

MALTOMA: A RARE DIAGNOSIS IN COMMON PRESENTATION

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Maltoma is newly diagnosed entity of low grade lymphoma of gastrointestinal tract. Usually it involves stomach. But intestine and appendix may also be involved rarely. Helicobacter pylori and gluten are possible causative agent of this disease. Perforation and haemorrhage may occur. Surgical resection is effective treatment of gastrointestinal maltoma. We report the case which presented as appendicular mass but histologically turned up to be maltoma, a rare diagnosis.

CASE REPORT

Patient named Mrs. Bebo 35 years presented through accident and emergency department for complaining of pain lower abdomen three days, and low grade fever since last three days. Pain was localized to right iliac fossa. There were no urinary complaints. On examination abdomen was slightly distended right iliac fossa was tender and a mass was palpable in right iliac fossa. On investigations, Hb was 11gm%, TLC was 11000/mm³. Other routine tests were not remarkable. As patient was pashtoo speaking, therefore it was not possible to distinguish element of anxiety from real pain. Therefore laparotomy was planned. On opening abdomen no omentum was stuck around terminal ileum and caecum. Appendix and small gut was OK. No nodes found in mesentery, but there was palpable mass in caecum. Thus limited right hemicolectomy was performed. On gross examination of caecum and mass, it was smooth, yellowish in colour.

Postoperative recovery was smooth and patient was discharged on 8th postoperative day. Histopathology revealed diagnosis as Maltoma. It was a histopathological surprise. Maltoma is rare in large gut so we report the case.

MALTOMA IN LIGHT OF LITERATURE

Maltoma is mucosa associated lymphoid tissue lymphoma. It is recently diagnosed entity of lymphoma. It is low grade malignancy among other varieties of gastrointestinal lymphoma. Cells of origin are B-lymphocytes. Usually only surgical resection is effective treatment. However

radiotherapy and chemotherapy are also recommended. Metastasis of maltoma is rare¹⁻³.

Common site of maltoma is stomach. Intestine and even appendix may rarely be involved. Exogenous agents are postulated to be causative factor in maltoma. For stomach helicobacter pylori appears to be responsible. Distorted response of T-cell lymphocytes to gluten is possible cause for gastrointestinal maltoma^{4,5}.

At first place gluten free diet and antibiotics will help patients of low grade lymphoma. However risk of fatal haemorrhage and perforation demands for surgical resection. Diagnosis is made by endoscopy and biopsy only^{1,6,7}.

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