REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Title:
Mantle cell lymphoma of the cecum

Authors:
Gonçalo Nunes, Pedro Sequeira, Vítor Fernandes

DOI: 10.17235/reed.2019.5936/2018
Link: PubMed (Epub ahead of print)

Please cite this article as:
Nunes Gonçalo, Sequeira Pedro, Fernandes Vítor . Mantle cell lymphoma of the cecum. Rev Esp Enferm Dig 2019. doi: 10.17235/reed.2019.5936/2018.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

CE 5936

Mantle cell lymphoma of the cecum

Gonçalo Nunes[1], Pedro Sequeira[2] and Vítor Fernandes[1]

Departments of [1]Gastroenterology and [2]Pathology. Hospital Garcia de Orta. Almada, Portugal

Correspondence: Gonçalo Nunes
e-mail: goncalo.n@hotmail.com

AUTHOR CONTRIBUTIONS

All authors made significant contributions to the manuscript, which was the result of their own work without external influences.

Key words: Mantle cell lymphoma. Colon. Cancer.

Dear Editor,

The authors have read with great interest the recently published article "Colon lymphomas: an analysis of our experience over the last 23 years" by Martín Domínguez V et al. (1), a single center retrospective review of 29 patients diagnosed with colon lymphoma. The present report describes a case of mantle cell lymphoma (MCL) of the cecum that aims to improve the knowledge regarding this unusual clinical and endoscopic entity.

CASE REPORT

An 83-year-old female was referred due to iron deficiency anemia. There was no visible stool blood, change in bowel habits, fever, weight loss or night sweats. The patient's medical history included hypertension, diabetes mellitus and heart failure. The physical examination was unremarkable. On colonoscopy, a bulky congested and ulcerated polypoid lesion was found that occupied the entire cecum and involved the ileocecal valve (Fig. 1A). Intubation of the ileum was not possible. CT (Fig. 1B) confirmed an extensive mass of almost 6 cm in the ileocecal area, multifocal thickening of the upstream ileum loops and several intra-abdominal lymphadenopathies. Histology revealed marked infiltration by lymphoid cells positive for CD5 and cyclin D1, consistent with MCL (Fig. 1C). A stage IV of the Ann Arbor staging system was

established after bone marrow involvement was proved via a bone biopsy. The patient was referred to the hematology clinic and for palliative chemotherapy.

DISCUSSION

MCL is an aggressive subtype of non-Hodgkin lymphoma, characterized by the chromosomal translocation t(11:14) and overexpression of cyclin D1. Advanced disease with systemic repercussion is usual at presentation. The gastrointestinal tract is the most common site of extranodal infiltration, especially when mesenteric and retroperitoneal lymph nodes are involved. However, either primary or secondary colon lymphomas are extremely rare and only represent 0.2-1.2% of all colonic tumors (1-3). This case highlights the MCL endoscopic appearance and the need to consider lymphomas in the differential diagnosis of colorectal cancer.

References

1. Martín Domínguez V, Mendoza J, Díaz Menéndez A, et al. Colon lymphomas: an analysis of our experience over the last 23 years. Rev Esp Enferm Dig 2018;110. DOI: 10.17235/reed.2018.5445/2017

2. Ahmed R, Kumar K, Makker J, et al. Recurrent mantle cell lymphoma presenting as gastrointestinal bleeding. Case Rep Gastroenterol 2018;12(2):379-84. DOI: 10.1159/000488193

3. Daniel F, Assi HI, Karaoui W, et al. Single mass forming colonic primary mantle cell lymphoma. Case Rep Gastrointest Med 2016;2016:2561507. DOI: 10.1155/2016/2561507

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

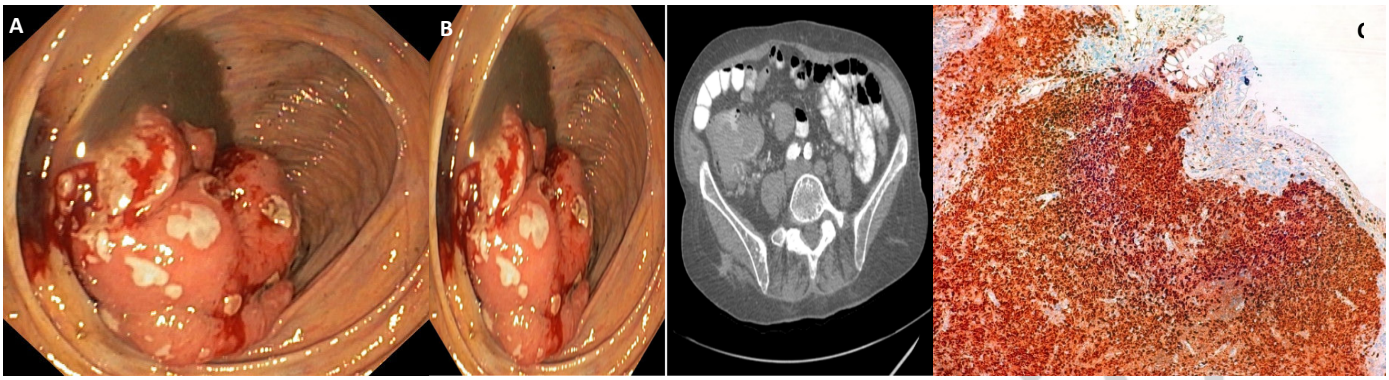

Fig. 1. A. Total colonoscopy: a giant polypoid lesion with ulcerated and friable areas, located in the cecum and involving the ileocecal valve. B. Abdomen CT scan: a heterogeneous mass in the ileocecal area (red arrow) associated with segmental thickening of the small bowel and retroperitoneal lymphadenopathies (blue arrow). C. Histology: colon infiltration by lymphoid cells with strong positive immunohistochemistry staining of cyclin D1.