A Case of Colorectal MALToma

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Introduction

Non-Hodgkin lymphoma (NHL) is classified as nodal and extranodal. Extranodal lymphoma frequently involves the stomach and is associated with H. Pylori infection. Colonic involvement, however, is rare.
We present a case of MALT lymphoma (MALToma) that was found incidentally on colonoscopy.

Case Presentation

- A 73-year-old male with a history of diabetes presenting for surveillance colonoscopy was found to have patchy area of inflammation and ulceration localized to the rectosigmoid colon
- Biopsies demonstrated prominent lymphoid aggregates with inconclusive flow cytometry
- He was referred to oncology, who recommended further sampling. He underwent repeat colonoscopy five months later which demonstrated a 3 cm polyp in the cecum in addition to multiple segmental aphthae (uniform punctate lesions with surrounding erythema and central pallor) stretching from the distal sigmoid colon to the rectum (Figure A).
- Pathology of the polyp demonstrated several lymphoid aggregates and rectosigmoid biopsies demonstrated prominent lymphoid aggregates that were positive for CD20, CD79a, BCL-2
- Findings overall were consistent with extranodal marginal zone lymphoma
- PET scan demonstrated diffuse lymphadenopathy, splenomegaly, and intense hypermetabolic activity throughout the colon. Stool studies were not obtained
- The patient was recommended for chemotherapy with weekly rituximab which has been well tolerated to date

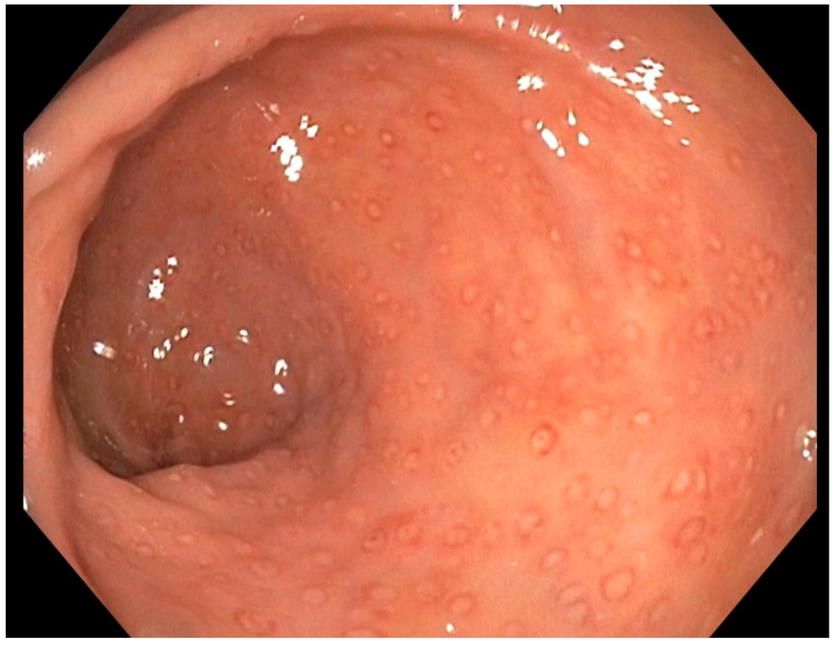

Figure A: multiple segmental aphthae visualized on colonoscopy

Discussion

Colorectal lymphoma is a rare occurrence and represents less than 1% of all colorectal malignancies.[1] Furthermore MALTomas present as primary colonic lymphomas in only 2.5% of cases.[2] MALTomas predominate in men aged 50-70 years old and are associated with chronic immunosuppression and H. pylori infection when found in the stomach, although this does not necessarily hold true when found in the colon.[1,2] Patients can present with symptoms of abdominal pain, obstruction, or GI bleeding. Endoscopic appearance of MALTomas is not well defined and can range from a single polypoid lesion to ulcerated mucosa or erosions.[2,3] A combination of surgery, chemotherapy, and radiation is available for treatment of advanced disease.

Conclusion

Primary colonic lymphoma is rare and there are only a few cases reported in the literature
Although rare, it is important to keep NHL in the differential when colorectal cancer is suspected

References

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