Images of the Month

A Case of Type II Enteropathy-Associated T-Cell Lymphoma in a Patient With Ulcerative Colitis

Yoriaki Komeda[1], Hiroshi Kashida[1], Toshiharu Sakurai[1], Masashi Kono[1], Tomoyuki Nagai[1], Yutaka Asakuma[1], Satoru Hagiwara[1], Shigenaga Matsui[1], Tomohiro Watanabe[1], Takaaki Chikugo[2] and Masatoshi Kudo[1]

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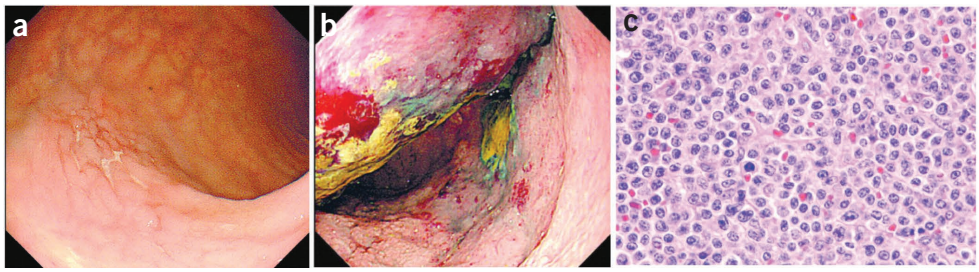

A 65-year-old man presented 7 years after being treated by a local physician for left-sided ulcerative colitis (UC). A colonoscopy suggested that the UC was nearly in remission, but, unexpectedly, a rectal biopsy revealed lymphoma. The patient was referred to our hospital. Colonoscopy revealed edematous and fine granular mucosa with tiny erosions extending from the sigmoid colon to the rectum (**a**). Abdominal computed tomography revealed wall thickening at multiple sites in the jejunum; one site showed mass formation. Enteroscopy showed fine, granular, edematous mucosa extending from the duodenum into the jejunum. There were ulcerated areas, and at one site a mass occupied half the lumen (**b**). Biopsy specimens from the small and large intestines revealed that the epithelium of the crypts and the stromal tissue were infiltrated by abnormal lymphocytes that were positive for CD3 CD7, CD8, and CD56 and negative for CD4, CD20, TIA1, and granzyme B (**c**). The findings led to a diagnosis of enteropathy-associated T-cell lymphoma in immunostaining. After diagnosis, symptoms of intestinal obstruction developed and laparoscopic partial resection of the jejunum was performed. During the fifth course of chemotherapy, the patient developed septicemia and disseminated intravascular coagulopathy, which led to his death 7 months after presentation. (Informed consent was obtained from the patient's family to publish these images.)

[1]Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, Osaka-Sayama, Osaka, Japan; [2]Department of Pathology, Kindai University Faculty of Medicine, Osaka-Sayama, Osaka, Japan.

Recurrent Gastrointestinal Bleeding due to Multiple Pyogenic Granulomas in the Stomach

Matthias C Reichert[1], Michael Schuster[1], Yoo-Jin Kim[2] and Frank Lammert[1]

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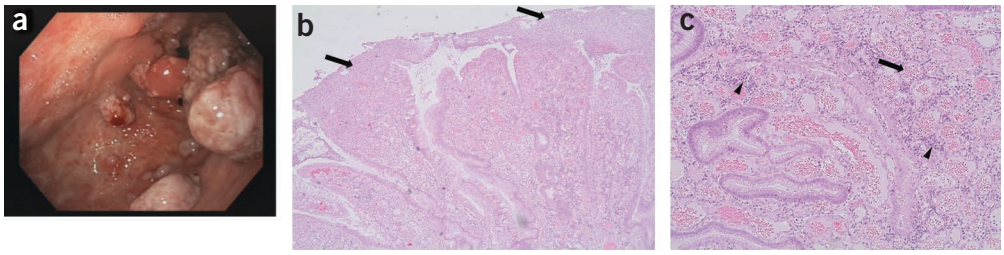

A 77-year-old woman with compensated liver cirrhosis (Child-Pugh stage A) due to chronic hepatitis C virus infection was referred to our department with recurrent upper gastrointestinal bleeding, requiring blood transfusion (500 ml packed red blood cells). Esophagogastroduodenoscopy revealed red, hyperemic, smooth polyps in the gastric antrum (**a**), which bled on contact with the endoscope. Multiple polyps were resected using snare polypectomy with prophylactic clip applications. Histopathological analysis revealed highly vascularized polypoid lesions, each with erosions, fibrinous exudate, and acute inflammation of the surface (**b**, arrows). The striking outgrowth of congestive capillary vessels (**c**, arrow), accompanied by acute and chronic inflammatory infiltrates (**c**, arrowheads) resembling granulation tissue, led to the diagnosis of pyogenic granuloma. During follow-up (7 months), the patient showed no further episodes of gastrointestinal bleeding, and hemoglobin levels remained stable at 9 g/dl. Pyogenic granulomas are benign vascular tumors that can be resected endoscopically. Multiple pyogenic granulomas in the stomach are very rare. (Informed consent was obtained from the patient to publish these images.)

[1]Department of Medicine II, Saarland University Medical Center, Homburg, Germany, [2]Institute of Pathology, Saarland University Medical Center, Homburg, Germany.