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Clinical Image
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Disseminated Intravascular Large B-Cell Lymphoma Presenting as Chronic Pancreatitis and Ischemic Colitis

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Clinical Image

A 56-year-old Caucasian male with no past medical history presented to a local hospital with fevers of unknown origin, recurrent pancreatitis (2 episodes were 3 months apart, and 3 months prior to this diagnosis). He quickly deteriorated with anemia, thrombocytopenia, coagulopathy, renal failure, as well as several embolic events, including splenic infarcts and colitis. A bone marrow was performed to rule out immune thrombocytopenia purpura which showed hyper cellularity (80%) with increased medullary compartments and sinusoidal closure with large atypical cells but difficult to assess based on H&E stain (Figure 1A). Immunohistochemistry (IHC) for CD20 on the bone marrow biopsy highlighted monotonous large lymphoid cells located intravascular and intra-sinusoidal spaces (Figure 1B). The patient expired after his code status was switched to "Do Not Resuscitate". The post-mortem examination showed ischemic colitis with mucosal and focal transmural necrosis and spotted microthrombi by monotonous intravascular large lymphoid cells (Figure 1C) which were uniformly positive for CD20 (Figure 1D).

Intravascular lymphoma is a systemic disorder that usually affects the elderly in their sixth decade [1]. Although it is an extremely rare lymphoma, IVLBCL should be included in the differential diagnosis when recurrent pancreatitis and nonspecific abdominal manifestations are the major complaints due to ischemic events caused by microthrombi and lymphoma aggregates [2,3]. A high-dose chemotherapy followed by ASCT can sometimes achieve remission. Therefore, a prompt bone marrow biopsy or tissue biopsy should be done. The morphological examination sometimes might be difficult but atypical large lymphoid cells, increased bone marrow cellularity, and positivity for B cell markers by Immunohistochemistry should not be missed. There is no defined characteristic karyo type and molecular insights are still underexplored and might provide new diagnostic tool as well as therapeutic opportunities for this deadly disease. To our knowledge this is the first case published in IVLBCL presenting with recurrent pancreatitis [1-3].

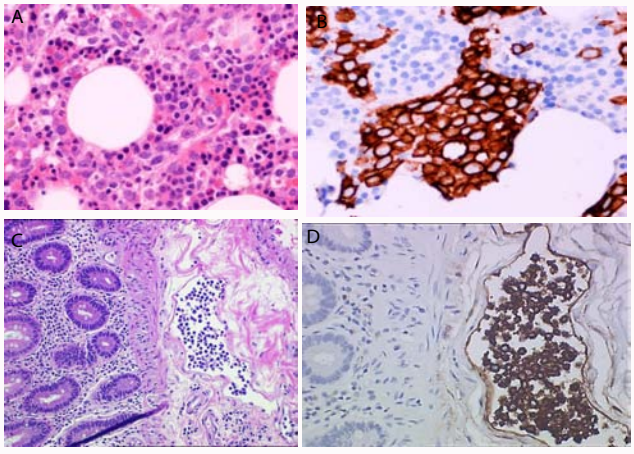

Figure 1: IVLBC in Bone marrow biopsy and Colon. A: Hypercellularity (80%) bone marrow with increased medullary components showing large atypical cells vaguely in files and aggregates (A). Immunohistochemistry (IHC) CD20 highlights those lymphoma cells in the intravascular and intra-sinusoidal spaces (B). Vascular spaces in colon in postmortem examination showed presence of large amount of intravascular lymphoma cells (C) and highlighted by CD20 IHC (D). A-B (50x); C-D: (40x).

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