

45207 - LAPAROSCOPIC SLEEVE GASTRECTOMY – AN UNEXPECTED FINDING: MALT LYMPHOMA IN A H. PYLORI-NEGATIVE PATIENT

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Case Report

A 59 year old female (BMI 45 kg/m²), with normal preoperative work up including Upper GI US and Barium Swallow Study, underwent an uncomplicated laparoscopic sleeve gastrectomy. The resected specimen was sent for routine analysis.

Macroscopic findings

Elevated mass involving the wall and mucosa of the fundus was noted (*figure 1*).

Histopathology

Diffuse lymphoid infiltrate from mucosa to muscularis
CD 20 and bcl2: positive
CD5, CD10, CD 23, bcl6 and cyclin D1: negative
Ki-67 proliferative index of 5%
Helicobacter pylori (*H. pylori*) stain: negative



Figure 1: Resected tissue specimen with elevated mass (★)

Extranodal marginal zone B cell MALT lymphoma was diagnosed.

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Post Operative Management

The case was discussed at the local MDT meeting and the patient was reviewed by a Haematologist who did not find evidence for lymphoproliferative disorder.

Post operative urea breath test was negative for *H. pylori*.

The patient was placed on a twice yearly endoscopic surveillance program.

At 1 year follow up, the patient had lost 31 kg, and had no post operative complications or lymphoma.

Discussion

- Gastric MALT lymphoma often presents with non-specific symptoms such as abdominal discomfort, vomiting and diarrhoea. Diagnosis is often incidental on endoscopic biopsy¹.
- It is overwhelmingly linked to concurrent *Helicobacter pylori* infection with infection present in 70-90% of patients with MALT lymphoma¹.
- Routine surveillance of *H. pylori* in pre operative work up for bariatric surgery is not advocated in the literature².

Discussion

- The utility of routine microscopic examination of all laparoscopic sleeve gastrectomy specimen has been questioned given the rarity of pathology. Our institutional practice has been for thorough histopathological evaluation of all sleeve gastrectomy specimen³.
- *H. Pylori* eradication is the first line treatment for *H.pylori* positive MALT lymphoma cases⁴.
- Interestingly, several studies have demonstrated use of *H. pylori* eradication therapy, even in *H. pylori* negative MALT Lymphoma cases, implicating other mechanisms for MALT lymphoma pathogenesis⁴.
- For patients with clearly defined minimal histological residual disease following complete *H. pylori* eradication, a ‘watch and wait’ strategy is suggested⁵.
- Regardless of *H. pylori* involvement, the time interval and duration of follow up with endoscopic biopsy mapping remains unclear.

References

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