

An unusual cause of giant gastric ulcer

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To the Editor,

Burkitt's lymphoma (BL) may involve different gastrointestinal sites, and small bowel is the commonest organ (1). Involvement of the stomach is observed in less than 10% of the patients during the course of the disease (1-3). Primary gastric BL is extremely rare (1). Here we report a case with involvement of stomach by giant BL ulcer presented with gastrointestinal bleeding initially.

A 43-year-old man was admitted to the gastroenterology department with a complaint melena for 2 days. Past medical history was unremarkable. Physical examination was normal other than mild periumbilical tenderness at deep palpation. Initial laboratory findings showed hemoglobin 11.7 g/dL (N: 12.6-17.4), white blood cell $7.3 \times 10^9/L$ (N: 4.3-10.3) and platelet $10 \times 10^9/L$ (N: 156-373). Upper gastroduodenal endoscopy detected a 10 cm ulcer in the antrum and endoscopic biopsy showed BL (Fig. 1). Biochemical tests revealed high serum levels of lactate dehydrogenase 2120 IU/L (N: < 248), uric acid 8.15 mg/dL (N: 3.5-7.2), creatinine 1.35 mg/dL (N: 0.7-1.2) and beta-2 microglobulin 2459 ng/mL (N: 609-2366). Epstein-Barr virus antibody (EBV) was positive and HIV was negative. Bone marrow aspiration showed lymphoma infiltration of bone marrow. Abdominal computed tomography showed 8.9×5.5 a mass at the antrum of the stomach with adjacent mesenteric lymphadenopathies. Positron emission tomography revealed increased uptake in the stomach, liver and the bones. EPOCH Chemotherapy was administered and after 5 cycles of chemotherapy, it was observed that the mass completely disappeared at the endoscopy.

BL is an aggressive B-type lymphoma that may rarely involve gastrointestinal system. It may present with intraabdominal mass. Primary gastric BL occurs very rarely. Bleeding, obstruction and perforation have been reported. Usual presentation is as a bulky mass (4,5). As

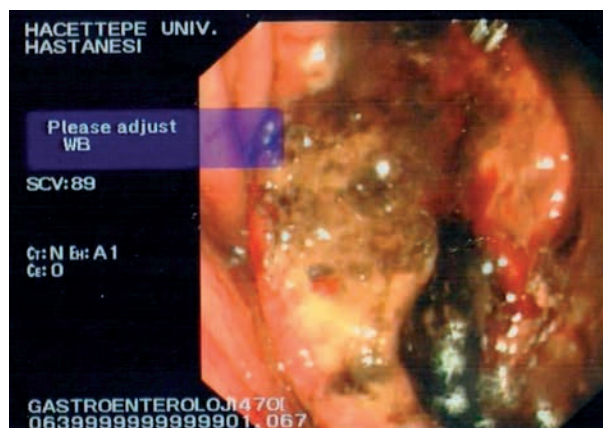


Fig. 1. — Endoscopic appearance of Burkitt's lymphoma

in our case, gastric BL may also present with deep ulcer (2,5). Surgical resection may be necessary in complicated cases, however chemotherapy is enough for most cases.

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