Non Hodgkin's Lymphoma of Ileum Metastasing to Bilateral ovaries.

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A 40 years old female presented with abdominal mass, pain, irregular menses of 6 months duration. The abdominal mass was ill defined, pain being spasmodic and irregularity of menstrual bleeding with clots.

On examination she was middle aged lady with moderately built, poorly nourished with mild anemia. No jaundice. No oedema. No lymphadenitis.

Abdominal examination revealed distention with palpable mass in right iliac fossa of 6x6 cm. No other mass or hepatosplenomegaly. NAD in systemic examination.

USG revealed solid and cystic mass in right iliac fossa of 6x6 cm. Bilateral ovarian mass of 4x3 cm. No other organomegaly.

Laboratory investigations - Hb - 9.0 gm%. ESR - 100 mg/First hour. PS - Macrocytic hypochromic anemia. Urine albumin - traces, microscopy revealed 15-20 pus cells/HPF, 8-10 RBCs / HPF. V.D.R.L. test - nonreactive. Pregnancy test - negative, HIV test - negative.

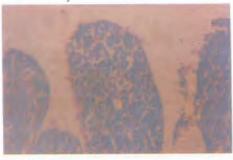
Laparotomy was done and revealed a large partly encapsulated nodular mass of 6x6 cm. encircling the terminal ileum. Mesenteric lymphnodes enlarged, firm, rubbery. Normal uterus. Ovaries - Rt large, solid and cystic mass of 5x4 cm. Lt small and cystic mass of 4x3 cm. No ascitis or any other pathology. (Fig I & II)



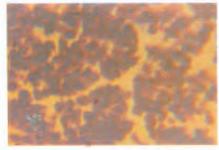
Fig: 1 Ileal tumor mass



Fig II uterus, cervix and bilateral solid and cystic ovarian mass.



Microphotograph I showing intestinal villi which are broad & blunt, and are stuffed with monotonous round to oval cells with large hyperchromatic nuclei.



Microphotograph II showing loss of normal architecture and replaced by round, large cells with large hyperchromatic nuclei with prominent chromatin, scanty cytoplasm. No Reed Sternberg cells.

Patient recovered completely after surgical resection and end to end anastomosis of ileal segment. The tissues were submitted for histopathology.

The histopathology examination revealed ileal mass - large cell diffuse Non-Hodgkin's lymphoma metastasing to bilateral ovaries. (Microphotographs I & II).