

A 12-year-old girl was admitted to our institution in April, 2016. She was admitted with noticeably pale skin and dyspnea on exertion within the past two weeks.

Laboratory data:

Hemoglobin: 5.9(11.1~15.1)g/dL; Mean corpuscular volume: 75.4(83.4~98.5) fl; RDW-CV: 17.3% (11.7~14.7%); Reticulocyte: 2% (0.87~2.26%)
Total bilirubin/direct bilirubin: 0.39/<0.1 (0.2~1/0.0~0.2) mg/dL
Serum iron: 9 ug/dL (28~170 ug/dL); UIBC: 449.2 ug/dL; TIBC: 458.2 ug/dL (254~450 ug/dL)
Ferritin: 2.9 ng/mL (11~307 ng/mL)
Total bilirubin/direct bilirubin: 0.39/<0.1 mg/dL

Physical examination:

Pale face(+), Tachycardia (Heart rate: 110/min)

Stool examination showed a mild hemoccult-positive (1+).

¹³C urea breath test: positive

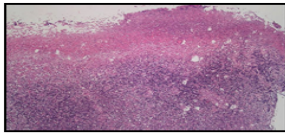
Upper GI endoscopy was arranged on 14/4/2016.

Sudden onset of severe tenderness with involuntary guarding and rebounding pain involving the entire abdomen since early morning, 14/4/2016.

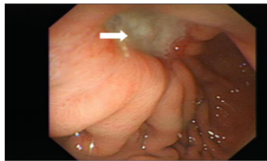
Interpretation of standing view and left lateral decubitus abdominal film detected free intraperitoneal air, and peritonitis through hollow organ perforation was confirmed.



Histology confirmed the diagnosis of extranodal marginal zone B-cell lymphoma of MALT type.



Endoscopy was scheduled 4 weeks after operation and showed a deep and large ulcer over anterior wall of the body with convergence of thickened mucosal folds. Biopsy samples were again obtained and consistent with extranodal marginal zone lymphoma of MALT.



A follow-up endoscopy was performed at 4 months after operation, and showed a broad-based healed scar with rugae interruption (Figure 5b). The histological evaluation of biopsy specimen showed absent plasma cells and small lymphoid cells and complete histological remission was achieved at 2 months after radiotherapy.



6/4/2016

Diagnosis: Iron deficient anemia

Initial management: Collect stool sample and prescribe iron tablet 100 mg bid

7/4/2016

Iron tablet 100 mg bid treatment

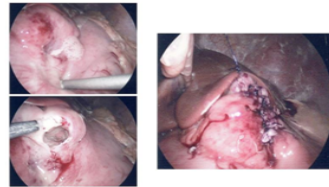
12/4/2016

14/4/2016

Emergent abdomen plain film examinations.

Surgical intervention was advised and in light of hemodynamic stability, a laparoscopic approach was performed. Laparoscopic findings:

1. A lot of dirty ascites and pus (left upper)
2. Debris and excised necrotic tissue (left lower)
3. Gastric ulcer perforation s/p repair (right)



21/4/2016

27/4/2016

Eradication of H.pylori was performed during 27/4/2016~11/5/2016

20/5/2016

3/6/2016

Involved field radiation therapy was delivered to the stomach (30 Gy in 20 fractions given over 4 weeks).

25/8/2016

During a 1-year follow-up at our outpatient clinic, she has remained free of symptoms and without relapse.