

## Epstein-Barr Virus T-

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= Abstract =

### A Case of Epstein-Barr Virus-associated Primary Gastric T-cell Lymphoma with Rapidly Progressive Endoscopic Features and Clinical Course

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Primary gastric T-cell lymphoma is very rare. Only a few cases have been reported in the literature. Moreover, Epstein-Barr virus-associated primary gastric T-cell lymphoma is extremely rare. We report a case of Epstein-Barr virus-associated primary gastric T-cell lymphoma, which showed rapidly progressive endoscopic features. Three esophagogastro-duodenoscopic examinations in a 26-day period revealed different findings at different locations. The lymphoma cells were positive for UCHL-1, but negative for L26 and Ki-1 in immunohistochemical staining. (**Korean J Gastrointest Endosc 19: 438-442, 1999**)

**Key Words:** Primary gastric T-cell lymphoma, Epstein-Barr virus, Progressive endoscopic feature

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5% , B- 9.2 g/dL, 9,200/mm<sup>3</sup> 287,000/  
non-Hodgkin .1) *Helicobac-* mm<sup>3</sup> , 6.0  
*ter pylori* mucosa-associated lymph- g/dL, 3.7 g/dL, AST/ALT 170/328 IU/L,  
oid tissue (MALT) ALP/ -GTP 69/22 IU/L, 0.3 mg/dL,  
.23) T- prothrombin time 90% .  
, BUN, creatinine .  
가 ,49) HBsAg, anti-HBs, anti-HBc,  
Epstein-Barr virus (EBV) IgM anti-HAV, anti-HCV 2-  
.1011) microglobulin HIV, CMV  
20 EBV IgM .  
EBV T- 1 1.5×1.0 cm  
. .  
hypertonic saline-epinephrine (HSE)  
: , 20 ,  
: 7 (Fig. 1). 11  
: 20  
, (口部)  
가 가 가  
( 1.5 2 cm) (舟狀形)  
(Fig. 2A-B). 가  
HSE ,  
130/80 mmHg, 101 / ,  
16 / 37.3℃ . 26  
86% ,

11 ( 54 )  
가  
가  
64  
2 cm  
(0.8 cm)  
(Fig. 3A-C).  
diffuse large cell type  
(Fig. 4), B ,1) T-  
(L26) , T .49)  
(UCLH-1) EBV EBV  
EBV T- T-  
:  
EBV 가  
.10-12) EBV Burkitt  
90% EBV  
, EBV  
15%  
.2) Hodgkin's disease 25% ,  
IgM anti-EBV가  
3 EBV  
90% EBV genome  
EBV가  
1 10 kg  
diffuse large cell type  
( 600/mm<sup>3</sup> 120,000/mm<sup>3</sup>)  
(normocellular marrow)  
B- diffuse large cell  
EBV B  
polyclonal cellular activator  
.10)  
B-  
T- B-  
EBV C3d 가  
42

- T T- EBV 25:
- EBV-DNA가 T- , 가 IgM
- .11,12 anti-EBV EBV EBV T- B- ,13 EBV Hui 11) 2 EBV T- 가 T- Epstein-Barr virus T- 1
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- Fig. 1.** Esophagogastroduodenoscopy on admission revealed an irregular-shaped,  $1.5 \times 1.0$  cm-sized ulcerative lesion with a well demarcated and slightly elevated margin, which was seen on the in-between greater curvature and posterior wall of the upper body. The base was even and deep with an exposed vessel. Hypertonic saline-epinephrine solution was injected.
- Fig. 2.** Esophagogastroduodenoscopy was performed on the 11th hospital day due to rebleeding.
- A:** The previously noted ulcerative lesion was not found. Instead, a large newly developed ulcerative lesion was noticed on the more cephalic site, in-between posterior wall of the upper body and the fundus. The shape was irregular, but the margin was sharply demarcated and slightly elevated. The base was partly coated with old blood clots.
- B:** Several various sized and shaped ulcerative lesions were found on the greater curvature of the lower and mid body.
- Fig. 3.** Esophagogastroduodenoscopy (EGD) was performed on the 26th hospital day due to the third episode of bleeding.
- A:** An enlarged fold formation was seen on the in-between posterior wall of the upper body and the fundus instead of previously noted ulcer.
- B:** A J-turn view of the EGD revealed a protruding mass lesion located on the greater curvature and posterior wall of the upper body. The mass was superficially ulcerated and narrowed the lumen.
- C:** A 2 cm sized fold-like protruding mass lesion was found on the greater curvature of the proximal antrum. The surface was hyperemic and the consistency was firm (arrow). Also a small (0.8 cm) ulcerative lesion was seen on the posterior wall of the lower body.
- Fig. 4.** Histologic examination of the resected specimen disclosed diffuse infiltration of atypical lymphoid cells, consistent with malignant lymphoma, diffuse large cell type (H&E stain,  $\times 100$ ). The result of immunohistochemical staining was compatible with T-cell lymphoma (UCHL-1: positive, L26: negative, Ki-1: negative).

