Waldenstrom Macroglobulinemia: A Malignant Mimicker of IBD

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INTRODUCTION

- Waldenstrom macroglobulinemia (WM) is a lymphoplasmacytic lymphoma in the bone marrow with IgM gammopathy in the blood.
- Annually ~1400 cases diagnosed in the US, with typical presentation of B symptoms, fatigue, neuropathy, and mucosal bleeding.[1]
- We describe a case of WM presenting as bloody diarrhea, mimicking inflammatory bowel disease (IBD).

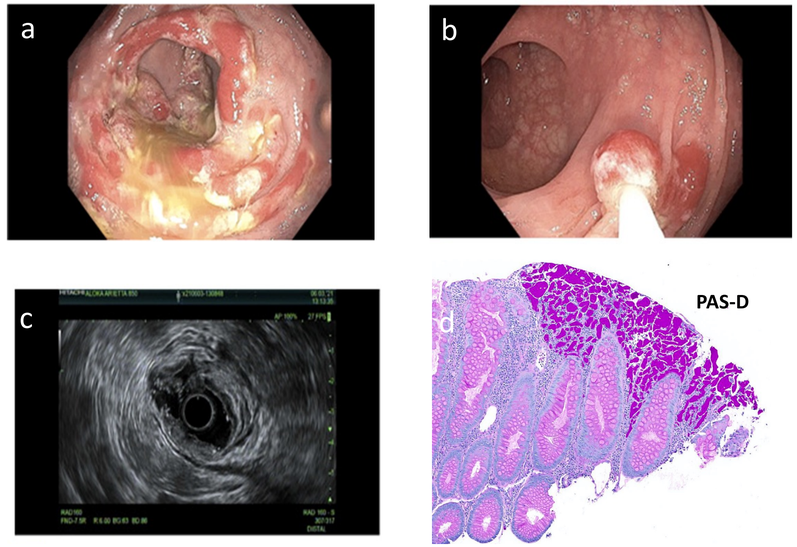


Image 1. Colonoscopy and EUS of rectosigmoid colon, with PAS-D+ pathology staining.

a) Colonoscopy with moderate stenosis, edema and exudate.

b) 10 to 16 mm sessile polyps in recto-sigmoid colon.

c) Lower EUS with circumferential wall thickening of the rectum. No infiltrative subepithelial mass.

d) Intestinal pathology with PAS-D positive staining.

CASE DESCRIPTION

56 year old man with depression, anxiety, and fibromyalgia presented with 6 months of diarrhea with mucous and rectal bleeding

Initial Eval
- EGD/Colonoscopy: *Helicobacter pylori* gastritis, proctitis, & inflammatory polyps

Initial Treatment + Diagnosis
- Rectal mesalamine: symptoms worsened. weight loss, night sweats
- Budesonide oral and foam: bleeding resolves, diarrhea continues despite rifaximin
- **Diagnosis: irritable bowel syndrome**

2 Years Later
- Daily bowel movements with mucous & rectal bleeding
- Fecal incontinence, tenesmus, rectal & abdominal pain
- Myalgia, arthralgia, paresthesia, fatigue, & chills with elevated ESR

New Differential
1. **Ulcerative proctitis, inflammatory bowel disease**
2. Fibromyalgia

New Workup
- Colonoscopy: 3 cm mass at 1-4 cm from anal verge palpated on digital rectal exam, recto-sigmoid mass with ulcer and stenosis (1a), inflammatory polyps (1b)
- EUS: rectal wall thickening (1c).

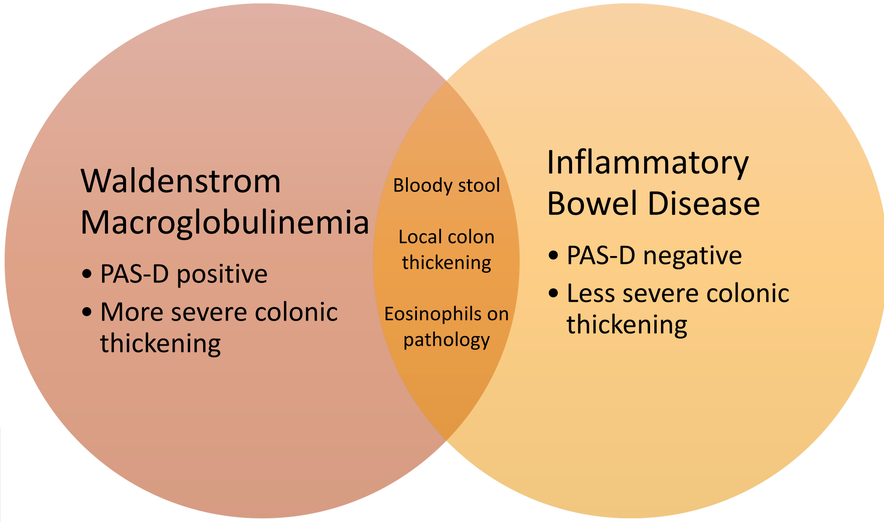
Diagnosis
- **Rectal biopsy**: eosinophilic proteinaceous material positive for PAS-D, negative for fibrosis and amyloid and concerning for malignancy (1d)
- **Hematology immunofixation**: faint monoclonal IgM-lambda
- **Bone marrow biopsy**: lymphoplasmacytic lymphoma, Waldenstrom macroglobulinemia

Treatment
- Patient's GI symptoms improved on bendamustine with rituximab
- Alternative treatment: bruton tyrosine kinase inhibitors

TAKE HOME POINTS

Waldenstrom macroglobulinemia rarely involves the GI tract
- Presents in small bowel > colon/rectum (3% of cases)
- IgM deposition can cause severe malabsorption, steatorrhea, obstructive symptoms, or GI bleeding.[2]

<u>WM and IBD can have similar clinical presentations</u>



Raised lesions should prompt investigation for malignant processes, despite surrounding inflammatory changes.

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