

[PICTURES IN CLINICAL MEDICINE]

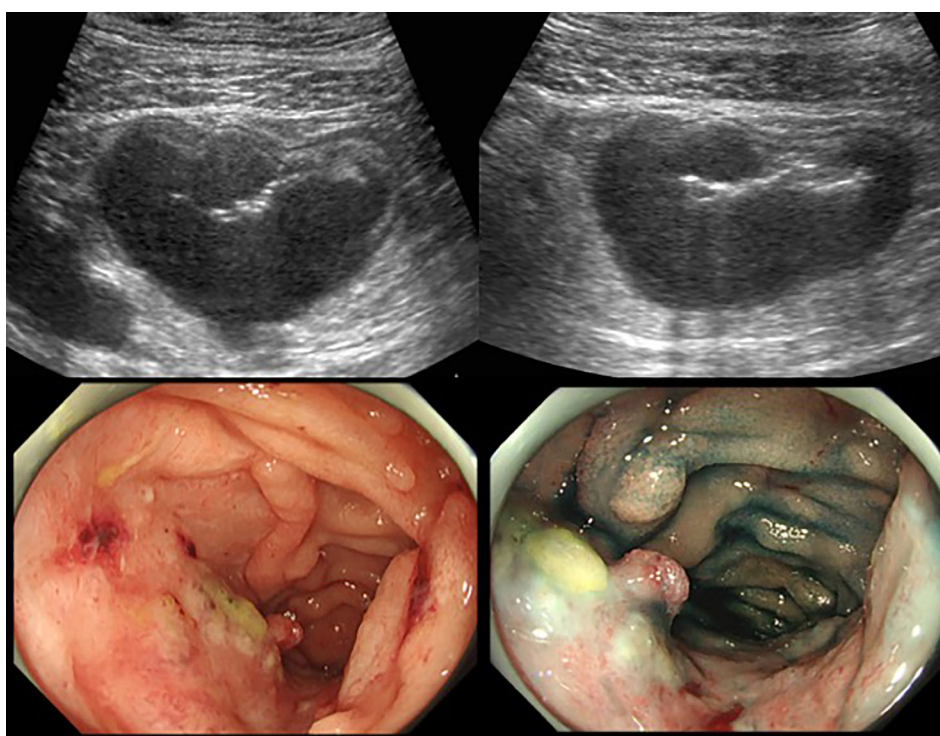
Transabdominal Ultrasonographic Findings of Gastrointestinal Lymphoproliferative Disease

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Key words: transabdominal ultrasonography, gastrointestinal post-transplant lymphoproliferative disorder, very low echoic layer

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Picture 1.

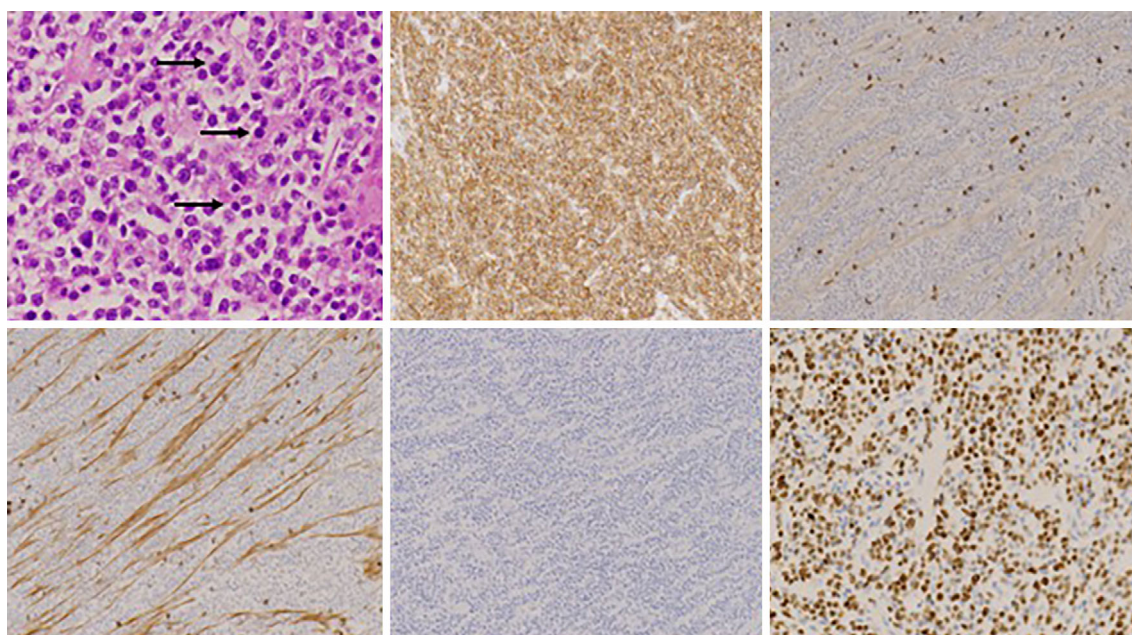
A 45-year-old man was hospitalized because of lower gastrointestinal bleeding. He had undergone renal transplantation with a kidney 20 years earlier due to IgA nephropathy, and immunosuppressive medicines had been prescribed. Transabdominal ultrasonography (TUS) showed a three-quarter circumference mass with a very low echoic layer, and endoscopic findings showed an ulcerative lesion at the terminal ileum portion (Picture 1). Histology and immunohistochemistry staining revealed invasion of medium-to-large lymphoid cells that were positive for CD20; negative for

CD3, CD5, EBER; and had a high Ki67 labeling index (Picture 2). The phenotype was diffuse large B-cell lymphoma. Based on the patient's history and fluorodeoxyglucose-positron emission tomography/computed tomography findings (Picture 3), we diagnosed him with gastrointestinal post-transplant lymphoproliferative disorder (PTLD). PTLD is a group of lymphoproliferative diseases caused by an immunosuppressive condition after organ transplant (1). A TUS finding of a mass with a very low echoic layer is characteristic of gastrointestinal lymphoproliferative disease (2).

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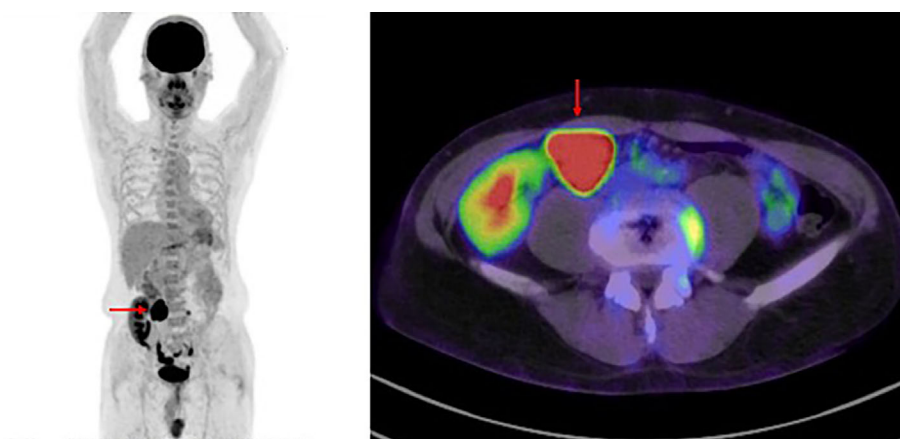
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H.E.(× 40)	CD20(× 20)	CD3(× 10)
CD5(× 10)	EBER(× 10)	Ki-67(× 20)

Picture 2.



Picture 3.

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

References

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