

Photoclinic

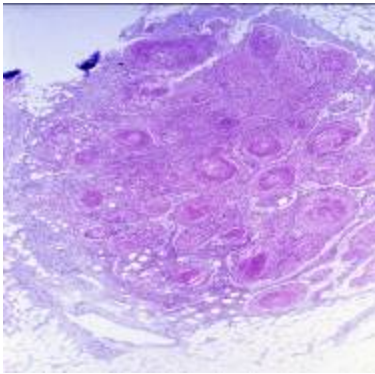


Figure 1. The microscopic picture of the primary tumor.

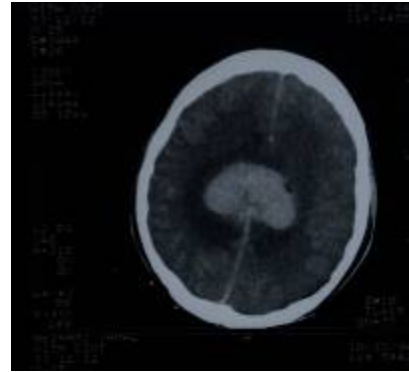


Figure 2. Computerized tomography of the brain showing the diffuse lesion in the central part of the brain.



Figure 3. Computerized tomography of the brain after treatment with rituximab.

This article presents a 28-year-old man who had stage III diffuse large B-cell lymphoma (Figure 1). He had undergone surgical resection and chemoradiotherapy three years ago as the primary treatment. Recently, he has developed a gradual headache and insomnia; computerized tomography showed

mass lesions in the brain (Figure 2). Work-up for the primary lesion was negative at that time.

What is Your Diagnosis?

See the next page for the diagnosis.

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Photoclinic Diagnosis:

Gastric Lymphoma with Unusual Brain Metastasis

Primarily gastric lymphoma is a broad-spectrum disease accounting for 2% of lymphomas and the stomach is the most common site for extranodal lymphomas. Histologically, these tumors may vary from mucosa associated lymphoid tissue (MALT) lymphoma to high-grade large cell lymphoma. *Helicobacter pylori* is a cause for the disease. Chemotherapy and surgery can improve the five-year survival upto 40 – 60% for localized cases. Normally, it spreads into the regional lymph nodes, and then progresses to the distant organs. In resistant and unresponsive cases, local recurrence occurs. In this article, we present a late isolated brain metastasis with gastric lymphoma, not commonly reported in the literature,^{1,2} and its unique response to the treatment.

The patient's disease was transiently controlled after radiotherapy to the brain and multiple chemotherapy regimens [cyclophosphamide, hydroxydaunorubicin, Oncovin (vincristine), and prednisone (CHOP), moderate-dose methotrexate, bleomycin, Adriamycin, cyclophosphamide, Oncovin, and dexamethasone (M-BACOD), and dihydroxyacetone phosphate (DHAP)], while it was ultimately controlled with monoclonal antibody rituximab, an anti-CD20 antibody, 375mg/sq² four times weekly followed by the

dosage used every three months. Now he is symptom free up to one year after the treatment (Figure 3). The pattern of computerized tomography and response to the treatment was very interesting in this case. In a review of the literature, this behavior is not common in gastric lymphoma.^{3,4} With modern treatment modalities in the gastric lymphoma, the prognosis is better; so, the local control is complete but remote metastasis might happen as seen in this case. Modern modes of treatment such as monoclonal antibody should be considered in the unusual metastatic forms.

References

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