



Acute pancreatitis due to pancreatic involvement of Burkitt's lymphoma in a child

To the Editor,

Pancreatic involvement of Burkitt's lymphoma, which may present as acute pancreatitis, is extremely rare (1,2). A 13-year-old boy with abdominal pain was diagnosed with acute appendicitis at a local hospital, and an appendectomy was subsequently performed. After pathologic examination of the specimen, a diagnosis of Burkitt's lymphoma was made, and the patient was then referred to our hospital. The physical examination was unremarkable. The peripheral blood count showed a hemoglobin level of 10.7 g/dL, hematocrit value of

32.7%, platelet count of 394,000/mm³, and leukocyte count of 11000/mm³, with a normal differential. The serum biochemistry was normal, except for a slightly elevated lactate dehydrogenase level (237 U/L: normal range: 98-192 U/L), an amylase level of 556 U/L (normal range: 36-128 U/L), and a lipase level of 371 U/L (normal range 22-51 U/L). Contrast-enhanced abdominal magnetic resonance imaging (MRI) revealed a diffusely enlarged pancreas with a central necrotic component (Figure. 1a,b). Chest radiograph and computed tomography were normal. The patient was diagnosed with Stage III Burkitt's, and a BFM-95 treatment regimen

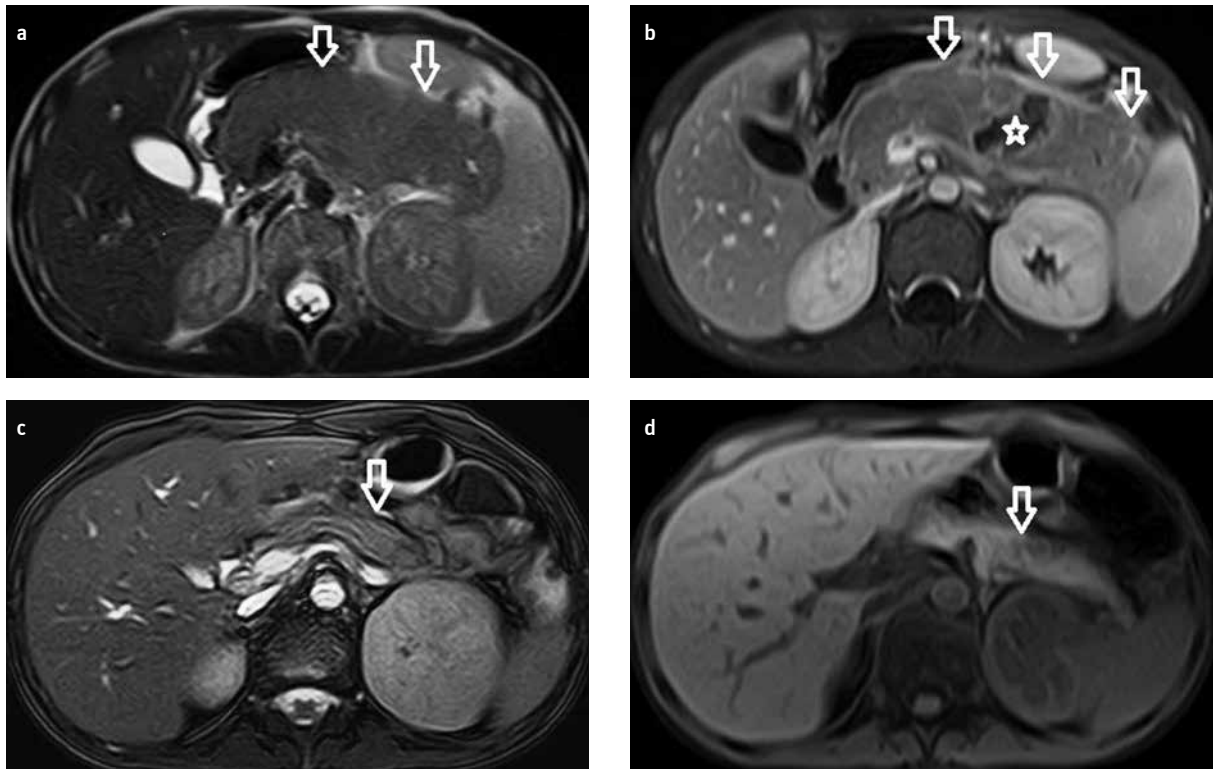


Figure 1. a-d. Axial T2-weighted (a) and contrast-enhanced T1-weighted magnetic resonance (MR) images (b) show a diffusely enlarged pancreas (arrows) with a central necrotic area (asterisks). After treatment, control T2- (c) and T1- (d) weighted MR images show a normal pancreas (arrow).

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was then administered (3). Concomitant chemotherapy and acute pancreatitis treatment, including fluid, electrolytes, and meropenem were used to prevent development of infected pancreatic necrosis. Subsequently, serum amylase and lipase levels returned to normal levels on the 14th and fourth days of treatment, respectively. After the first treatment course with an AA regimen, a control abdominal MRI showed a normal pancreas and complete resolution of the mass (Figure. 1c,d). The chemotherapy was discontinued after one year, and the patient continues to be in remission. Involvement of the pancreas resulting in acute pancreatitis in children with Burkitt's lymphoma is unusual (1,2,4-6). Abdominal pain with nausea and vomiting is the hallmark of pancreatitis in children as well as in adults. Tachycardia and fever, as well as diffuse abdominal tenderness and quiet bowel sounds are also typical symptoms (7). When referred to our hospital, our patient had no abdominal symptoms, and the physical examination was unremarkable except for the abdominal incision scar. Imaging studies, such as ultrasonography, computed tomography, or MRI, are recommended to confirm the diagnosis, as well as to rule out obstructive anomalies (1-4,7). In our patient, the body and tail of the pancreas was diffusely enlarged with a central necrotic area. No obvious peripancreatic fluid was detected. After the first treatment course of AA regimen for acute pancreatitis treatment, all abnormal imaging findings were clearly resolved.

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