

**A CASE OF ILEOILEAL INTUSSUSCEPTIONS
CAUSED BY BURKITT'S LYMPHOMA**

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Introduction

Burkitt's lymphoma is a high grade B-cell tumor described for the first time by the Irish surgeon Dennis Burkitt in 1958 in Africa. The most frequent of the clinical variants, in which it is classified by the World Health Organization (sporadic, endemic, HIV-associated), is the sporadic one, which usually involves the abdomen, in particular the ileocecal tract. Thus, a common clinical presentation is that of a child suffering from abdominal pain with nausea and vomit, until the dramatic case of an intestinal occlusion by an intussusceptions. According to this, the surgeon is the first who diagnoses and treats this tumor, playing an important role for the treatment, in terms of reduction of the metabolic complications of the medical therapy and of improvement of survival rate. In this work we present a case of a child operated for intestinal occlusion by ileoileal intussusception, caused by a Burkitt's lymphoma, as it was diagnosed by histological examination few days after surgical intervention.

Case report

A 12-years boy reached the emergency department for abdominal pain and vomit. Two weeks before he had a surgical intervention for a suspected appendicitis at another hospital. An ultrasound examination was performed and it revealed

the presence of a complex mass in the right iliac fossa. The day after the patient felt worse and he had an episode of bilious vomit. An x-ray examination of the abdomen was performed and showed the presence of an intestinal obstruction. The patient underwent to surgical intervention. The obstruction was caused by an ileoileal intussusceptions, and it needed to perform a resection followed by anastomosis. Few day after surgical intervention, the result of histological examination indicated the presence of a Burkitt's lymphoma within the tract resected. A CT scan was performed and showed the involvement of mesenteric lymph nodes. The bone marrow aspirate and the lumbar puncture showed no neoplastic presence. Then the patient started therapy according to protocol.

Discussion and Conclusions

Burkitt's lymphoma represents 3-5% of all non-Hodgkin lymphomas, and 40% in pediatric population. Children have an excellent prognosis with contemporary treatment regardless of the disease stage. Patients with limited stage disease are curable with limited treatment, avoiding complications associated with more intensive therapies. Nevertheless surgery is important in the management of this disease, the role of the surgeon has usually been controversial. A surgical intervention can be resolving in case of limited disease, or, in case of a high stage disease, it can be diagnostic or helpful, through the debulking of the mass. However, apart in case of intussusception, the diagnoses of Burkitt can be challenging and the presence of disease can revealed after a story of recurrent abdominal pain or after surgical interventions for appendicitis. In this work we show how a timely diagnosis can be difficult and how it can be an obstacle for treatment. In this case the sudden worsening of clinical conditions permitted an early diagnosis with a complete resection of the ileum involved by Burkitt's lymphoma has improved the prognosis and reduced therapy's complications.