

Intussusception as clinical presentation of non-Hodgkin lymphoma in a 5-year-old patient

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Background:

Intussusception is a common cause of acute abdominal pain in pediatric cases. This case report highlights a rare instance where B cell non-Hodgkin lymphoma (B-NHL), an aggressive malignancy characterized by rapid B lymphocyte growth, led to intussusception in a five-year-old boy and it emphasizes the importance of an early recognition of lymphoma as a potential cause.

Case presentation:

A five-year-old male presented with profuse vomiting and acute abdominal pain. The patient was on anthelmintic therapy 4 days prior to arrival due to ascariasis in kindergarten and was firstly admitted to the Department of Infectology, after which he was referred to a pediatric surgeon. Physical examination revealed a pale appearance and painless, enlarged lymph nodes in the left sternocleidomastoid and right inguinal regions. Abdominal X-ray displayed a dilated intestine with air-liquid levels, while ultrasound confirmed intussusception with ring-shaped bowel loops. Laparoscopy revealed a distended ischemic jejunum and inoperable intussusception, necessitating laparotomy which was performed with exteriorization of the invaginated intestine 60 cm from the ligament of Treitz. A tumefaction measuring 4 cm, a partially necrotic intestine measuring 60 cm and enlarged lymph nodes were excised. Appendectomy and resection of the jejunum with latero-lateral anastomosis using a linear stapler were performed and the samples were sent on pathohistological diagnosis (PHD). Postoperatively, the patient received antimicrobial therapy along with analgesia and parenteral hydration in the pediatric intensive care unit. PHD diagnosed mature B-NHL, with characteristic „starry sky phenomenon“ indicative of Burkitt's lymphoma, but the results of genetic tests are awaited. The patient was transferred to the Pediatric Hematology and Oncology Department for further treatment.

Conclusion:

This case accentuates the rarity of B-NHL-induced intussusception in pediatrics. Despite its infrequency, clinicians should consider it, as it might manifest as an initial symptom. Early identification is crucial for prompt intervention and treatment.