Oesophagogastric junction stricture: a rare complication of chemotherapy for malignant lymphoma

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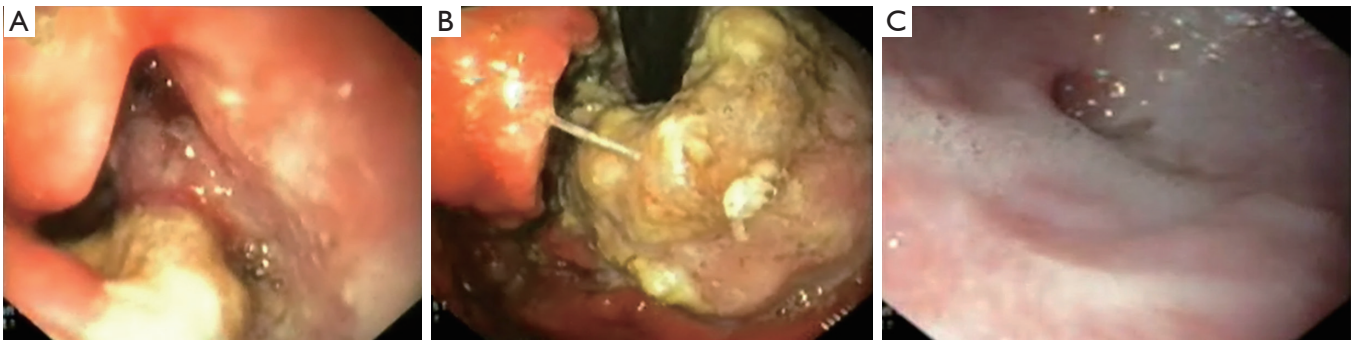

Oesophageal stricture after chemotherapy is extremely rare and has been reported to be resulting from vinblastine, doxorubicin, 5-fluorouracil, and methotrexate.

A 45-year-old man was admitted in our hospital for dysphagia and gradual loss of 30 kg of body weight. Upper gastrointestinal endoscopy revealed a circumferential ulcerative and bourgeoning lesion of the gastroesophageal junction (Panel A) and proximal third of the stomach (Panel B). Endoscopic biopsies were interpreted as malignant non-Hodgkin, diffuse large B cell type, and lymphoma. Contrast studies revealed narrowing of the distal esophagus extending into the gastroesophageal junction and fundus. Computed tomography indicated an irregular oesogastric infiltration of 10 cm, proximal gastric thickening of 0.3 cm with multiples mediastinal and abdominal adenopathies. Our patient was referred to oncology and received three cycles of systemic rituximab (Mabthera®), cyclophosphamide, doxorubicine, vincristine, prednisone.

One month later our patient experienced a progressive dysphagia. On endoscopy, complete remission of the distal esophagus with complete occlusion of the gastroesophageal junction, were noted (Panel C). No gastric lumen could be detected beyond the cardia. Passage was only possible by using a 0.035 inch biliary guidewire through a small caliber videoendoscope (GIF XP-260; Olympus Optical Co, Ltd).

Computed tomography showed complete remission of the lymphoma and no malignancy was seen on histological examination of biopsy specimens with the upper gastrointestinal endoscopy. The gastrointestinal tract is the most commonly involved extranodal site in non-Hodgkin lymphoma. The esophagus is an uncommon localization and is usually seen secondary to mediastinal nodes or gastric lymphoma. The use of intensive chemotherapy has led to remarkable improvements in the treatment of high-grade B-cell non-Hodgkin lymphoma. A case of stricture following chemotherapy for malignant lymphoma has been reported (1). Here, we report a man in complete remission presented with esophageal stricture developing as a sequela of chemotherapy for primary gastrointestinal B-cell non-Hodgkin lymphoma. Esophageal strictures were also reported in patient treated by chemotherapy for acute leukemia (2,3) and osteosarcoma (4). This rare complication

of chemotherapy whose effective prevention is still unknown seems to be cicatricial but the role of chemotherapeutic agents cannot be excluded.

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Footnote

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