Mantle Cell Lymphoma of the Cecum in an Asymptomatic Patient

Diana Lei S. Dy, RN, BSN[1,2] Michael Zimmerman, MD[2]

[1]St. George's University School of Medicine; [2]Digestive Disease Specialists, Las Vegas NV

Introduction

Mantle cell lymphoma is a rare B-cell non-Hodgkin's lymphoma due to (11;14) chromosomal translocation of cyclin D1 (11) and heavy chain Ig (14).

Presentation

We present a 73-year-old woman with a history of hypertension who presented for a surveillance colonoscopy. She had a tubular adenoma removed five years prior and presented without any overt gastrointestinal symptoms or weight loss.

On colonoscopy a large mass lesion was noted, and biopsies confirmed that it was a malignant B-cell lymphoma, mantle cell type.

Clinical Evaluation

Immunohistochemical staining showed atypical lymphoid infiltrate CD20+, PAX-5+ and diffusely positive for CD5, CD43, cyclin-D1 and BCL-2 and negative for CD3, CD10, pankeratin and BCL-6, with a proliferation index of 35%.

A CT showed a large mass involving the cecum, ileocecal valve and terminal ileum as well as large right lower quadrant, periportal and gastrohepatic lymphadenopathy.

Treatment

Oncology service initiated chemotherapy with R CHOP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine and Prednisone) and after 3 cycles, a repeat PET/CT showed resolution of the cecal mass and all previously noted lymphadenopathy.

The patient has remained asymptomatic throughout the process and continues to be clinically stable 16 months after the initial diagnosis.

Conclusion

Mantle cell lymphoma generally has a poor prognosis and typically does not present as an isolated cecal mass without evidence of other colonic involvement. The fact that this was an incidental finding in an asymptomatic patient with apparent total resolution of the lymphoma makes it a rare case presentation.