

Answers to Medical Quiz

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- A1. Plain chest and abdominal radiographs were unremarkable. The barium meal examination showed non obstructive circumferential growth involving the distal stomach with narrowing of the lumen and delayed gastric emptying.

Computed Tomography (CT) of the abdomen with intravenously administered contrast medium demonstrated diffuse irregular thickening of the walls of the distal stomach. A large retrogastric lobulated soft tissue mass was also seen abutting the body of the stomach extending inferiorly and displacing the tail of the pancreas. The liver and spleen were normal. There was no free fluid in the abdomen. The CT scan of the chest performed subsequently was unremarkable.

- A2. Gastric Lymphoma with lymph node metastasis.

Gastric lymphoma usually lymphocytic and histiocytic cell type accounts for 3-5% of all primary gastric malignancies, and represent the most frequent site of lymphomatous involvement of the GI Tract. The gastric involvement may be isolated but more commonly is part of a generalised disease process.

Patients with gastric lymphoma tend to be slightly younger than those of adenocarcinoma and have a distinctly more favourable prognosis. Five year survival rates of 40-60% have been reported.

The lymphomatous process usually extends submucosally, producing thickening of the gastric wall and rugal folds without mucosal abnormality until ulceration occurs. As a result of the submucosal pattern of spread, barium studies of the upper gastrointestinal tract often reveal only thickened gastric folds, gastroscopy and mucosal biopsy are frequently non diagnostic.

Gastric lymphoma can extend directly into the pregastric fat and adjacent solid organs, can produce regional lymphadenopathy, and may disseminate into the peritoneal cavity.

Gastric lymphoma may show a variety of radiographic patterns on barium meal study: one or multiple submucosal nodules, a discrete mass, one or multiple small ulcers having benign appearance, a large ulcerating mass with the characteristics of adenocarcinoma, and enlarged rugal folds with the appearance of hypertrophic gastritis. It may infiltrate the wall and shrink the lumen, mimicking linitis plastica.

By directly imaging the entire gastric wall and adjacent structures, CT has proved capable of diagnosing and determining the extent of spread of gastric lymphoma with a degree of accuracy. These capabilities are important not only from the diagnostic stand point, but also with respect to staging, prognosis and ultimately increased survival.

REFERENCES

1. Brady LW, Asbell SO. Malignant lymphomas of the GI tract. *Radiology* 1980;137:291-8.
2. Fork FT, Haglund U, Hogstrom H, et al. Primary gastric lymphoma versus gastric cancer: An endoscopic and radiographic study of differential diagnostic possibilities. *Endoscopy* 1985;17:5-7.
3. Putman CE, Ravin CE. *Textbook of Diagnostic Imaging*. 2nd ed 728-9.
4. Buy J, Moss AA. Computed tomography of gastric lymphoma. *AJR* 1982;138:859-65.
5. Magibow AJ, Balthazar EJ, Naidich DP, et al. Computed tomography of gastrointestinal lymphoma. *AJR* 1983;141:541-7.
6. Moss AM, Gamsu G, Genant HK. *Computed tomography of the body with magnetic resonance imaging*. 2nd ed 667-70.

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Announcements

VII Pan-Arab Union of Neurological Sciences Conference will be held in Armed Forces Hospital, Riyadh, Saudi Arabia between 1-5 March 1997. I Pan-Arab Epilepsy Conference under the auspices of ILAE; 4 March 1997. Tropical Neurology under the auspices of WFN; 5 March 1997. For further information contact: Department of Postgraduate & Academic Affairs, Riyadh Armed Forces Hospital, P O Box 7897, Riyadh 11159, Saudi Arabia. Tel: 0966-1-477 7714 Ext: 4933/4937. Fax: 0966-1-476 0853.

VI Gastrointestinal Endoscopy Course and Workshop will be held at the Riyadh Armed Forces Hospital from 24-26 March 1997. Contact address: Department of Postgraduate and Academic Affairs, Riyadh Armed Forces Hospital, P O Box 7897, Riyadh 11159, Saudi Arabia. Tel: 0966-1-477 7714 Ext: 4933/4937. Fax: 0966-1-476 0853/478 4057.

XVIII African Health Sciences Congress in collaboration with the 14th Epidemiological Society of Southern Africa Conference and the 6th African Region Conference of the International Epidemiology Association will be held between 14-18 April 1997. For further information contact: Professor Terry Jackson, Chairperson, Organising Committee, Medical Research Council, P O Box 19070, Tygerberg 7505, South Africa. Tel: 027-21-938 0433. Fax: 027-21-938 0395. E-mail: HAndrews@eagle.mrc.ac.za.

III Middle East Oncology Congress organised by the Lebanese Cancer Society will be held between 1-3 May 1997. For more informations contact: Lebanese Cancer Society, P O Box 16-5883, Beirut, Lebanon. Tel: 0961-1-200 765/215 529. Fax: 0961-1-386 794/6, 0961-1-582 560.

Ist French-Lebanese Congress of Medical Imaging sponsored by the Lebanese and French Societies of Radiology will be held during the period 15-18 May 1997. For more details contact: Professor Nagi Atallah, Service de Radiologie de l'Hotel-Dieu de France, Achrafieh, Beyrouth, Liban. Tel: 01-394054, 01-395178, 03-605933. Fax: 0961-1-386796.

V Annual Meeting of the Saudi Gastroenterology Association will be held at King Fahd Hospital of King Faisal University, Al-Khobar, Saudi Arabia during the period 19-20 November 1997. For more information contact: Prof. Abdulaziz Al-Quorain, P O Box 40001, Al-Khobar 31952, Saudi Arabia. Tel: 0966-3-898 3931. Fax: 0966-3-864 5972.