

[illegible]

(Fig. 2B).

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11 cm

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(aneurysmal dilatation) 322 64 (20%) (serosa) (omentum)

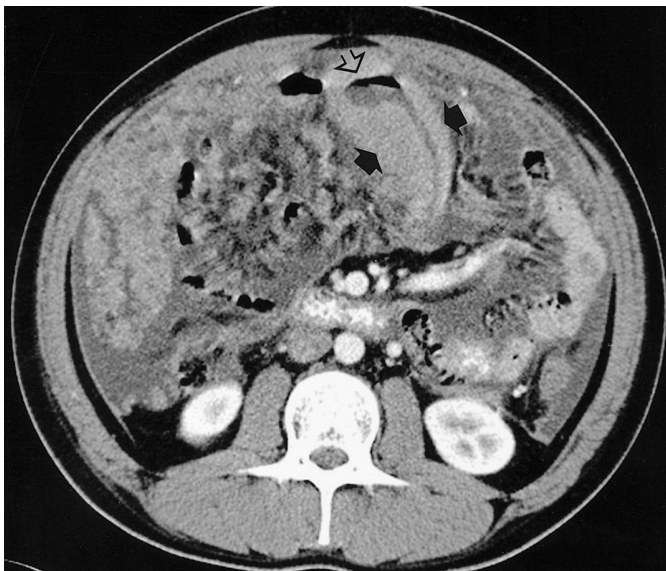
(Fig. 2C). CT (1),

(Fig. 2D).

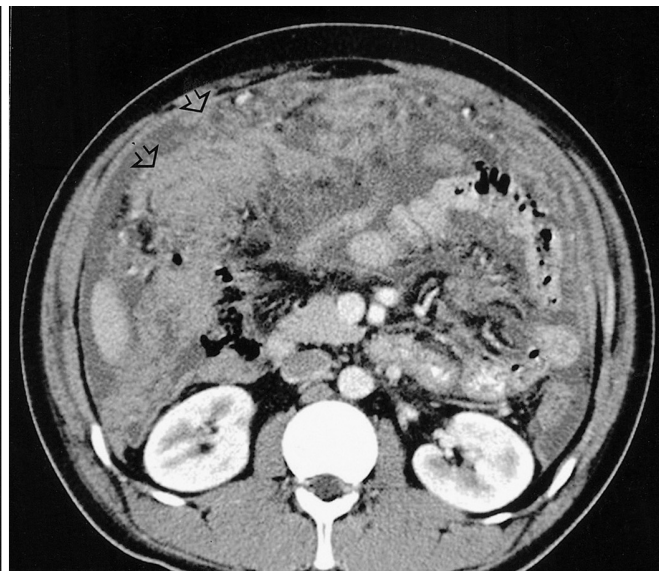
가 (Fig. 2E).

(non Hodgkin lymphoma, diffuse large B cell lymphoma)

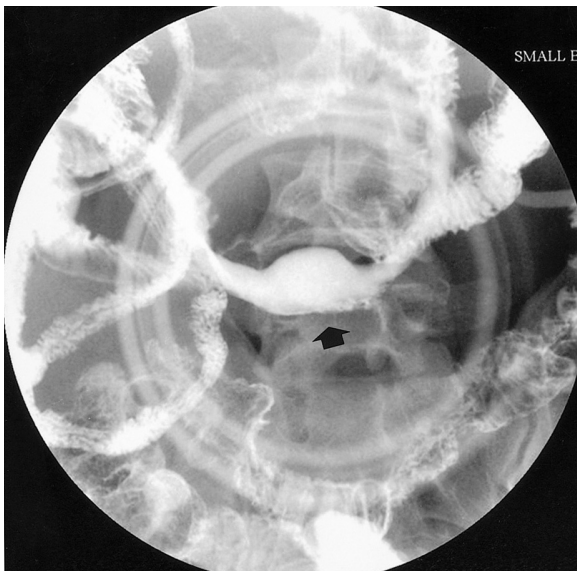
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A



B



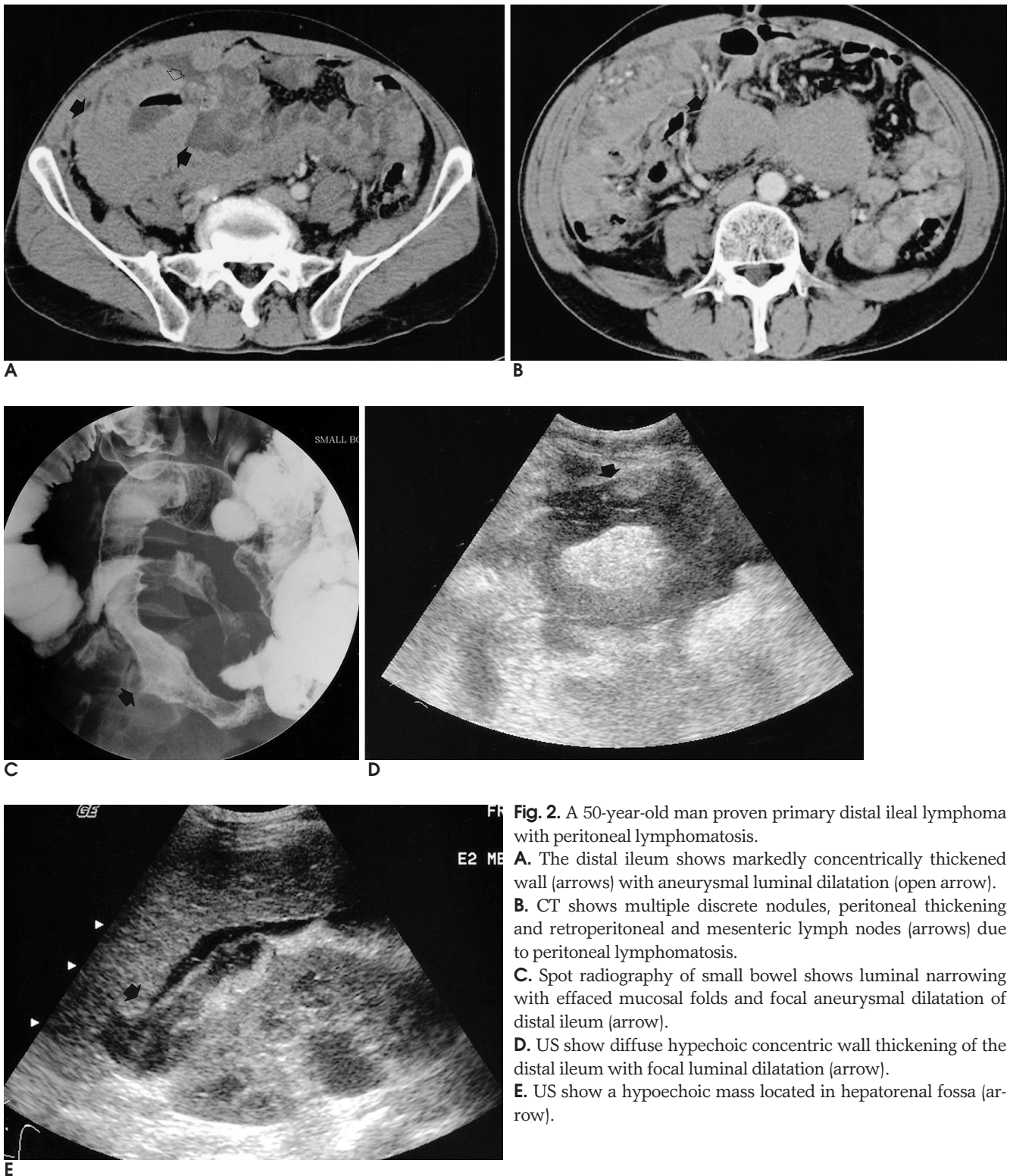
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**Fig. 1.** A 25-year-old man proven primary distal ileal lymphoma with peritoneal lymphomatosis.

**A.** The distal ileum shows markedly thickened wall (closed arrows) with cavity like lesion (open arrow), stellate mesenteric appearance is noted due to lymphomatous infiltration of mesentery.

**B.** CT scan shows nodular tumor infiltration of omentum (open arrows), small amount of ascites and peritoneal thickening with enhancement.

**C.** Small bowels study shows luminal narrowing with effaced mucosal folds and focal aneurysmal dilatation of distal ileum (arrow).



**Fig. 2.** A 50-year-old man proven primary distal ileal lymphoma with peritoneal lymphomatosis.  
**A.** The distal ileum shows markedly concentrically thickened wall (arrows) with aneurysmal luminal dilatation (open arrow).  
**B.** CT shows multiple discrete nodules, peritoneal thickening and retroperitoneal and mesenteric lymph nodes (arrows) due to peritoneal lymphomatosis.  
**C.** Spot radiography of small bowel shows luminal narrowing with effaced mucosal folds and focal aneurysmal dilatation of distal ileum (arrow).  
**D.** US show diffuse hypoechoic concentric wall thickening of the distal ileum with focal luminal dilatation (arrow).  
**E.** US show a hypoechoic mass located in hepatorenal fossa (arrow).

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CT

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(5, 7).

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(5).

CT

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## Peritoneal Lymphomatosis: Case Report<sup>1</sup>

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Peritoneal lymphomatosis is a rare manifestation of high grade lymphomas. Although it is difficult to differentiate peritoneal lymphomatosis from other peritoneal diseases such as peritoneal carcinomatosis and leiomyomatosis clinically and radiologically, it should be included in differential diagnosis because the disease is curable with chemotherapy. Consequently, radiologic diagnosis plays a very important role in the detection of this disease.

We experienced two cases of peritoneal lymphomatosis with primary gastrointestinal lymphomas in the distal ileum. The two patients were 25 and 50-year-old males. Abdominal CT, ultrasound and barium study were performed on both patients. Both patients had non-Hodgkin's lymphoma confirmed with open or sonographically guided biopsies.

Although radiologic appearances overlapped, characteristic findings of long-segmental circumscribed annular mass, aneurysmal luminal dilatation, small to moderate amount of ascites without septation or loculation, diffuse involvement of mesentery, omentum and peritoneum, and enlarged lymph nodes were helpful in narrowing the range of possible diagnoses.

**Index words :** Peritoneum, neoplasms

Peritoneum, CT

Lymphoma, CT

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