to preserve the stomach as much as possible.