Recurrent mantle cell lymphoma presenting as a solitary rectal mass

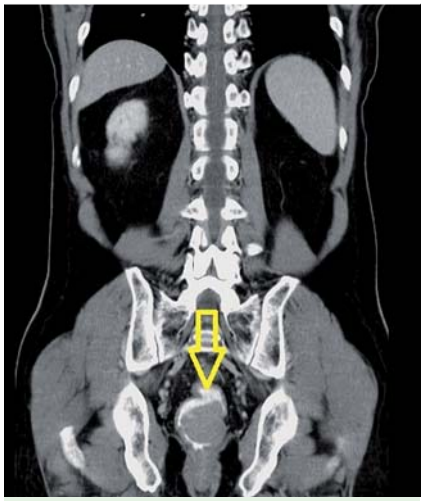

Fig. 1 Computed tomography (CT) scan (coronal section) showing a 4-cm intraluminal polypoid mass (arrow) at the left rectal wall, near the anorectal junction.

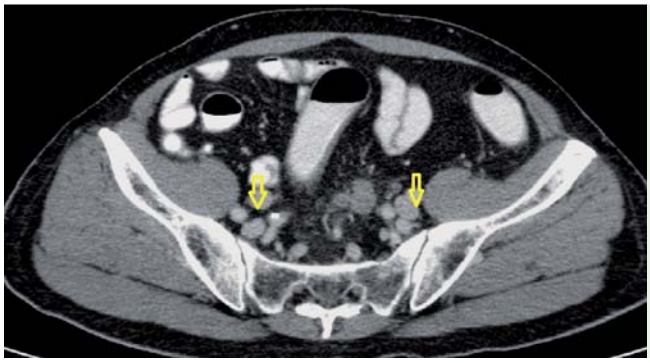

Fig. 2 Computed tomography (CT) scan (axial section) showing several enlarged lymph nodes (arrows) along the presacral space.

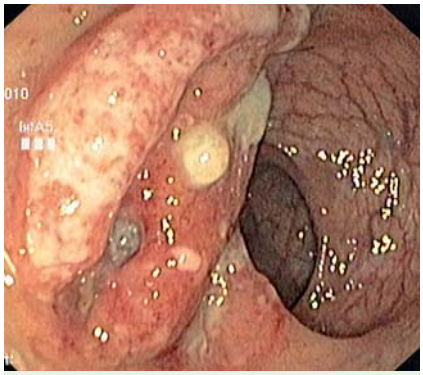

Fig. 3 A central ulcerative mass, 4 cm in diameter, at the posterior wall of rectum, at 3 cm from the anal verge, demonstrating contact bleeding.

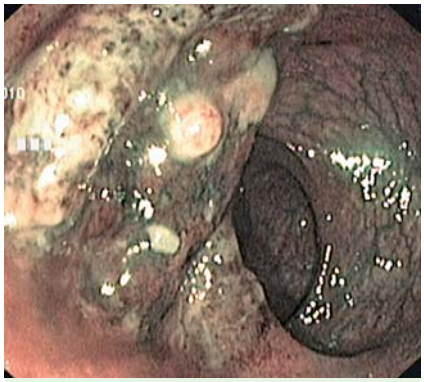

Fig. 4 Narrow-band images demonstrating loss of rectal glandular structure with increased numbers of abnormal blood vessels.

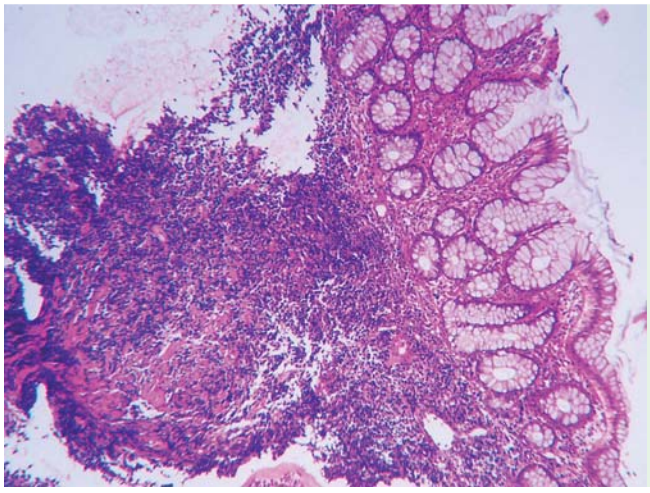

Fig. 5 Abnormal dense lymphoid infiltration in the lamina propria. There was no proliferation in the center or lymphoepithelial lesion (hematoxylin and eosin stain).

A 62-year-old man had been passing small stool for 2 months. He had been diagnosed as having mantle cell lymphoma of the spleen 8 years ago, and complete remission was achieved after chemotherapy. A computed tomography (CT) scan of the abdomen, taken to evaluate the intra-abdominal lymph nodes, revealed a rectal mass with perilesional lymphadenopathy, A primary rectal cancer was suspected (**Fig. 1**, **2**). Colonoscopy revealed an ulcerative rectal mass with loss of rectal glandular structure confirmed with narrow-band imaging (**Fig. 3**, **4**). Histological examination of the biopsy specimens showed numerous lymphocytic infiltrations (**Fig. 5**, **6**), which were positive for cyclin D1 for B cells. Recurrent mantle cell lymphoma was diagnosed and the patient was treated with rituximab-based chemotherapy.

A large solitary ulcerative rectal mass is a typical presentation of primary rectal cancer. Intestinal involvement of mantle cell lymphoma, in contrast, typically presents with multiple lymphomatous polyposis [1,2]. The stomach is the favored location [2]. Rates of involvement as documented in previous endoscopy reports are: esophagus 6%, stomach 74%, duodenum 34%, ileum 48%, cecum 14%, colon 57%, and rectum 48% [4]. Intestinal lesions of mantle cell lymphoma presented as multiple lesions in nearly 80%, whereas a protruding mass was found in 18% [2]. Narrow-band imaging of mantle cell lymphoma of the stomach has revealed loss of normal glandular structure and tree-like appearance of abnormal blood vessels [3]. The present rectal mantle lymphoma showed hypervascularity of the mucosa with loss of standard rectal glandular structure. Immunohistochemical staining provides a definite diagnosis, and infiltrates of small, atypical lymphocyte-like cells, which stain positive with pan B-cell marker, T-cell CD5, and cyclin D1, are

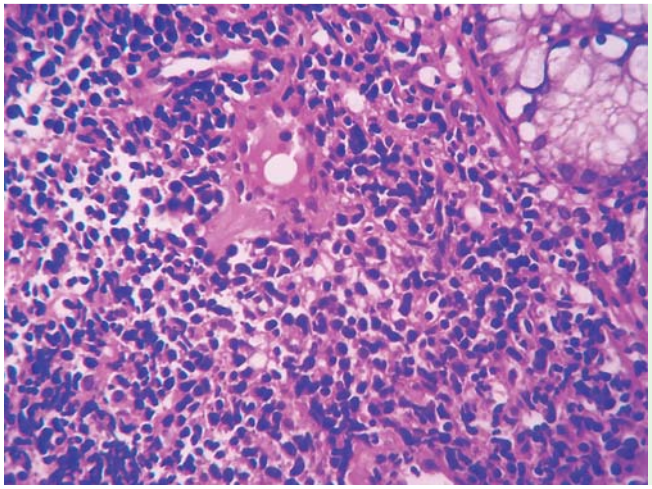

Fig. 6 Small to medium sized lymphoid cells with hyperchromatic irregular nuclei and some scattered plasma cells. Note that the normal glandular structures have been destroyed.

characteristic of the disease. Typically the disease is aggressive and the median survival is 3–5 years despite aggressive chemotherapy [4].

Endoscopy_UCTN_Code_CCL_1AD_2AC

Competing interests: None

S. Chittmittraprap[1], T. Intragumtornchai[2], N. Wisedopas[3], R. Rerknimitr[1]

[1] Division of Gastroenterology, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

[2] Division of Hematology, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

[3] Department of Pathology, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

References

1 *Rashid S, Pervez S, Khan MM et al.* Mantle cell lymphoma presenting as solitary polypoid colonic lesions. Indian J Gastroenterol 2001; 20: 74–76

2 *Iwamuro M, Okada H, Kawahara Y et al.* Endoscopic features and prognoses of mantle cell lymphoma with gastrointestinal involvement. World J Gastroenterol 2010; 16: 4661–4669

3 *Nonaka K, Ishikawa K, Arai S et al.* Magnifying endoscopic observation of mantle cell lymphoma in the stomach using the narrow-band imaging system. Endoscopy 2010; 42 (Suppl. 2): E94–E95

4 *Ruskoné-Fourmestraux A, Delmer A, Lavergne A et al.* Multiple lymphomatous polyposis of the gastrointestinal tract: prospective clinicopathologic study of 31 cases. Groupe D' étude des Lymphomes Digestifs. Gastroenterology 1997; 112: 7–16

Bibliography

DOI 10.1055/s-0030-1256418
Endoscopy 2011; 43: E284–E285

ISSN 0013-726X

Corresponding author

R. Rerknimitr
Division of Gastroenterology
Department of Internal Medicine
Faculty of Medicine
Chulalongkorn University
Bangkok 10310
Thailand
Fax: +66-2-252-7839
rungsun@pol.net