
Vitorino Modesto dos Santos

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To Editor

Mucosa-associated lymphoid tissue (MALT) B-cell lymphomas are uncommon conditions, often involving the stomach (50%), mainly in people between 50-60 years1. Acute pancreatitis as the initial manifestation of duodenal lymphoma is very rare1 but I recently read a case study by Simkova et al. about a 66-year-old woman who had duodenal infiltration by MALT lymphoma related to an episode of acute pancreatitis1. The patient had classical manifestations, laboratory findings, and abdominal imaging studies consistent with diagnoses of cholestasis and Balthazar B, CTSI 1 pancreatitis1. Endoscopic retrograde cholangiopancreatography (ERCP) showed an exophytic tumor in the papilla of Vater and immunohistochemical examination revealed MALT lymphoma; staging showed duodenal, hepatic hilar and mesenteric lymph node involvement1. The patient underwent chemotherapy schedules with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone with success, and surgery was not necessary1. The authors highlighted the rare cause of the acute abdominal episode, and the initially unsuspected malignant condition, in addition to diagnostic concerns involving pancreatic malignancies and ampullary tumors before the histopathology findings1. Worthy of note, MALT lymphomas more often occur in women over the age of 50 (ref.1).

In this setting, I would like to add some comments about a Brazilian report of a 56-year-old woman with acute pancreatitis associated with ampullary adenocarcinoma2. Like the Czech case study, the diagnosis of cholestasis and acute pancreatitis was based on clinical features, laboratory data and abdominal imaging studies2. Moreover, ERCP showed an infiltrative tumor affecting the papilla of Vater; and the histopathology examination established the diagnosis of well-differentiated adenocarcinoma. There was celiac and hilar hepatic lymph node involvement but no distant metastases; she underwent a Whipple procedure, lymph node resection, and adjuvant radiotherapy2. The authors highlighted the role of transpapillary biopsy to characterize the diagnosis. The levels of CA 19-9 and histopathology data were consistent with adenocarcinoma2, but differential diagnosis with lymphoma may depend on immunohistochemistry tests1.

There was an antecedent of cholecystectomy in both Brazilian and in Czech women, a phenomenon that would propitiate additional concerns related to diagnostic pitfalls1,2. Early diagnoses and prompt treatment can yield better prognoses in these cases. The commented reports may increase the suspicion index about the rare association between acute pancreatitis and duodenal malignancies involving the papilla of Vater.

REFERENCES


Comment on the letter from the author Vitorino Modesto dos Santos

Vlastimil Prochazka, Jan Gregar

As Dr. Vitorino Modesto dos Santos indicates, the most common tumors of the papilla of Vater region include ampulloma. Tumors in the papilla of Vater area are quite rare. Ampulloma of the papilla of Vater is much more frequent than MALT lymphoma. Our case illustrates a rare manifestation of MALT lymphoma. Surely, we can agree that early biopsy of the papilla of Vater can refine the diagnosis and allow early treatment solutions.

Similar to the Brazilian case, we have experience with patients in whom adenocarcinoma of the papilla of Vater was the cause of acute pancreatitis. In this occasion, it is worth recalling that cases of clinical biliary pancreatitis may provide additional exceptional differential diagnostic surprises. In this context we observed penetrating gastroduodenal ulcers and gastric adenocarcinoma in our clinical practice.