EXPERT'S COMMENT

Okochi N *et al*. described a case of intestinal CD4+ T-cell lymphoma, not otherwise specified (NOS) with peritoneal lymphomatosis lacking large intestinal tumors. Findings of peritoneal lymphomatosis are rare in cases of intestinal T-cell lymphoma. Primary intestinal T/NK-cell lymphoproliferative disorders are classified into enteropathy-associated T-cell lymphoma, monomorphic epitheliotropic T-cell lymphoma (MEITL), indolent-type gastrointestinal T-cell lymphoma (GI-TCL), and NOS CD30+ anaplastic large cell lymphoma, nasal-type extranodal NK-cell lymphoma, and CD56+ NK-cell enteropathy without EBV infection.[1] EATL mainly develops in Caucasians, and is composed of CD3+, CD103+, and CD30+/- large cell lymphoma, with approximately half of the patients having celiac disease. MEITL is frequent in East Asia and is unrelated to celiac disease, consisting of CD3+, CD103+, CD8+/-, CD56+/-, and EBER-negative cytotoxic T-cells.[2] Indolent-type T-cell lymphoma is composed of multiple nodular lesions of small- to medium-sized CD4+ T-cell neoplasia, exhibiting similar findings to MALT lymphoma and long-term survival.[3,4] GI-TCL, NOS is composed of CD3+ CD4+/-, and CD8-/+ medium- to large-sized lymphoma cells, and patients have an advanced clinical stage with extraintestinal tumor cell invasion and a progressive clinical course. As patients with MEITL or GI-DLBCL often have accompanying perforation of the gastrointestinal wall, peritoneal dissemination of lymphoma cells may be observed.[5] The current case exhibited peritoneal dissemination, probably due to perforation or mesenteric invasion of intestinal CD4+ TCL without tumor formation. GI-TCL, NOS is a provisional category of aggressive neoplasia and consists of frequent CD4+, occasional CD8+, and CD4-/CD8- neoplastic T cells with frequent cytotoxic molecules.[4] As there are few reports of GI-TCL, NOS, clear confirmative characteristics are required in the future. Peritoneal lymphomatosis is another special condition with or without symptoms of acute abdomen.[6] Primary and secondary peritoneal lymphomatosis are occasionally observed in DLBCL, but they are rare in T/NK-cell lymphoma. Emergency laparotomy is occasionally required for high-grade GI lymphoma due to tumor perforation and peritoneal dissemination. When peritoneal T/NK-cell lymphoma is confirmed by cytological and histological examinations, the GI tract must be examined.

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