

Ileal non-Hodgkin's lymphoma presenting as perforation

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Dear Editor,

We read the article entitled “Intestinal lymphoma—a review of the management of emergency presentations to the general surgeon” by S. Abbott et al. [1] in the *International Journal Of Colorectal Diseases* (Feb. 2015). The authors are right that there is a lack of quality evidence for the elective and emergency treatment of non-Hodgkin's lymphoma (NHL) involving the small and large intestine. There is a lack of information especially to general surgeons regarding management of intestinal lymphoma presenting as an emergency. We encountered a 15-year-old male patient who presented to us with features of perforation peritonitis. He was taken up for emergency exploratory laparotomy. We noticed a firm mass approximately 15×15 cm in the mid ileum with a perforation. The mass was resected out, and end to end ileoileal anastomosis was done. Final histopathology of the mass came as T cell NHL. Patient was put up on chemotherapy CVP regimen (cyclophosphamide 750 mg/m² iv day 1, vincristine 1.4 mg/m² iv

day 1, prednisone 40 mg/m² per oral qd days 1–5 Q3 weeks×8 cycles). Patient responded well and is currently in follow-up after 1 year of completion of chemotherapy. We agree with the authors' comments that in order to develop evidence-based treatment protocols, there should be an intestinal NHL registry.

Conflict of interest Authors declare no conflict of interest.

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References

1. Abbott S, Nikolousis E, Badger I (2015) Intestinal lymphoma—a review of the management of emergency presentations to the general surgeon. *Int J Colorectal Dis* 30(2):151–157. doi:10.1007/s00384-014-2061-1

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