



Bronchial Malt Lymphoma Successfully Treated by *Helicobacter* Eradication

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Keywords

Primary bronchial MALT lymphoma; Clarithromycin; *Helicobacter* eradication

Clinical Image

A 79-year-old woman was admitted to our hospital due to a finding of left main bronchial wall irregularity on chest CT. The bronchoscopic findings revealed a number of white, smooth, glossy granules on the left main bronchus (Figure 1A). Histological findings of bronchial biopsy specimens demonstrated outgrowths of diffuse lymphoid cells and lymphoepithelial lesions (Figure 2A). Immuno-histochemical staining revealed positive for CD20 and CD79a, and negative results for CD5, CD10, and CD43 (Figure 2B). In addition, both gastroscopy and colonoscopy were performed, but revealed no evidence of Mucosa-Associated Lymphoid Tissue (MALT) lymphoma. Coincidentally, the bronchial wall lesions were improved by 3 months after successful *Helicobacter* eradication (using clarithromycin, amoxicillin and proton pump inhibitors) as confirmed by serological testing (Figure 1B). The effect of *Helicobacter* eradication on primary bronchial MALT lymphoma is unclear [1], but several case reports have suggested that clarithromycin was effective in the treatment of primary bronchial MALT lymphoma [2].

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Received Date: 12 Apr 2018

Accepted Date: 05 May 2018

Published Date: 16 May 2018

Citation:

Murohashi K, Hara Y, Sato T, Kaneko T. Bronchial Malt Lymphoma Successfully Treated by *Helicobacter* Eradication. Clin Oncol. 2018; 3: 1463.

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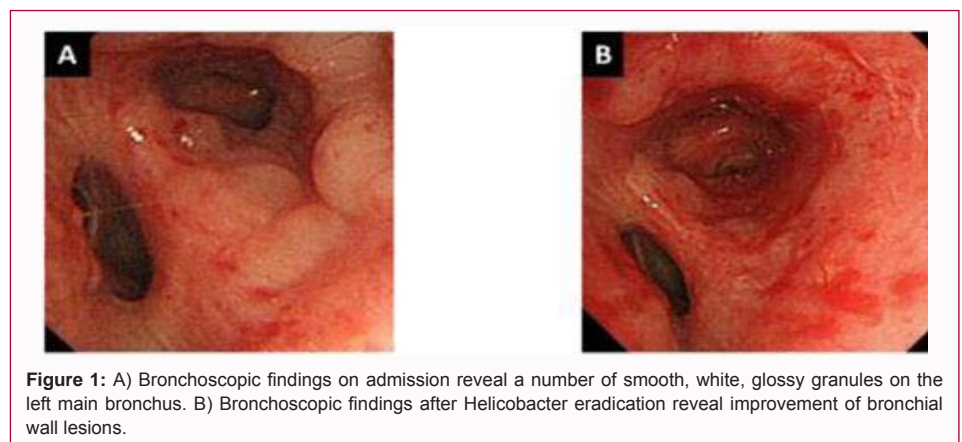


Figure 1: A) Bronchoscopic findings on admission reveal a number of smooth, white, glossy granules on the left main bronchus. B) Bronchoscopic findings after *Helicobacter* eradication reveal improvement of bronchial wall lesions.

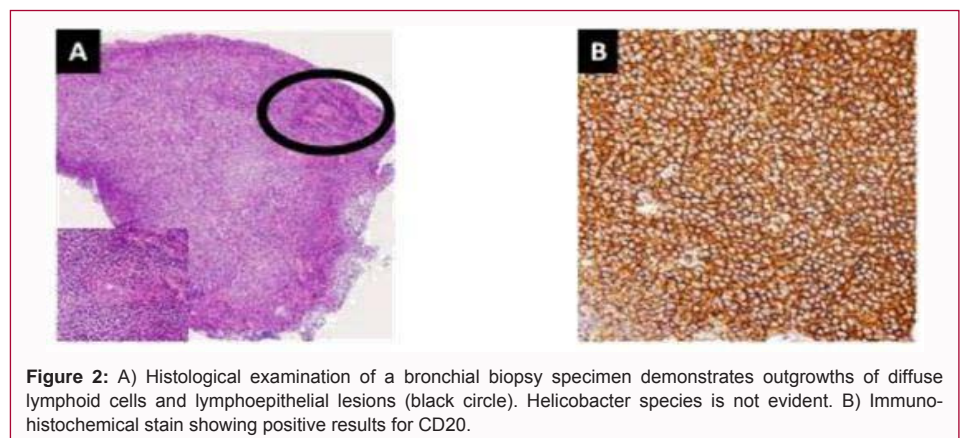


Figure 2: A) Histological examination of a bronchial biopsy specimen demonstrates outgrowths of diffuse lymphoid cells and lymphoepithelial lesions (black circle). *Helicobacter* species is not evident. B) Immuno-histochemical stain showing positive results for CD20.

References

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