CASE 4 (Rosai)

A 15-year-old girl presented with periumbilical and left upper quadrant abdominal pain. Diagnostic studies, including esophagogastroduodenoscopy, small bowel series, and gastric and duodenal biopsies, were within normal limits. Months later she presented with increasing abdominal pain, non-bloody non-mucous diarrhea, fever, nausea, and several bouts of bilious vomitus. She also reported a 9 kg weight loss during the last year.

Her past medical record was remarkable for a history of acute lymphoblastic leukaemia, pre-B cell type, with hyperdiploidy (DNA index of 1.26), in 1992.

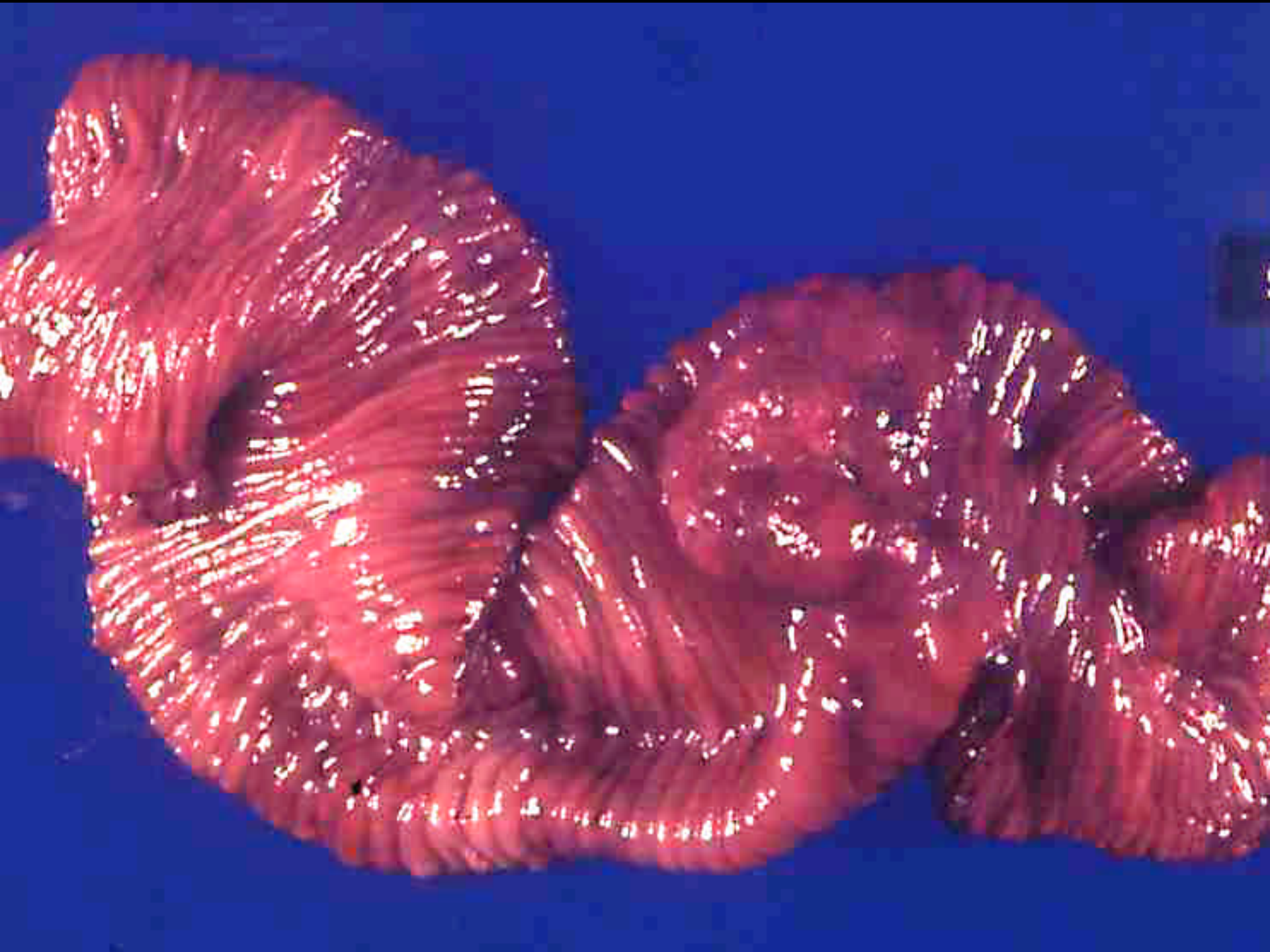
CASE 4 (cont.)

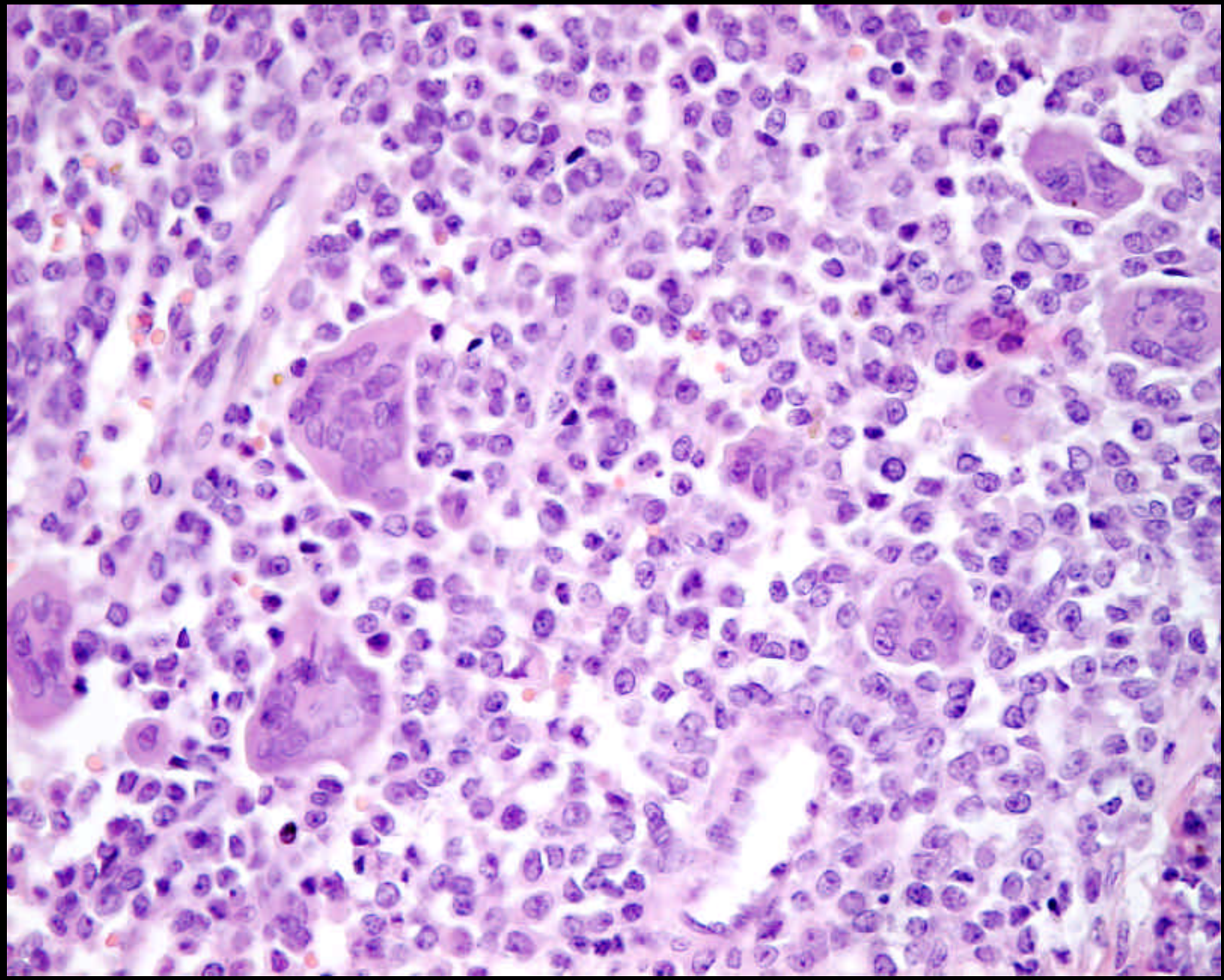
Bone marrow chromosomal analysis performed at that time revealed a complex hyperdiploid karyotype, with no chromosomal translocations. There was no evidence of CNS leukemic involvement. The patient received chemotherapy.
Ultrasound examination during her present admission revealed 3 enlarged mesenteric lymph nodes measuring 3 cm in the aggregate. A CT scan showed thickened loops in the midjejunum and confirmed the presence of 3 enlarged lymph nodes, which were regarded as consistent with leukemic involvement. No evidence of distant metastases was found by imaging studies and bone scan. At laparotomy, several large mesenteric lymph nodes were found, together with an intramural rubbery mass in the adjacent midjejunum.

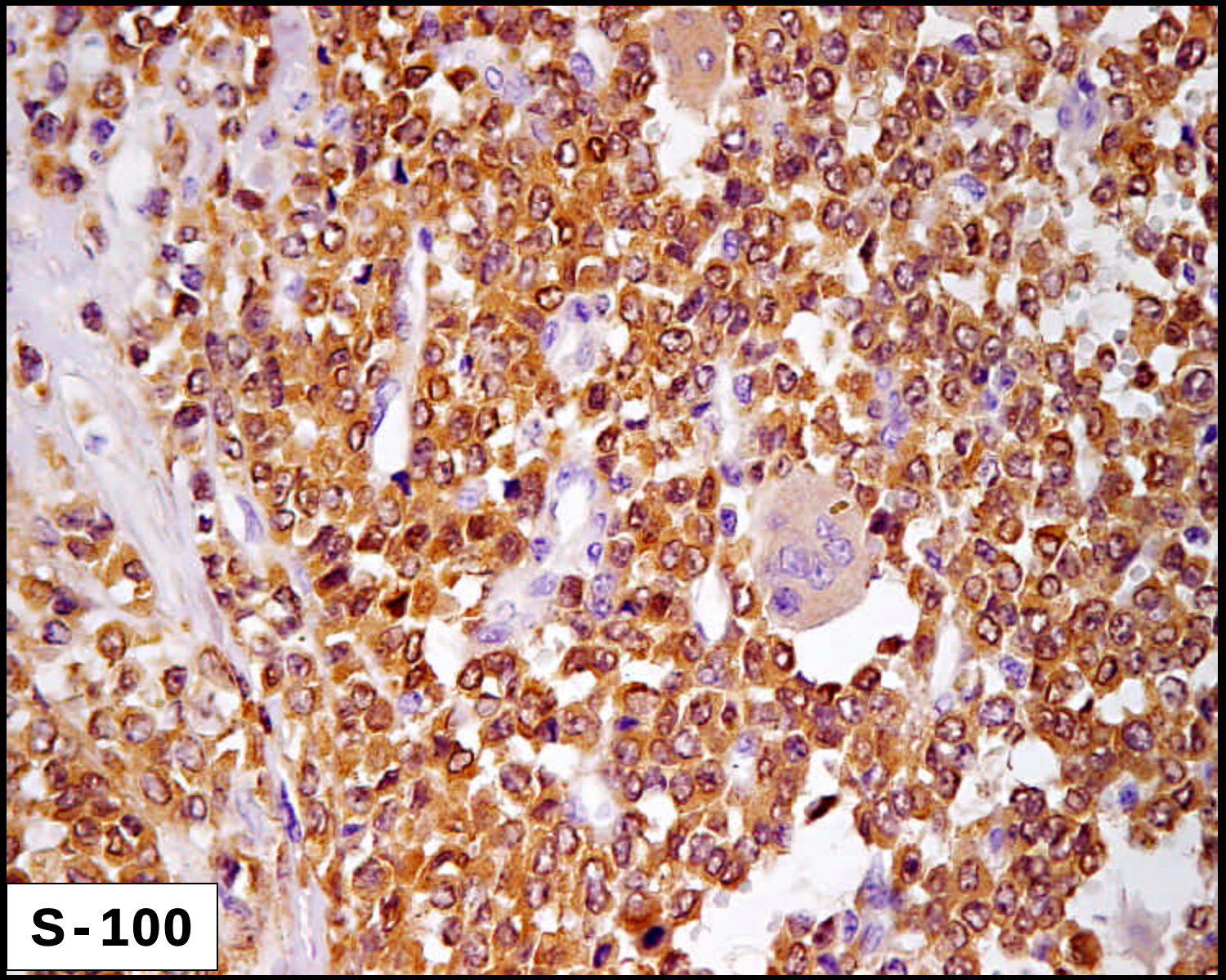
CASE 4 (cont.)

This mass was removed together with the enlarged lymph nodes through a partial midjejunal resection. The segment of resected small bowel measured 25 cm in length. A 5 cm tumor mass was present involving the entire thickness of the wall.

It protruded in a polypoid fashion within the lumen and abutted on the serosa. The adjacent mesentery contained matted lymph nodes measuring 5 x 3 cm in diameter on the aggregate. The patient underwent further tumor debulking followed by chemotherapy.



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