Liver parenchyma visible during gastroscopy

Nadim El Majzoub, Assaad Soweid

A 65-year-old man, who was recently diagnosed with poorly differentiated gastric adenocarcinoma, presented to our emergency department with melenemesis and abdominal pain.

Gastroscopy showed a huge ulceration involving the entire antrum in addition to an island of nodular reddish tissue inside the ulceration (Figure 1). Endosonography of this area revealed the edge of the liver in direct contact with the ultrasound transducer with no visible gastric wall (Figure 2).

Biopsies from the edge of the ulcer showed high grade B-cell lymphoma, while those from the reddish island revealed hepatic tissue (Figure 3). Immunohistochemistry for CD 20 was positive (Figure 4) and confirmed the original diagnosis of B-cell lymphoma.

The patient was subsequently referred for management by the oncology and surgery services.

Figure 1. Huge ulceration involving the entire antrum in addition to an island of nodular reddish tissue inside the ulceration (arrow)
Figure 2. Endosonography revealing the edge of the liver in direct contact with the ultrasound transducer (arrow)

Figure 3. Biopsy from the ulcer showing high grade B-cell lymphoma
Figure 4. Immunohistochemistry for CD 20 is positive

Author information: Nadim El Majzoub, Resident in the Pathology and Laboratory Medicine Department; Assaad Soweid, Gastroenterologist, Director of the Endoscopy Unit; American University of Beirut Medical Center, Beirut, Lebanon

Correspondence: Assaad Soweid, Associate Professor of Medicine, American University of Beirut Medical Center, PO Box 11-0236 Riad El Solh 110 72020 Beirut, Lebanon. Fax: +961 1 366098; email: as25@aub.edu.lb