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Research Article

**A RESEARCH STUDY ON UNCOMMON PRIMARY
GASTROINTESTINAL LYMPHOMA DISORDER COMMONLY
REPORTED IN STOMACH**¹M Haris Baloch, ²M Hamza Khawaja, ³M Salman Baig¹BHU Rattar Laal Ahmed Pur East Bahawalpur, ²RHC Thatha Sadiqabad Tehsil Jahanian District Khanewal, ³RHC Chak No 53/M, Lodhran.**Article Received:** March 2019**Accepted:** April 2019**Published:** May 2019**Abstract:**

The disorder of primary gastrointestinal lymphoma is very unfrequented. The stomach is the common site of this disorder. However, any site of the gastrointestinal tract from the esophagus to rectum can be suffered from this disorder. In history, the most usual gastrointestinal lymphoma has been the B-cell lymphoma. Abdominal discomfort is usually noticed in patients with primary colorectal lymphoma. Through radiographic studies, the presence of abrasions may be observed. Usually, results are not particular. By means of histopathological assessment, identification is carried out. The primary colorectal lymphoma is observed as 6+2% of gastrointestinal lymphoma in this study, the case was related to a young girl. The age of a young girl was 10 years. She was suffering from an increased extent of urine, lower abdominal discomfort and diarrhoea. Abdominal-pelvic CT scan and valium enema analysis was carried out. This illustrated a presacral mass. This mass was found to be B-cell; lymphoma on histopathology. Surgery was carried out for removal of the mass. Then, it was planned to carry out chemotherapy

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INTRODUCTION:

Colorectal lymphoma is the clinical operation which remains unfrequented [1]. The gastrointestinal tract is the ordinary place of extranodal participation. Comparative to the participation of small intestine. 20 to 30% of the stomach, 50 to 60%. Involvement of colorectal lymphoma contributes 15 to 20% of gastrointestinal lymphoma [2]. Among colorectal malignancies, the contribution of primary colorectal; lymphoma is less than 1%. Whereas among all cases of non-Hodgkin's lymphoma, it accounts 1.4 [3]. The dissimilarities are present between colorectal lymphoma and gastric concoct past regarding pathology. Management identification and presentation B-cell lymphoma is an ordinary type of histology due to which colon and gastrointestinal tract are affecting [2].

CASE REPORT:

In this study, the case of a young is presented at Jinnah Hospital, Lahore in March 2018. The age of the girl was 10 years. She was suffering from lower abdominal discomfort and diarrhoea. There was no identification of fever. Increase frequency of urination was also noticed. However, dysuria, vomiting, burning micturition, nausea and hematuria were not associated with urination. Diarrhoea was mucoid and associated with blood. 7-8 stools per day were the extent of diarrhoea. The previous record medical and surgery was not valuable. The weight and height of our patient were average. The blood pressure of patient was 110/10mm Hg, pulse 88/min and temperature 98.6F. The patient was checked for the abdomen. It revealed a non-tender mass in hypogastrium and left iliac fossa. In the anterior was of the rectum, a non-tender mass was observed through rectal examination. Abdominal ultrasonography was carried out. A mix echogenicity area of 11.4cm size covering the pelvis was observed. It showed that endometrium and myometrium could be enabled to distinguish. The results of her; advocacy checking were as follows: neutrophils 54%, platelets 190000/mm³, lymphocytes 45%, serum proteins 6.4g/dl, serum albumin 4.3g/dl; blood c/e: hemoglobin 10.9g/dl, TLC:7200/mm³, urine examination: 12-15 Purcell's/ HPF and 2-3 RBCs/HPF; serum bilirubin 1.1mg/dl, SGOT 47U/L, SGPI 48 u/l; blood urea 28mg/dl, of 125 level 26.08u/ml, screening for hepatitis B & C negative and B- HGC 1.74 u/ml. cause of compression effect of mass, there was bilateral hydronephrosis CT scan was carried out for pelvic and abdomen. Through H, a large density solid mass was observed. This mass has taken the place of small bowel loops anteriorly, bladder. This mass also displaced small uterus a little bit. Ovaries were enabled to oberue. Because of the

participation of distal ureters by the mass, bilateral hydronephrosis was observed. CT scan for the brain was also carried out. Bilateral calcification of basal ganglia, flax cerebra and the pineal gland was observed through this CT scan. Dilation of extra ventricular CSF spews and the ventricular system as not observed. Enhanced presacral soft tissue area was observed by single contrast barium enema with infiltration in the rectum from the posterior side. It starts above pubic syphilis. This leads to blockage of Lumina and irregularity of mucosa. It was found to be B-cell lymphoma as illustrated by the histopathological results.

DISCUSSION:

The disorder of gastrointestinal lymphoma is very unfrequented. It is the most common sound as extranodal lymphoma. It occurs completely as non-Hodgkin type [4, 5]. The stomach is the common site of the gastrointestinal tract from the oesophagus to the rectum can be suffering from this disorder [6]. The occurrence of primary colorectal lymphoma is observed as 6-12% of gastrointestinal lymphoma. Among all the tumours of the colon. The contribution of primary lymphoma of large bound was 0.4%. As compared to the other parts of the large bowel, rectum and cecum are mostly suffered by primary lymphoma. Colorectal lymphoma is mostly non-Hodgkin type, ordinary of B-cell geneses [7, 8]. HIV infection, celiac disorder, post-transplant immunosup, precision, inflammatory bowel disorder and Helicobacter pylori infection are some factors that are responsible for the establishment of gastrointestinal lymphoma. On the identification of primary gastrointestinal lymphoma, there are five points that are helpful and forms the basis if identification [3].

- The results related to chest radiographs were normal (i-e. no adenopathy).
- The number of white blood cell is normal (both total and differential).
- Palpable superficial; lymph nodes are not observed.
- There is no participation of spleen and liver.
- There is a participation of alimentary abrasion at the laboratory with the participation of lymph node restricted to drainage are of the concerned area of the gut.

This standard is satisfied by our patients. Abdominal discomfort and loss of eight are the most ordinary indications shown by patients with primary colorectal lymphoma [3, 5]. A study was conducted by Fen at el. In this study, he presented 37 patients with colorectal lymphoma [2] in this study, 62% and 43% of patients were observed with pain and weight loss respectively. Larson Zeghelbain organized a study in

which 15 patients with colorectal lymphoma were presented. In this study, weight loss and abdominal discomfort were observed in 40% of the patients [4].

CONCLUSION:

20% of patients were observed with lower gastrointestinal bleeding. Palpable abdominal mass was observed in approximately half of the patients. It indicates that these tumours can be long lasting without any sort of indications. Because of the lack of desmoplastic reaction and more pliable nature of colorectal lymphomas obstructions is unfrequented.

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