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

Compared with other types of lymphoma, MCL presents an aggressive course with frequent recurrence and a poor outcome [5]. Hence, multiple episodes of chemotherapy are required to control the disease, and repeated mucosal bleeding is common, especially when the lesions are in the upper gastrointestinal tract. The extent of the disease is also a key factor in determining the outcome of MCL patients. Endoscopy is a useful tool for evaluating the extent of the disease, assessing the effectiveness of the chemotherapy, and monitoring for recurrence. A thorough examination of the gastrointestinal tract can help identify lesions that may require additional treatment. Ulcerative colitis and acute inflammation of the gastrointestinal tract are associated with episodes of bleeding.

**References**


**Bibliography**

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**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