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OPINION ARTICLE

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Intestinal T-Cell Lymphoma: Its Symptoms and Treatment

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Description

A rare kind of non-Hodgkin lymphoma with rapid growth that develops in your small intestine is called intestinal T-cell lymphoma. It is known as a T-cell lymphoma because it arises from T cells, which are white blood cells.

Enteropathy Associated T-cell lymphoma (EATCL), EATCL-like lymphoma without enteropathy, and non-EATCL type lymphomas are the three categories of intestinal T cell lymphomas. Less than 5% of all lymphomas of the Gastrointestinal Tract (GIT) are EATCLs, a rare kind of T cell lymphoma that was initially characterized in 1978. Although it can happen anywhere in the GIT, including the colon and stomach, EATCL primarily affects the jejunum. Two distinct histological forms of EATCL have been identified. Eighty percent of cases correspond to the pleomorphic anaplastic EATCL, which includes big cells with a CD3+/CD4-/CD56+/-/CD8+/- but HLA- DQ2/DQ8 positive phenotype and is frequently linked to enteropathy and celiac disease. The third variation is the monomorphic small cell type of EATCL, which develops in the absence of a history of celiac disease, has a sporadic connection with enteropathy, is less frequently HLA-DQ2/DQ8 positive, and has tumour cells that exhibit the CD8 +/CD56+ phenotype. Type II EATCL occurs irregularly and is more prevalent in the Eastern Continents, despite the fact that histological classification is less significant for patient prognosis.

Two varieties of intestinal T-cell lymphoma exist

T-lymphoblastic lymphoma: About 1% of all lymphomas are caused by this condition. Males are impacted more frequently than females, and it most frequently affects teenagers or young adults. Depending on how much of the bone marrow is affected, it can either be categorized as a lymphoma or a specific variety of acute lymphoblastic lymphoma. The cancerous cells are very primitive T cell types.

T-cell lymphomas of the periphery: These rare varieties of lymphomas arise from T cells in their more advanced stages.

Cutaneous T-cell lymphomas- The skin is where these lymphomas develop. About 5% of all lymphomas are skin lymphomas.

Adult T-cell lymphoma- This lymphoma is brought on by HTLV-1 viral infection.

One in five cases of intestinal T-cell lymphoma is monomorphic Epitheliotropic Intestinal T-cell lymphoma (MEITL). It was once referred to as "EATL type 2." It is known as MEITL because it develops in the lining of your intestine, or intestinal "epithelium," and because the aberrant T cells all have the same appearance (they are "monomorphic").

Intestinal T-cell lymphoma symptoms

Bowel and stomach issues are the most typical signs and symptoms of intestinal T-cell lymphoma. You can experience: stomach (abdominal) pain, weight loss, bloody diarrhoea, exhaustion, and an itching rash.

• If you are not adequately absorbing food, you may not be obtaining enough nutrients. You may also get "B symptoms" (fevers, night sweats and unexplained weight loss). Very rarely, you may experience a bowel obstruction or a bowel rupture (also known as a perforated or ruptured intestine). This is a severe matter, because the symptoms are similar to those of many other bowel diseases, including celiac disease itself, intestinal T-cell lymphoma can be challenging to identify. On typical scans, the bowel may also be difficult to spot.

• An endoscopy is typically required to diagnose intestinal T-cell lymphoma. A little tube is put into your body through your mouth or bottom to examine your bowels during this procedure (anus). A small bowel biopsy can be performed by passing tools into the tube to collect samples of your small bowel for microscopic analysis. Additional endoscopic information

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can be found on the NHS website.

• Although intestinal T-cell lymphoma may exist in numerous locations throughout the small intestine, it often does not spread to other body areas. Although intestinal T-cell lymphoma is typically detected at an early stage (stage 1 or 2), many patients have severe illness.

Treatment of intestinal T-cell lymphoma

• Because most patients are already in very poor health when they receive a diagnosis of intestinal T-cell lymphoma, treatment can be challenging. It is also uncommon, which makes it challenging to identify the best remedies for a given situation. Together, bowel and lymphoma experts (hematologists or oncologists) and gastroenterologists develop individualized treatment plans for each patient with intestinal T-cell lymphoma.

• In clinical trials, a number of targeted medications are being investigated for intestinal T-cell lymphoma. Your doctor may urge you to participate in a clinical trial to test new therapies and determine the best course of action for intestinal T-cell lymphoma.

• Chemotherapy is probably going to be used to treat you if you don't want to participate in a clinical study or if none are available that are appropriate for you. The damaged intestinal segments may need to be surgically removed first.

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• Cyclophosphamide, Doxorubicin (or Hydroxydaunorubicin), Vincristine, and Prednisolone (CHOP) and Etoposide (CHEOP) are both chemotherapy drugs.