

Unusual Presentation of Marginal Zone Low Grade B Cell Lymphoma With Extranodal Involvement as a Large Rectal Mass

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ABSTRACT

- Mucosa associated lymphoid tissue subtype of Marginal Zone Low Grade B cell Lymphomas is most commonly found in the stomach.
- Rectal involvement is a very uncommon presentation
- Endoscopic ultrasound (EUS) with Fine Needle Biopsy (FNB) was successfully utilized to confirm diagnosis and expedite our patient's treatment course

INTRODUCTION

- Marginal zone low grade B cell lymphoma is a type of Non-Hodgkins lymphoma. A subtype of marginal zone B cell lymphoma is known as extra-nodal marginal zone lymphoma (MZL) of mucosa-associated lymphoid tissue (MALT Lymphoma).
- These commonly occur in the gastrointestinal tract, with more than half of all cases occurring in the stomach and less commonly the small intestine. Rectal involvement is exceedingly rare.
- Given that MZL rarely presents in the rectum, there is no consensus on treatment guidelines. There is also minimal literature on treatment options for a MZL rectal mass of a substantial size
- We present an atypical presentation of a large (greater than 10 centimeter cm) marginal zone lymphoma involving the rectum who presented with alternating constipation and incontinence.

CASE REPORT

- **Presentation:** 73 year old female with a known history of untreated non-Hodgkins lymphoma presented with a 3 month history of constipation and fecal incontinence.
- **Imaging:** Computed tomography (CT) scan of the abdomen and pelvis with contrast performed at an outside facility showed an 8 cm abnormal soft tissue mass in the pre-sacral space, causing bowel obstruction at the level of the rectum and anus. The patient also had magnetic resonance imaging of the pelvis, which showed a large lobulated mass in the pre-sacral space with suspicion for submucosal origin.
- **Colonoscopy Findings:** A large subepithelial lesion in the posterior wall of the distal rectum extending up to the dentate line.
- **Procedures :** Lower EUS with FNB was performed which showed a greater than 10 cm large lobulated hypoechoic mass in continuity with the posterior wall of the mid and distal rectum, extending into the anal sphincter.

- **Pathology:** Pathology revealed a low grade B-cell lymphoma with a pattern consistent with marginal zone lymphoma. A bone marrow biopsy was consistent with marginal zone lymphoma.
- **Outcome:** The patient was started on systemic chemotherapy

IMAGES

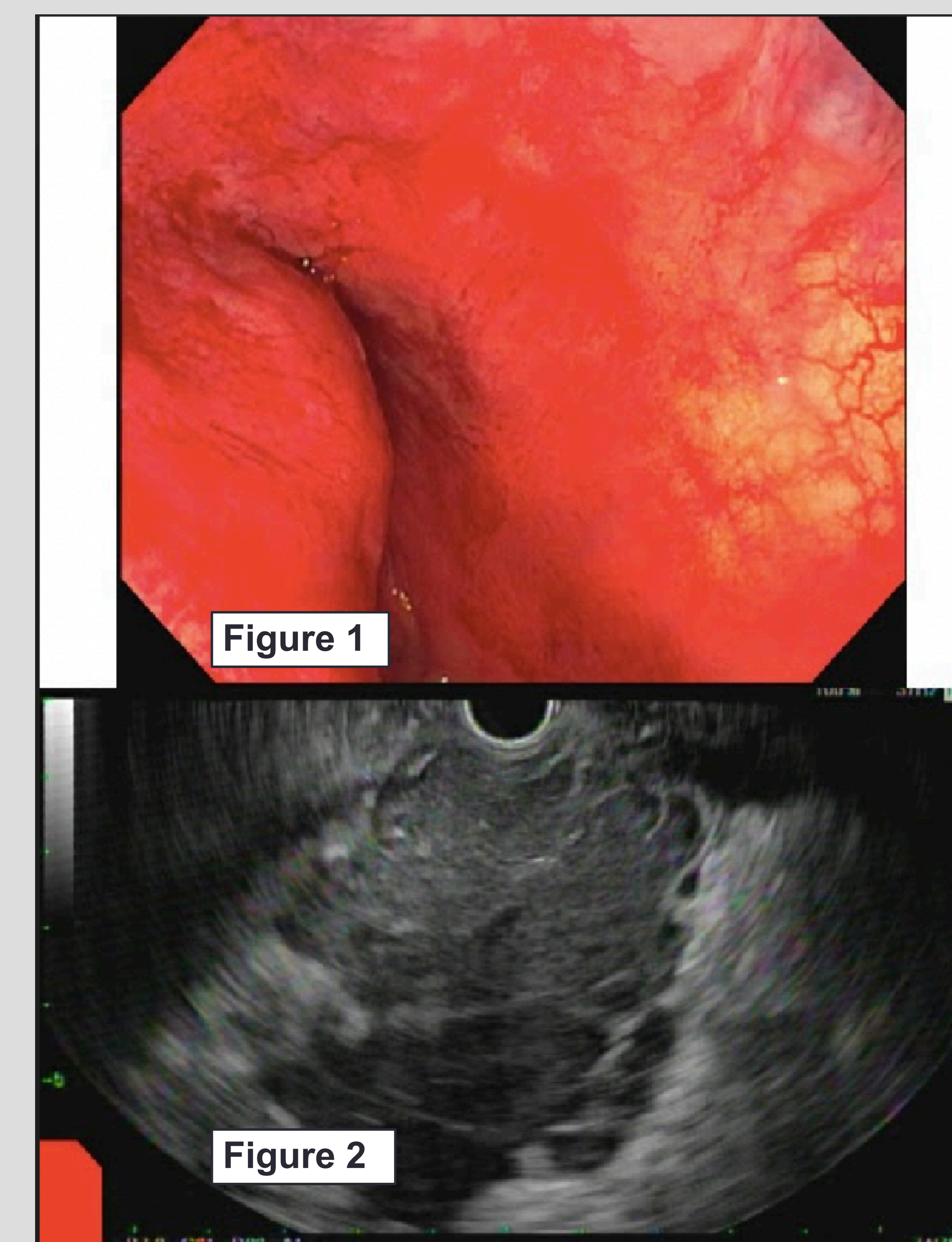


Figure 1: EUS demonstrating a 10 cm lobulated hypo-echoic mass in continuity with the posterior wall of the mid and distal rectum extending into the anal sphincter.

Figure 2: EUS demonstrating a large sub-epithelial lesion in the posterior wall of the distal rectum extending up to the dentate line.

DISCUSSION

- The most common site of extranodal marginal zone lymphomas/mucosal associated lymphoid tissue (MALT) lymphoma is in the stomach. Rectal involvement is quite rare.
- EUS with FNB can be successfully utilized to expediate diagnosis.
- There is no uniform consent on treatment given the extreme rarity of involvement.