Rectal tonsil associated with Epstein–Barr virus

Reactive polypoid proliferation of lymphoid tissue has been described along the gastrointestinal tract [1]. Endoscopically, when a non-lymphomatous lymphoid reaction resembling tonsillar tissue is present in the rectum, the polyp is named as “rectal tonsil”. Few cases have been reported in the literature [1, 2], and the etiology of this rare condition is unknown [3 – 5]. Here we describe the case of a 58-year-old man referred to our center with a 6-month history of fresh bleeding from the rectum. A colonoscopy was performed and a delineated round, reddish, nodular aggregate measuring 4 × 3 × 3 cm was found (Fig. 1). A polypectomy was performed (Fig. 2), and histological examination (Fig. 3) revealed infiltration of mucosa, submucosa, and lamina propria of the colon by numerous lymphoid follicles. Immunohistochemical markers were positive for CD20+(B cells), and intraepithelial lymphocytes were positive for CD3+(T cells). Epstein–Barr virus encoded RNA in situ hybridization was positive (Fig. 3f).

At 1- and 6-month follow-up, there was no recurrence of the lesion in the rectum. This case represents the first case of rectal tonsil associated with Epstein–Barr virus infection.

Competing interests: None

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1310140
Endoscopy 2012; 44: E388–E389
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
J. M. Remes-Troche, MD
Laboratorio de Fisiología Digestiva y Motilidad Gastrointestinal
Instituto de Investigaciones Médico-Biológicas
Universidad Veracruzana
Veracruz
México
Fax: +52-229-2021231
jose.remes.troche@gmail.com

P. Grube-Pagola¹, A. Canales-Kay², A. Meixueiro-Daza³, J. M. Remes-Troche³
¹ Laboratorio de Patología Digestiva, Veracruz, México
² Colorectal Surgery Private Practice, Veracruz, México
³ Laboratorio de Fisiología Digestiva y Motilidad Gastrointestinal, Instituto de Investigaciones Médico-Biológicas, Universidad Veracruzana, Veracruz, México

Fig. 1 a Colonoscopy revealed a well-delineated, round, reddish, nodular aggregate measuring 4 × 3 × 3 cm, with follicles resembling the tonsils. b High definition colonoscopy using a digital filter (i-Scan 2, Pentax) emphasized the nodular component of the lesion.

Fig. 2 a Macroscopic aspect of nodular aggregate with follicles. b Histological view of nodular and diffuse aspect using hematoxylin and eosin (H&E) stain. c Macroscopic histological view using CD45 immunoreaction.

Fig. 3 see following page.
Fig. 3  a Residual colonic crypts; hematoxylin and eosin (H&E) stain, × 200. b Reactive lymphocytes and isolated immunoblasts (H&E stain, × 800). c Binucleate reactive Reed–Sternberg-like cells (H&E stain, × 800). d Positive CD20 immunoreaction. e Positive CD3 immunoreaction. f Epstein–Barr virus-encoded RNA was positive (in situ hybridization for Epstein–Barr virus).