

[PICTURES IN CLINICAL MEDICINE]

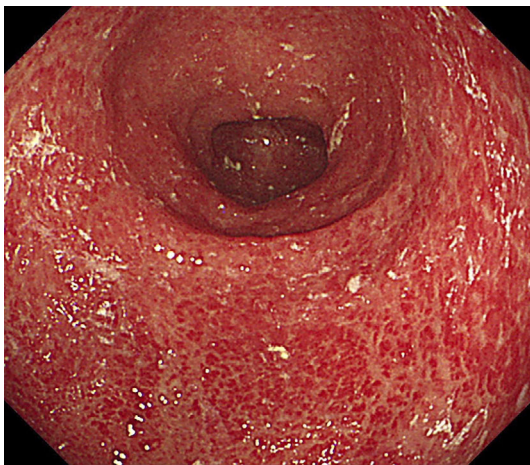
Adult T-cell Leukemia/Lymphoma with Gastrointestinal Involvement

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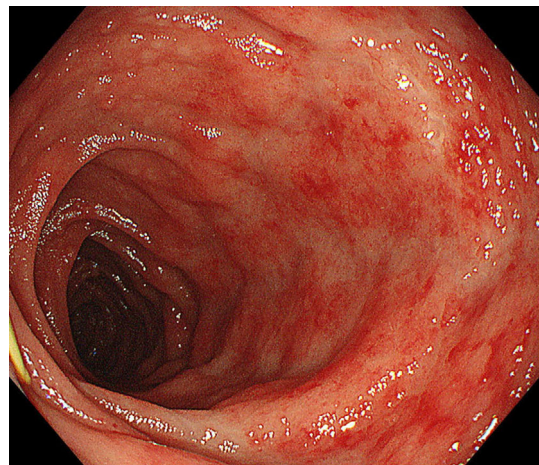
Key words: adult T-cell leukemia/lymphoma, human T-lymphotropic virus type I

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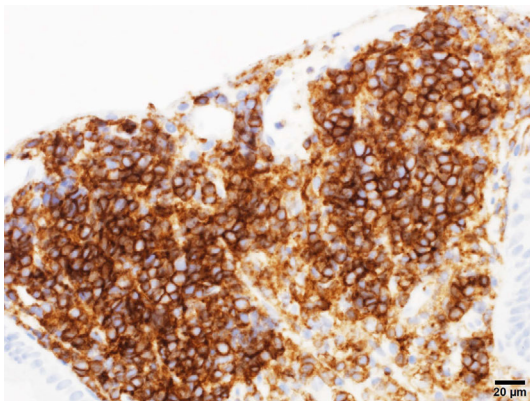
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Picture 1.



Picture 2.



Picture 3.

A 77-year-old man was admitted to our hospital because of diarrhea and loss of appetite. Esophagogastroduodenoscopy revealed gastritis-like redness and mildly edematous

mucosa in the stomach (Picture 1). Total colonoscopy showed a spreading flat, depressed area with mucosal redness, disappearance of Kerckring's folds in the terminal ileum (Picture 2), and mild edematous mucosa with spotty redness in the colon. A histopathological examination of biopsy samples obtained from the ileum and colon showed atypical lymphocyte infiltration. Immunostaining showed the atypical lymphocytes to be CD3-positive, CD4-positive (Picture 3), CD8-negative, and CD20-negative. Serum anti-human T-lymphotropic virus type I (HTLV-1) antibody and HTLV-1 provirus DNA were positive. The Lugano internal conference classification was Stage II. Fujishima et al. reported that the gastrointestinal lesions of adult T-cell leukemia/lymphoma (ATLL) were detected in 4.5% (4/89) of cases, with only gastric and duodenal lesions observed (1). Ishibashi et al. reported that gastric, small intestinal, and large intestinal ATLL lesions were present in 40 (66%), 11 (18%), and 10 (16%) cases, respectively (2).

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The authors state that they have no Conflict of Interest (COI).

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