

Localized Lymphoid Hyperplasia of the Colon Mimicking MALT-Lymphoma in a Patient With Ulcerative Colitis

N. Begum Ozturk, MD^{1,2}; Mehmet Akyuz, MS³; Mine Gulluoglu, MD⁴; Filiz Akyuz, MD¹

¹Istanbul University, Istanbul School of Medicine, Division of Gastroenterology and Hepatology, Istanbul, Turkey; ²Department of Internal Medicine, Beaumont Health, Royal Oak, MI, USA ³Yeditepe University School of Medicine;

⁴Istanbul University School of Medicine, Department of Pathology

Introduction

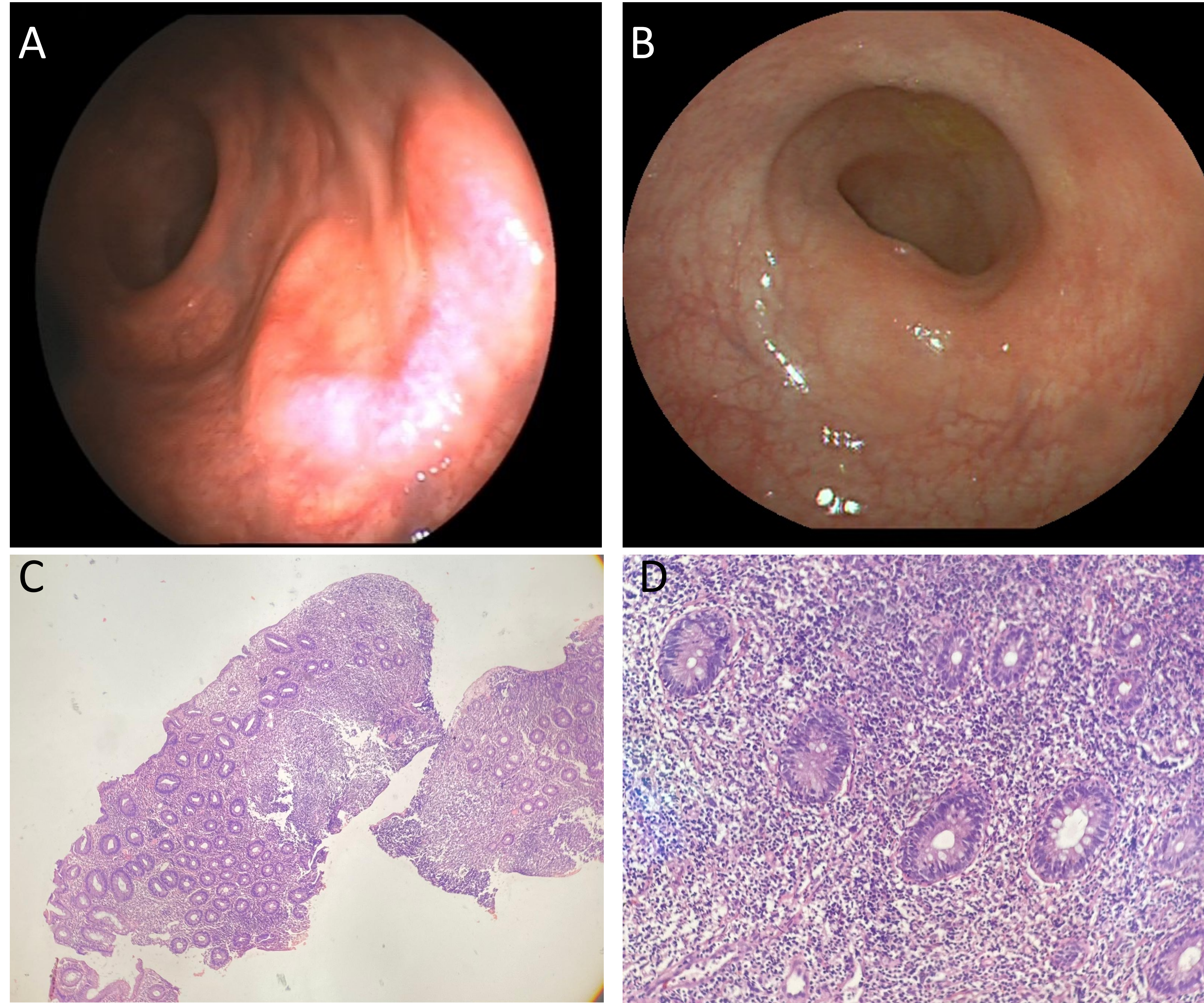
- Localized lymphoid hyperplasia (LLH) of the colon, also known as rectal tonsil, is a rare clinical entity.
- LLH can appear as a polyp of varying sizes, nodule, or a mass. Rectal bleeding is usually the most common presenting symptom of LLH.
- In most cases, LLH resolves without any intervention; however endoscopic differentiation from extra-nodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT) is challenging.
- We present a rare case of a patient with ulcerative colitis (UC) having a diagnosis of LLH of the rectum.

Clinical Presentation

- A 54-year-old male with a history of ulcerative colitis for six years was admitted to the hospital after an observation of abnormal metabolic activity in the rectum on a positron emission tomography/computed tomography (PET/CT) scan.
- He had a past medical history of squamous cell carcinoma of the lung, for which he underwent resection 16 years prior to his present admission. In his subsequent follow-ups, the present PET/CT scan was performed.
- His UC was under remission and he had no symptoms. His laboratory tests were unremarkable and CMV viral tests were negative.

Endoscopic and Histological Findings

Figure 1.



A: Horseshoe-shaped area with ulceration in the middle in rectum. **B:** Control rectoscopy showed no lesion. **C-D:** Hematoxylin-eosin staining of the lesion shows lymphoid nodular hyperplasia. 75-80% of the cells were B lymphocytes, and 20-25% were T lymphocytes. No crypt abscesses were seen.

Clinical Presentation-continued

- His medications included oral mesalamine 4 g/d. He never required steroids or any immunomodulatory therapy. A decision to perform a colonoscopy was made.
- A horseshoe-shaped area with ulceration in the middle was observed in the rectum (Image 1, A). Multiple biopsies were taken.
- Histopathological analysis revealed superficial mucosal fragments of lymphoid hyperplasia between lamina propria and submucosa. Cytokeratin AE1/AE3 immunostaining was negative, and dysplasia was not present. The patient was diagnosed with LLH of the rectum. (Image 1, C-D).
- A control colonoscopy was scheduled for three months later, and the regression of the lesion was observed (Image 1, B).

Conclusions

- Despite rectal bleeding being the most common presentation of LLH, patients can be asymptomatic, as seen in our case. LLH is usually considered a benign lesion, however some reports suggest its association with MALT-lymphoma.
- Histopathological analysis is essential to exclude a malignant process, and to make the correct diagnosis.