

AB165. 18. A rare case of enteropathy associated T-cell lymphoma presenting as a small bowel perforation

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Background: The small bowel is a rare site for gastrointestinal perforation. Approximately 9% of lymphoma cases present in the small bowel and those with untreated coeliac disease are at higher risk of developing disease.

Methods: A 63-year-old woman presented to the emergency department with a 4 day history of worsening lower abdominal pain. She had diarrhoea a week previously followed by constipation. Past history included coeliac disease for over 30 years with poor diet compliance, cholecystectomy, appendicectomy and hysterectomy. Examination revealed guarding in the right iliac fossa. Her inflammatory markers were elevated however lactate

was normal. A computed tomography (CT) abdomen showed an abnormal loop of small bowel with fat stranding around distal ileum and features suspicious for small bowel ischaemia and perforation. A laparotomy revealed evidence of small bowel ulceration and a sealed perforation, with a loop of small bowel stuck to caecum and as a result, a small bowel resection with primary anastomosis was performed.

Results: Histology revealed a high grade enteropathy T cell lymphoma usually associated with chronic coeliac disease and non-compliance with gluten-free diet. The patient was subsequently referred to the Oncology service for systemic chemotherapy.

Conclusions: We report the case of a 63-year-old woman diagnosed with enteropathy associated T cell lymphoma (EATL) after segmental resection of a perforated terminal ileum. EATL occurs in 7–10% of patients with long standing with gluten sensitive enteropathy. This case should remind clinicians about the importance of encouraging patients with coeliac disease to adhere to a gluten free diet.

Keywords: Coeliac; laparotomy; lymphoma; perforation; resection

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