

Mantle Cell Lymphoma With GI Involvement Presenting as Bilateral Eyelid Swelling

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Introduction: Mantle cell lymphoma (MCL) is a subtype of non-Hodgkin lymphoma accounting for about 5% of non-Hodgkin lymphomas. Usual presentation is with lymphocytosis or widespread lymphadenopathy, extranodal manifestations involving bone marrow and GI tract are also common. We describe a case of MCL presenting as bilateral eyelid swelling.

Case Presentation: An 80-year old Caucasian male presented to his ophthalmologist for swelling of his bilateral lower lids for the past few months. He denied any visual disturbance or any other associated symptoms. His past medical history was significant for hypertension, cholecystectomy and cataracts surgery. He worked as a farmer, with occupational exposure to glyphosate-based insecticides, and smoked a pack of cigarettes per day for 20 years. Physical exam was significant only for bilateral lower eyelid swelling (Figure 1A). Lab work was unremarkable. The ophthalmologist suspected amyloidosis, and a biopsy was sent to diagnose the underlying etiology. He then immediately referred the patient to Hemeoncology as biopsy had revealed MCL. GI was consulted, EGD revealed normal esophageal mucosa. Mild erythema in the gastric body/antrum, status post biopsy (Figure 1B). Colonoscopy revealed colonic mucosa to be unremarkable with no evidence of inflammation or ulceration or masses. Biopsy of gastric mucosa (Figure 1C) showed an atypical lymphoid infiltrate in both gastric and duodenal mucosa composed of small lymphocytes positive for CD20, CD5, cyclin D1 and negative for CD3, CD10. There was no evidence of *H. pylori*. Bone marrow biopsy was also positive for MCL. PET scan showed increased activity in the skin of the nose, enlarged lymph nodes in the mediastinum and inguinal region. It was determined to be stage IV mantle cell lymphoma. Patient was then referred to Radiation Oncology for evaluation of involved site radiation therapy (ISRT) of the eyelids and then targeted therapy with Calquence rather than chemotherapy, given his age.

Discussion: Romaguera et al. described that 88% of patients with MCL have lower GI tract involvement, and 43% of patients with MCL have upper GI tract involvement. Similar studies have since reaffirmed this association, leading to the recommendation that all patients with a new diagnosis of

MCL undergo further intestinal workup. Eyelid swelling or mass is a rare presentation of MCL and a high degree of suspicion is required for diagnosis of MCL with this rare presentation.