Screening Colonoscopy Went Wrong: Follicular Lymphoma Presenting as Splenic Flexure Polyp; A Case Report.

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Background

- Follicular lymphoma (FL) is a subtype of non-Hodgkin lymphoma (NHL) emerging from the germinal focus of B cells
- NHL usually arises in LNs and affects the liver, spleen, & bone marrow
- The three most prevalent subtypes of (FLs) are mucosa-associated lymphoid tissue (MALT) lymphoma, extra-nodal marginal zone lymphoma, and diffuse large B-cell lymphoma, which accounts for approximately 40% of FLs outside lymph nodes
- FL of the gastrointestinal tract is rare and accounts for less than 7% of all cases. Colorectal ones account for 1-2% of the cases.

Case Description/Methods

A 75-year-old female with no significant PMH underwent first screening colonoscopy

- Colonoscopy showed a flat irregular polyp near splenic flexure measuring 20 x 40 mm [Fig 1]
- Biopsy showed follicular lymphoma grade I, CD20 (lymphocyte positivity), BCL-2 (bright), CD10 (B cell positivity), CD21 (markedly expanded and disrupted follicular dendritic mesh works), & Ki-67 staining with low proliferation index (10-20%) in lymphoma cells, with high proliferation index (>90%) in the residual reactive germinal centers [Fig 2]
- Next generation sequencing cell free DNA (NGS) were negative for clinically significant variants
- The patient underwent PET/CT scan to estimate further lymphoma involvement, and imaging revealed no evidence of FL elsewhere in the body, nor increased colonic uptake
- Given the patient's resected lesion, no further chemotherapy is warranted at this time
- Underwent surveillance colonoscopy 6 wks later and post-polypectomy scars were biopsied (negative for residual adenomatous changes)
- Active surveillance with colonoscopy will be performed in 1 yr & PET scan q6months was recommended

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Results

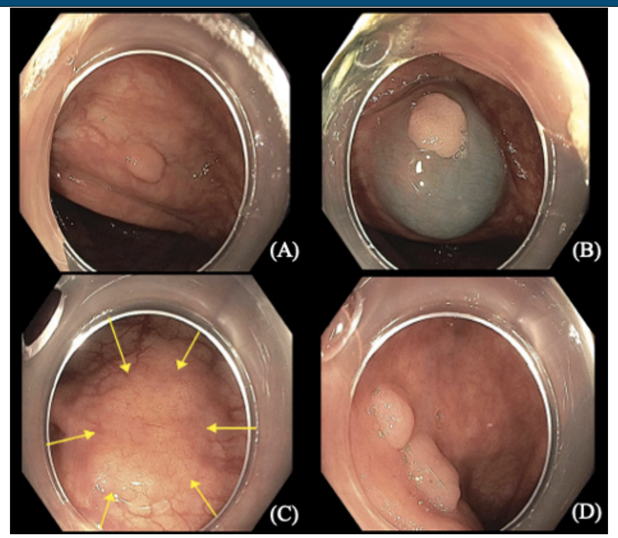

Fig 1. Colonoscopy A-B-D. Sessile polyps in proximal transverse colon & rectum. C. Flat irregular polyp near colonic splenic flexure (20x40 mm)

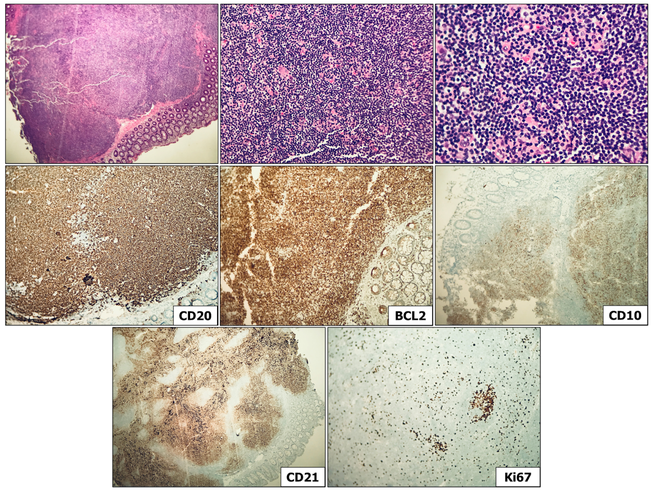

Fig 2. Distal transverse colon polyp, consistent with grade 1 FL

Results (continued)

Antibody Test	Results
CD20	Most of the lymphocytes are positive
CD3	Scattered small reactive T-lymphocytes, predominantly at the periphery of B-cell nodules
CD5	B-cells negative
CD10	B-cells positive
BCL-2	Positive
BCL-6	Many cells faintly positive
CD43	Weakly positive to negative
Cyclin D1	Negative
CD21	FDC and many B-cells positive

Table 1. Antibody Staining

Discussion

- Pathophysiology of gastrointestinal FL includes clonal B-cell rearrangement as well as mutations in genes that modify chromatin (including CREBBP and KMT2D) [1]
- In our case, tissue was positive for expression of CD-20, CD-3, CD-10, BCL-2, BCL-6 (faintly positive), CD-21, and CD-35, with negative CD-5 and cyclin D1, consistent with the common histological findings from similar patients with colonic FL [2-5]
- For patients with a low-tumor burden primary follicular lymphoma presenting without symptoms, there is relatively limited data regarding whether patients benefit from rituximab therapy versus observation [6]
- In our case, our patient underwent complete resection of distal transverse polyp, with negative extra nodal disease on PET/CT, she will benefit from observation at this time
- Per NCCN guidelines, surveillance imaging is recommended ~q6mos for the first 2 years following diagnosis, followed by annually 2 years following diagnosis

Acknowledgements

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