

Giant atypical lymphoid hyperplasia of the colon



Fig. 1 Double-contrast barium study disclosed a mass of approximately 2 × 3 cm (arrow) in the ascending colon.

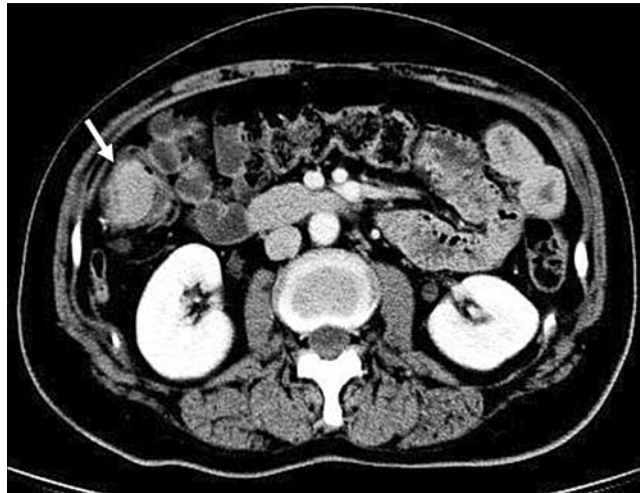


Fig. 2 Abdominal computed tomography (CT) showed one mass (arrow) in the ascending colon.

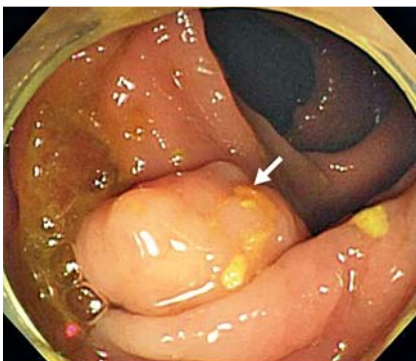


Fig. 3 Colonoscopy revealed one polypoid mass (arrow) in the ascending colon.

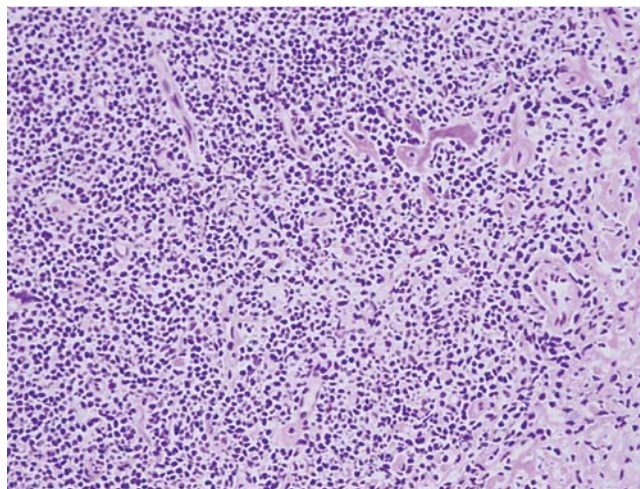


Fig. 4 Histopathological examination showed proliferation and aggregation of many atypical lymphoid cells, consistent with atypical lymphoid hyperplasia (hematoxylin and eosin [H&E]; × 400).

A 57-year-old woman with a history of acute myelogenous leukemia had received chemotherapy. Thereafter, she was relatively stable with complete remission. After 8 years, the woman visited hospital for evaluation of intermittent abdominal fullness. Both physical examinations and laboratory studies were unremarkable. Double-contrast barium study and abdominal computed tomography disclosed a single mass of about 2 × 3 cm in the ascending colon (► **Figs. 1** and **2**). Colonoscopy confirmed a single polypoid mass in the ascending colon (► **Fig. 3**).

Endoscopic mucosal resection was accordingly performed. Histopathological examination showed proliferation and aggregation of many atypical lymphoid cells, consistent with atypical lymphoid hyperplasia (► **Fig. 4**).

The woman underwent colonoscopy 3 months later, which revealed that the mucosa of the lesion site had healed well. Atypical lymphoid hyperplasia is a condition usually related to an underlying immune dysregulation, or a reactive change to various inciting antigens or irritating stimuli [1–4]. To our knowledge, this is

the first reported case of polyp-like atypical lymphoid hyperplasia in the colon; this may be considered a pre-lymphomatous state, and close follow-up is recommended [4,5].

Competing interests: None

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