中文題目：以肋膜積水表現的 MALT 淋巴瘤病例報告

英文題目：Case report of MALT lymphoma manifested by pleural effusion

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Case presentation

This 76-year-old male has underlying diseases of hypertension, congestive heart failure, NYHA class 3, chronic kidney disease, stage 4, and hypothyroidism.

This time, he complained dyspnea on exertion for 2 weeks, associated with dry cough, poor appetite and malaise. No fever, chills, headache, dizziness, throat pain, chest pain, nausea or vomiting, bone/muscle soreness, body weight loss, abdominal pain, or burning sensation urination were mentioned. He initially visited to pulmonary outpatient department for help, and the chest plain film showed massive left pleural effusion (Fig.1). He then admitted for further evaluation.

A serial of examination was arranged after admission. The laboratory data showed no leukocytosis (WBC:7630/uL) with mild elevated CRP level (7.8 mg/L), and mild elevated BNP level(206.1pg/ml). He received left thoracocentasis, and the exudative pleural effusion was obtained (pLDH/sLDH (IU/L) : 205/334 >0.6, pTP/sTP (g/dL): 4.1/7.8 > 0.5, PMN/monocyte (%) : 2/98). The pathological report showed no malignant cells in pleural effusion. Chest/Abdomen computed tomography showed wall thickening and peripheral infiltration of the gastric fundus, cardia, and body with invasion beyond serosa, which was compatible with advanced gastric cancer, Bormann type IV. In addition, peritoneal carcinomatosis and omental caking with lymphadenopathy over paratracheal and precarinal regions were observed.

Esophagogastroduodenoscopy was performed, and it revealed the surrounded easily touch bleeding mucosa over cardiac region and poor distention over fundus and upper body (Fig.4). Biopsy was done simultaneously, and the pathological report was B-cell lymphoma. Further positron emission tomography was performed and revealed FDG avid lesions in the stomach, spleen, pancreas, bilateral lungs, left pleural and lymph nodes in the bilateral supraclavicular, mediastinal, parasternal regions and abdomen. Bone marrow aspiration was performed and no bone marrow involvement was found. Chromosome showed karyotype: 46XY, t(11;18)(q21;q21), and the final diagnosis was MALT (mucosa-associated lymphoid tissue) type lymphoma, stage IV. He was then transferred to hematologist’s service for further treatment.

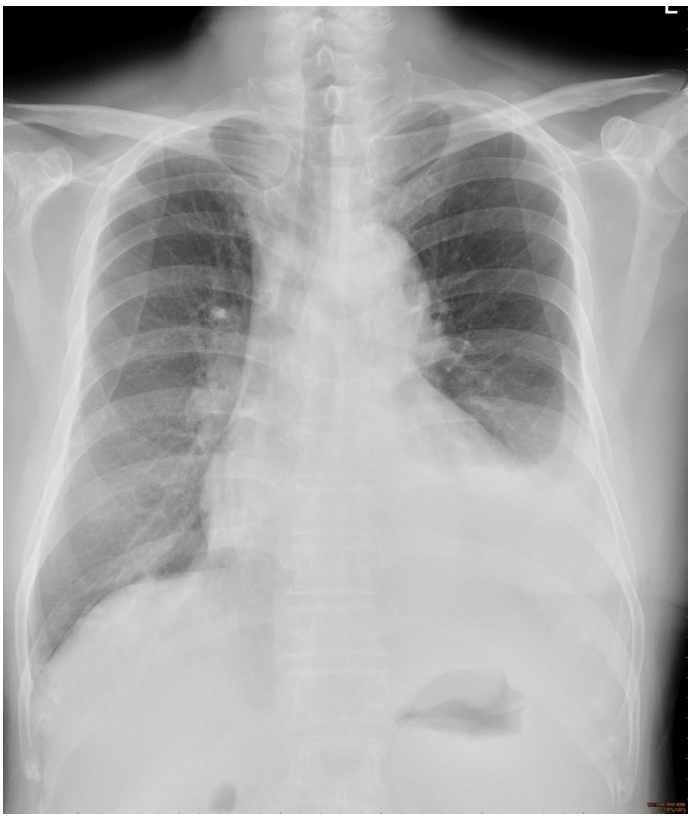

Fig.1 CXR showed left pleural effusion

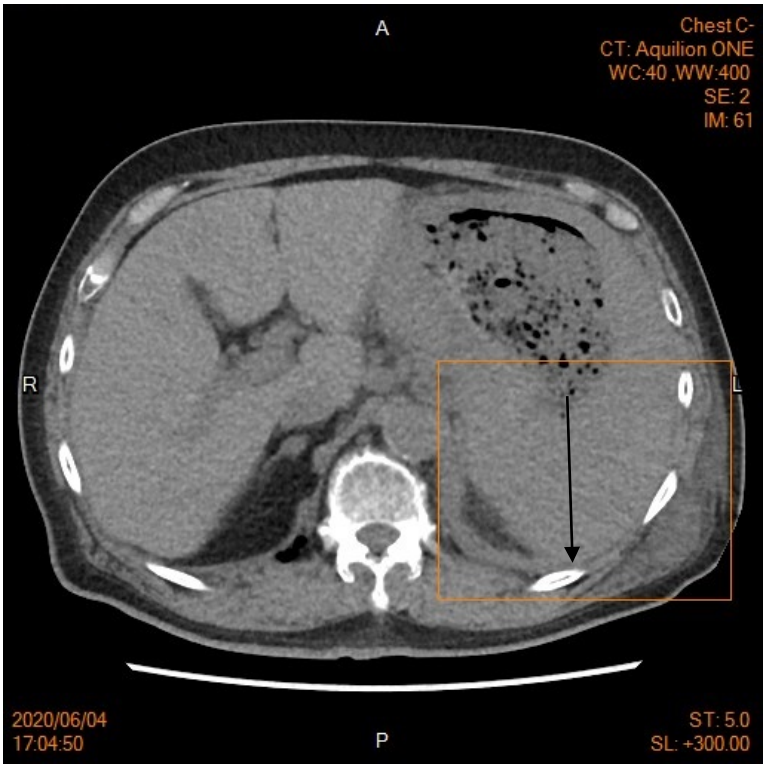

Fig.2 Chest CT

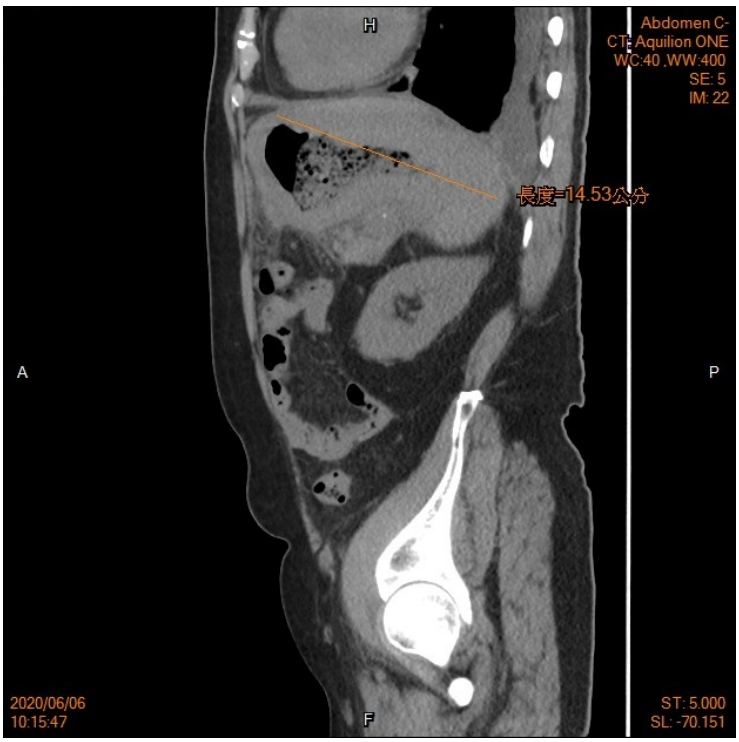

Fig.3 Abdomen CT

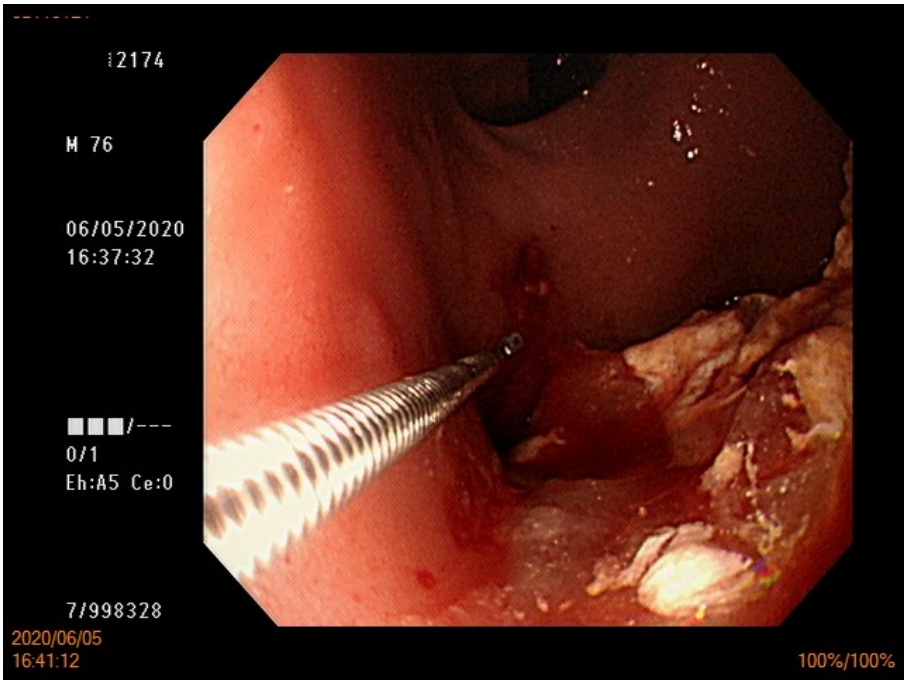

Fig. 4 EGD