First report of a mucosa-associated lymphoid tissue (MALT) lymphoma of the esophagus diagnosed by endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA)

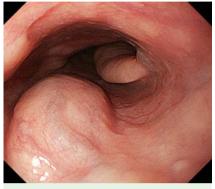


Fig. 1 Endoscopic findings in a 60-year-old woman with dysphagia: a large, rounded mass with normal overlying mucosa is seen extending longitudinally along the entire esophagus.



Fig. 3 Endoscopic ultrasound showing a hypoechoic thickening in the third layer. Endoscopic ultrasound-guided fine-needle aspiration was carried out using a 22-G needle (arrows).



Fig. 2 Esophagogram showing a large submucosal tumor with luminal narrowing of the whole of the esophagus.

Mucosa-associated lymphoid tissue (MALT) lymphoma of the esophagus is a rare tumor [1-3] with varying presentations [4]. Only a few reports have de-

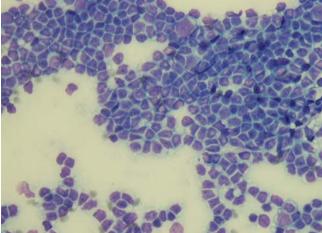


Fig. 4 Small- to medium-sized lymphocytic cells with mildly irregular nuclei.

scribed MALT lymphoma of the esophagus spanning the entire circumference and length of the esophagus [3]. Many of these cases were diagnosed surgically. Endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) is an established method of obtaining submucosal tissue specimens [5]. We report here the first case of MALT lymphoma of the esophagus diagnosed by EUS-FNA.

A 60-year-old woman attended our institution due to dysphagia. Upper gastrointestinal endoscopy revealed a smooth surface with visible capillaries over the entire circumference of the esophagus and a white, soft, elastic submucosal tumor covered by normal mucosa (Fig. 1). An esophagogram showed a slightly elevated submucosal tumor extending over the

entire esophageal length (**© Fig. 2**), and enhanced computed tomography demonstrated thickening of the left bronchial and esophageal walls along with swelling of the pharyngeal lymph nodes. Endoscopic ultrasonography revealed a tumorous lesion presenting as a primarily hypoechoic mass arising in the third layer, with a hyperechoic region.

Because a diagnosis was not reached using specimens obtained with biopsy forceps, EUS-FNA was performed (\circ Fig. 3). The presence of small- to medium-sized lymphocytic cells with mildly irregular nuclei, along with CD5(-), CD10(-), CD19(+), CD20(+), CD22 (+), and λ monoclonality on flow cytometry, led to a diagnosis of MALT lymphoma of the esophagus (\circ Fig. 4). We described the tumor as a

malignant, extramarginal zone B-cell lymphoma of the MALT type, clinical stage IV (Lugano International Conference classification). The patient was treated with a total of six courses of chemotherapy with rituximab, cyclophosphamide, vincristine, doxorubicin, and prednisolone (R-CHOP), and a complete response was achieved.

To the best of our knowledge, this is the first report of EUS-FNA diagnosis of MALT lymphoma of the esophagus.

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