B-cell lymphoma of the gallbladder

A patient with diffuse large cell lymphoma presented with recurrent right cervical lymph nodes 2 months after complete remission. Abdominal examination showed a non-tender, lobular mass in the right upper quadrant only. Serum biochemistry showed normal bilirubin, alkaline phosphatase and transaminase levels. Serum lactate dehydrogenase level measured 1640 U/L. Restaging computed tomography showed a solid mass in the right upper lobe and an enlarged gallbladder with a grossly thickened wall (Figure 1). Cervical lymph node and transbronchial biopsies both confirmed recurrent B-cell lymphoma. The patient died of disseminated disease shortly afterwards despite DHAP (cisplatin, cytarabine and dexamethasone). His family refused a postmortem examination.

Chor Sang Chim, Clara GC Ooi*
University Departments of Medicine and Radiology,* Queen Mary Hospital, University of Hong Kong, Hong Kong

Correspondence: Dr. Chor Sang Chim, Senior medical officer, Department of Medicine, Queen Mary Hospital, Hong Kong. Phone: international +852.28554776. Fax: international +852.29741165. E-mail: jcschim@hkucc.hku.hk

Figure 1. Enhanced CT section through the upper abdomen showing a gallbladder with markedly thickened walls (arrows). No pericholecystic fluid is present.