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Introduction

- Primary colonic lymphomas are exceedingly rare accounting for 1% of gastrointestinal lymphomas and 0.2-0.5% of all colorectal malignancies.
- Diffuse large B-cell lymphoma (DLBCL) is strongly associated with hepatitis B virus (HBV) with a prevalence of 30.2%, however, less is known about its impact on overall disease prognosis.
- We report a case of colonic DLBCL localized in a polyp in an HBV-infected patient.

Case Description

- A 50-year-old Asian female with history of untreated HBV infection presented for a screening colonoscopy.
- She was positive for hepatitis B e antigen (HBeAg) and hepatitis B surface antigen (HBsAg), and HBV DNA was 731 IU/ml.
- Colonoscopy revealed a single sessile 5 mm polyp in the descending colon that was completely resected using a hot polypectomy snare.
- Histopathological evaluation revealed the presence of atypical lymphoid cells with prominent nucleoli.
- Immunohistochemical analyses revealed lymphocytic cells positive for CD20, PAX5, CD79a, BCL2, MUM1, CD30, and negative for Cyclin D1, BCL6, CD10, ALK, and cMYC.

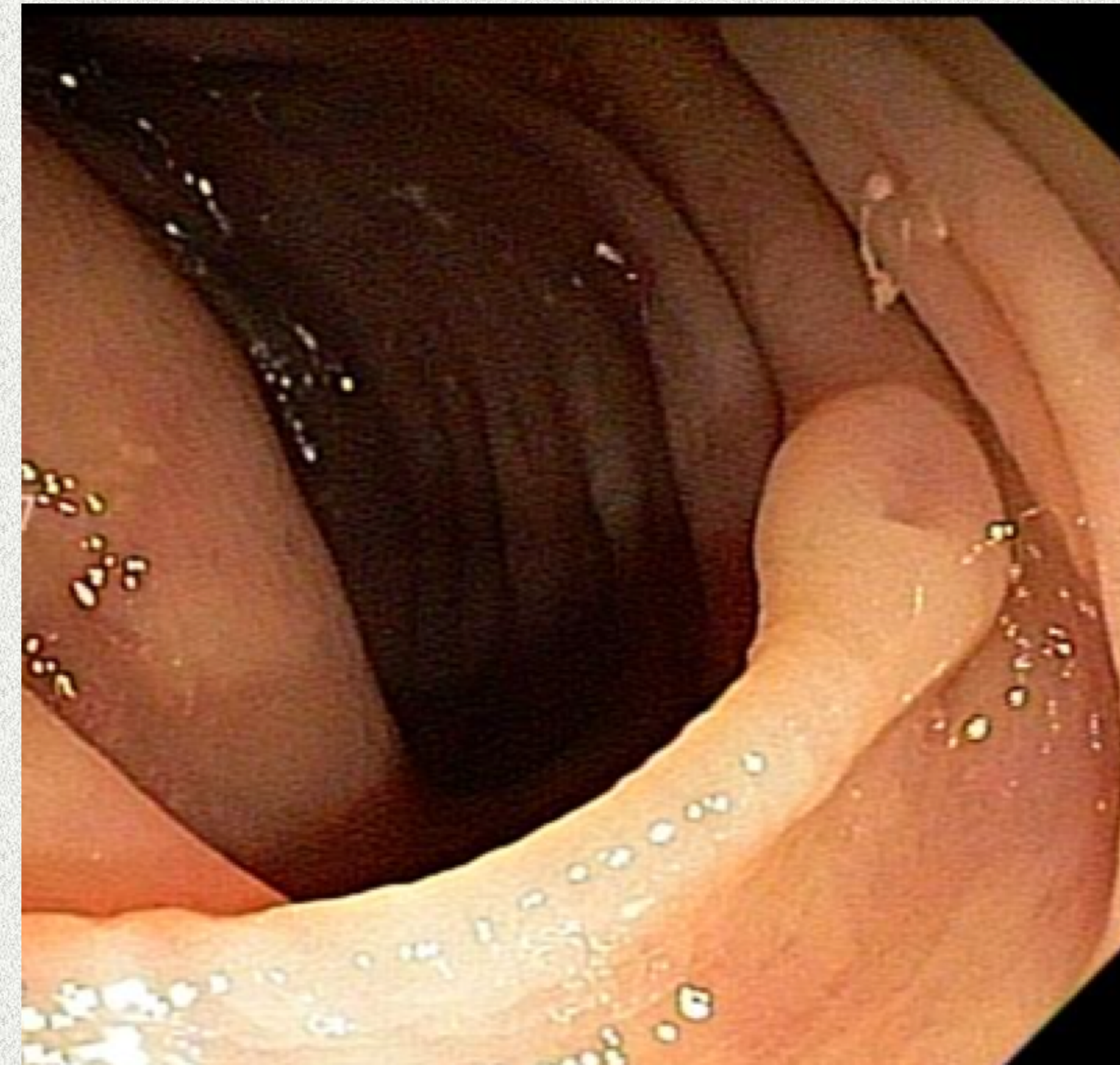


Figure 1. Endoscopic image showing a 5 mm sessile polyp in the descending colon.

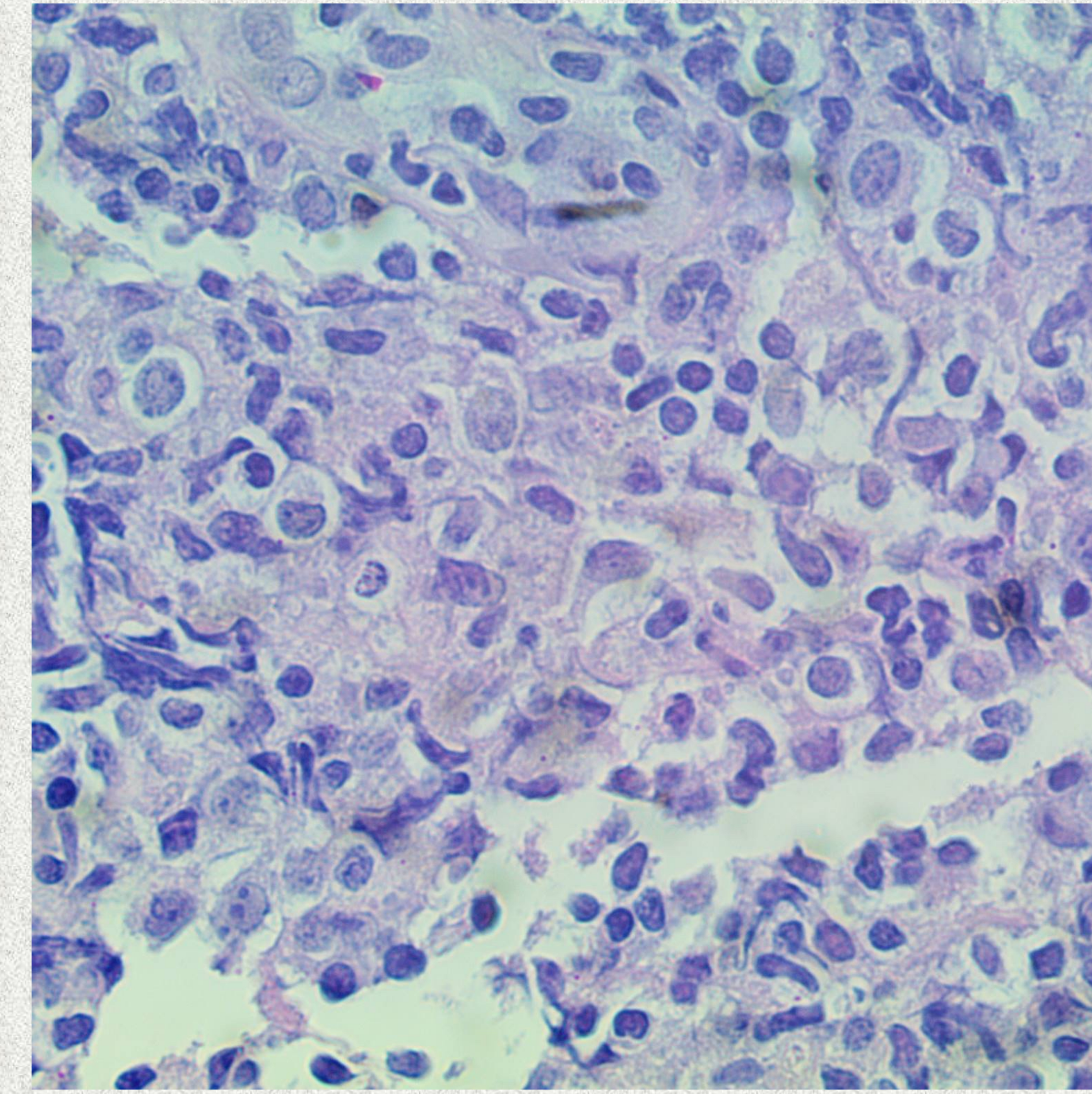


Figure 2. Large atypical lymphoid cells with pleomorphic nuclei, vesicular chromatin, and distinct central nucleoli (H&E, 400x magnification).

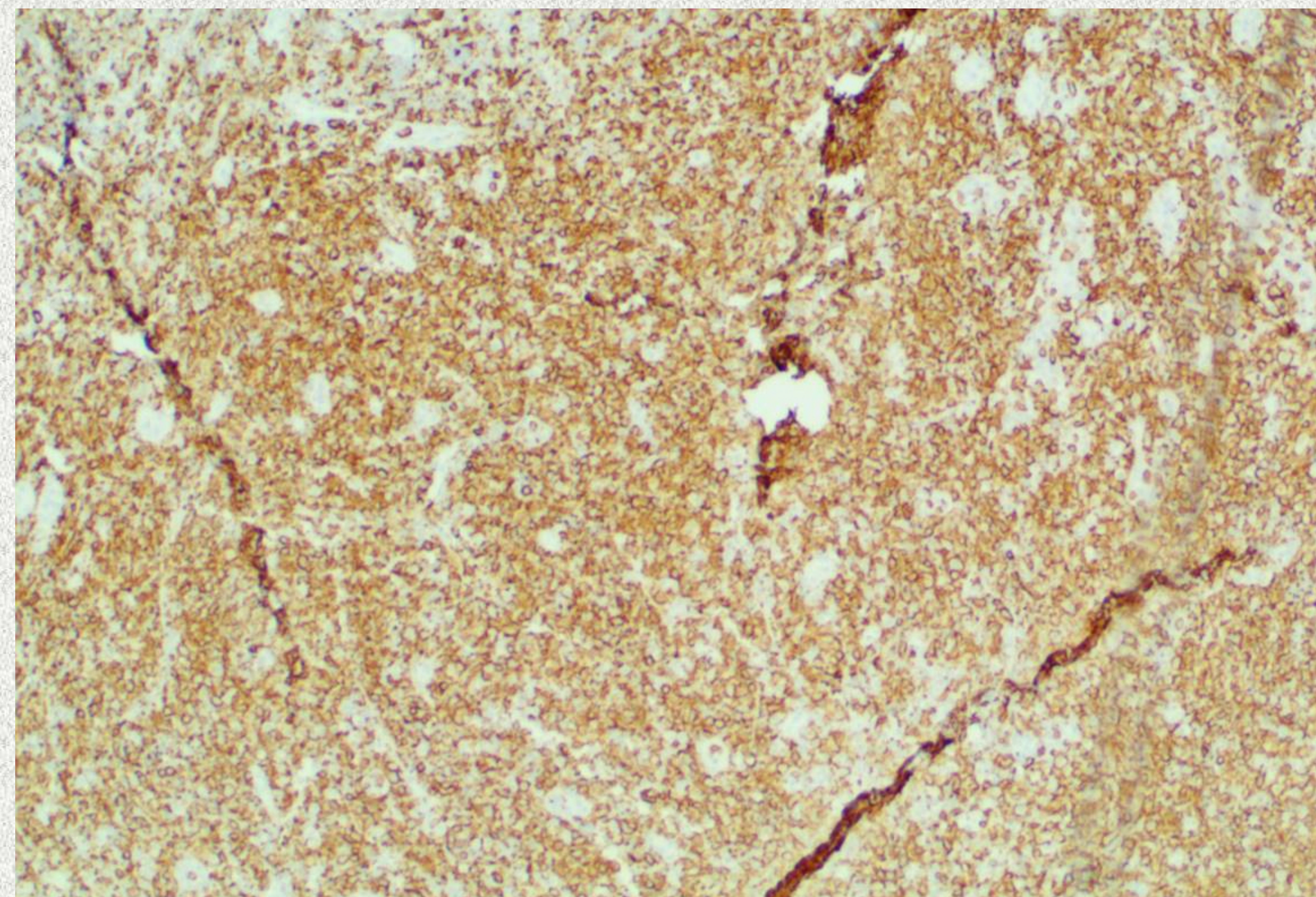


Figure 3. Atypical lymphoid cells staining positive for CD20 (40x magnification).

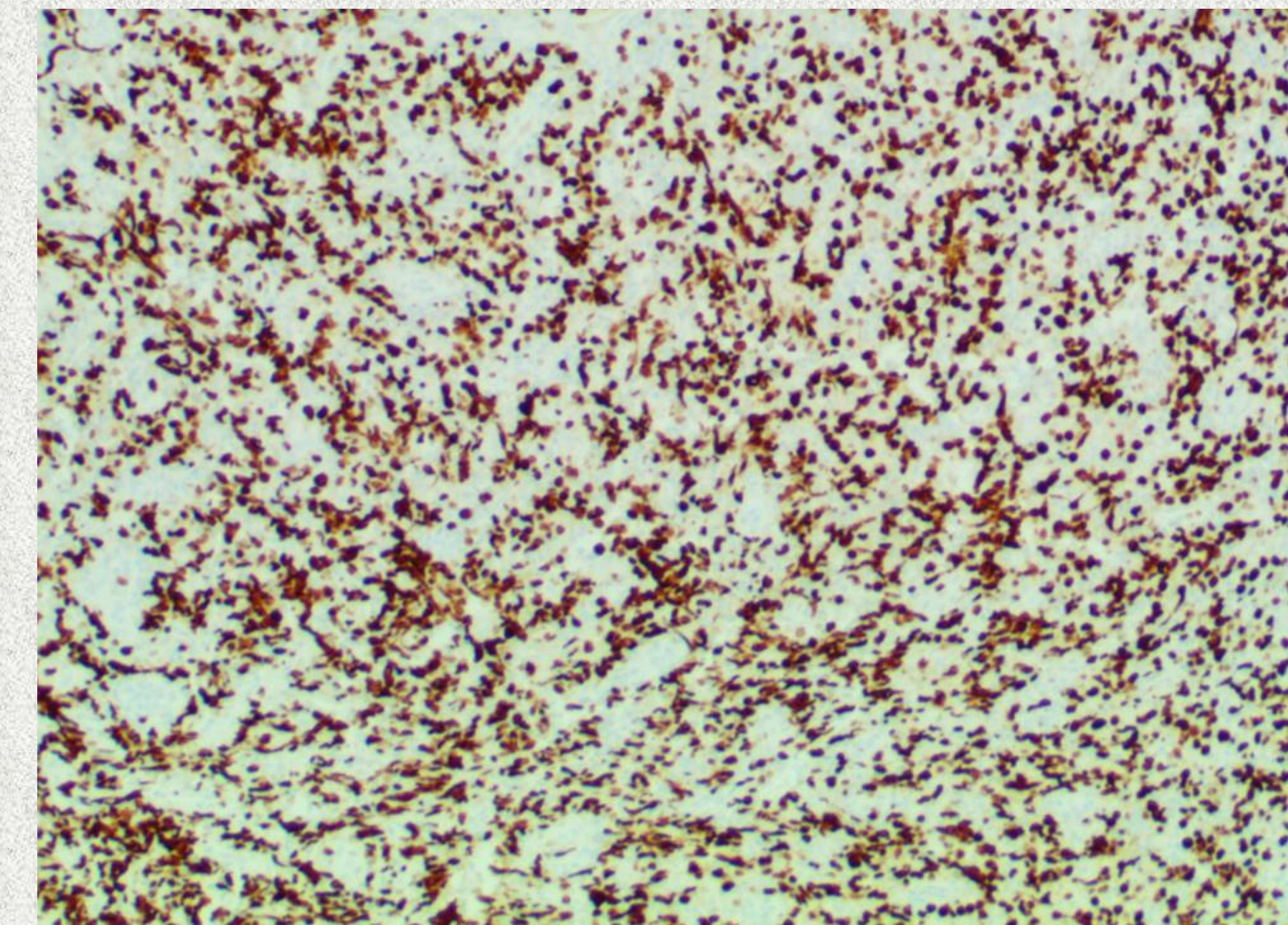


Figure 4. Atypical lymphoid cells staining positive for MUM1 (40x magnification).

- She was started on anti-HBV treatment with tenofovir 300 mg daily. A PET scan and bone marrow biopsy and aspirate were negative, consistent with diagnosis of stage I DLBCL.
- Patient declined chemotherapy. A repeat PET scan and colonoscopy two years later did not show any recurrent disease.

Discussion

- Gastrointestinal DLBCL is extremely rare accounting for 1.4% of Non-Hodgkin Lymphomas. It most commonly arises in the stomach, followed by the small intestine and colon.
- Primary colonic DLBCL usually presents as a fungating mass in the ileocecal region and rarely as a benign-appearing colonic polyp.
- It is plausible that concurrent HBV infection was associated with the unusual presentation of DLBCL in this asymptomatic patient

Conclusions

- This case reinforces the importance of a low threshold for endoscopic sampling of any mucosal abnormality during routine screening colonoscopy in HBV-positive patients.
- Complete endoscopic or surgical resection in an early-stage disease could be curative.
- Anti-HBV treatment, especially in HBeAg and HBsAg positive cases, may lead to improved outcomes.