

Gastric Mucosa-Associated Lymphoid Tissue (MALT) Lymphoma due to *Helicobacter pylori* Infection Presents also in Teenagers

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Received: November 11, 2019; **Published:** December 13, 2019

Objective of the Study

- *Helicobacter pylori* (HP) infection in children is a frequent findings. Part of these patients may be asymptomatic and the rest with different gastrointestinal signs and symptoms.
- In endoscopy the presenting signs are nodular gastritis, gastric and duodenal ulcers and gastric cancer.
- In histology with H & E staining we may find helicobacter pylori filaments on epithelial surface, acute and chronic gastritis, intestinal metaplasia changes, MALT lymphoma cells and cancer cells. These proliferative changes are very rare in children.
- We present three children aged 13 - 16 years old with recurrent upper abdominal pain which were diagnosed histologically with Gastric MALT Lymphoma treated against helicobacter pylori infection with disappearance of the bacteria and tumor.

Patients and Methods

Three children aged 13 - 16 years old suffered from recurrent abdominal pain without vomiting, diarrhea, high grade temperature, sweating or loss of weight.

In endoscopy swelling antral mucosa was present with irregular surface occupying all prepyloric area without nodular gastritis or gastric ulcers.

Histologic staining with H & E showed multiple HP elements on epithelial surface, large amount of lymphoma cells and lymphoepithelial lesions, positive for Kappa light chain staining and negative for Lambda light chain staining consistent for MALT lymphoma. Patients were treated for 10 days with triple therapy with disappearance of HP in breath test. Repeated endoscopies and histologic findings were within normal findings during follow-up of 3 - 5 years.

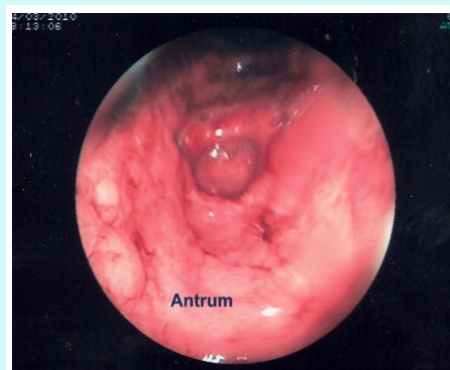


Figure : Swelling antral mucosa with irregular surface without nodular gastritis or gastric ulcers.

Conclusion

MALT Lymphoma must be diagnosed and treated also in teenagers.

Disclaimer

No conflict of interests.

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