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Diagnosis of non-Hodgkin's lymphoma due to a tiny polyp in the cecum

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Dear Editor,

A 66-year-old female consulted due to nausea and vomiting, intermittent abdominal pain, weight loss and night sweats during several weeks of evolution. An abdominal ultrasonography showed a 7 cm circumferential thickening in the terminal ileum. A complete colonoscopy showed no alterations in the ileum, but a 3-mm sessile polyp (Fig. 1) in the cecum was resected with cold snare polypectomy. Histology of the polyp showed a preserved mucosa, observing a diffuse proliferation of large atypical lymphoid cells at the submucosal level (Fig. 2A), which was CD20+, CD10+, BCL6+, with C-MYC overexpression (Fig. 2B and C), compatible with non-Hodgkin lymphoma (NHL). The study was completed with a computed tomography scan (CT) (Fig. 3) showing supra and infra-diaphragmatic adenopathies, diaphragmatic pleural infiltration, multiple peritoneal masses, and involvement of the small intestine and cecum.

Discussion

Burkitt's lymphoma, with positive immunohistochemistry for CD20, CD10, and BCL6, and associated with a chromosomal translocation (8:14), resulting in C-MYC overexpression, is a very aggressive B-cell non-Hodgkin lymphoma. Although the most frequent symptoms are abdominal pain, anorexia and weight loss, it sometimes debuts with intestinal obstruction, gastrointestinal bleeding or acute appendicitis. The lack of specificity of its symptoms often causes a delay in diagnosis. In this case, the diagnosis of NHL was made by chance, when an apparently innocent polyp was removed. The CT scan performed subsequently showed thickening of the cecum, which did not correspond to a mucosal alteration. Despite the existence of secondary involvement of the colon by NHL in imaging techniques, endoscopic findings may be normal or non-specific (1-3).

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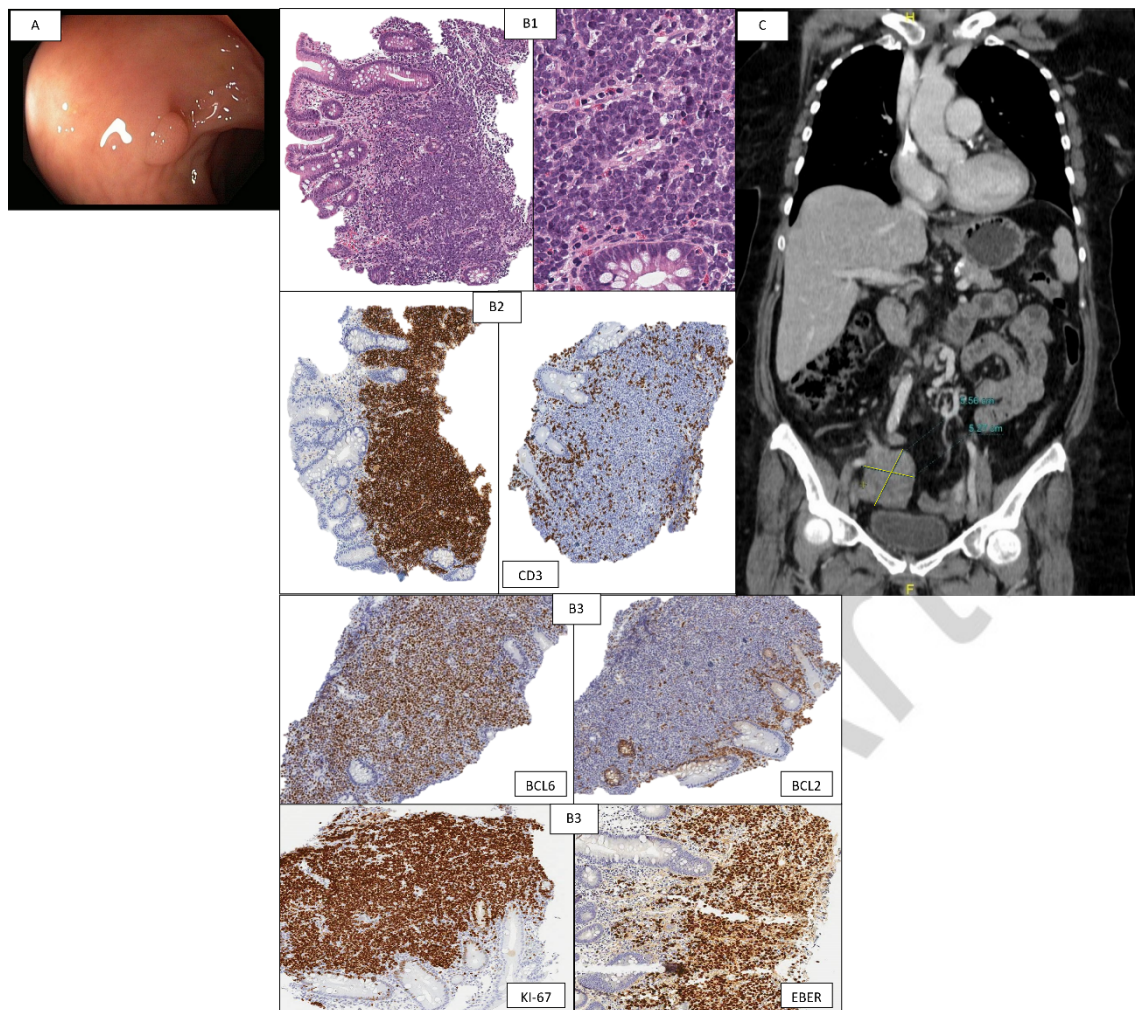


Fig. 1. A. Colonoscopy showed a 3 mm sessile polyp (Paris Is) in cecum. B1. Hematoxylin-eosin staining (left 4x, right 20x): preserved intestinal mucosa with a proliferation of large atypical lymphoid cells arranged in a diffuse pattern at the submucosal level. B2. Immunohistochemical staining (left CD20, right CD3): strong diffuse positivity against CD20 and negativity against CD3 demonstrate the B phenotype of the lesion. B3. Immunohistochemical staining: immunohistochemical techniques show positivity against BCL6, CD10 and C-MYC with negativity against BCL2. The proliferation index measured with KI-67 was close to 100 %. The status of the MYC gene (C-MYC) translocations located on chromosome 8, at the q24.21 locus, was also evaluated by FISH (fluorescence *in situ* hybridization). With these findings, the diagnosis was confirmed as Burkitt's lymphoma. The EBER study was positive. C. Heterogeneous adenopathic mass in the right external iliac chain, with areas of necrosis of 56 x 52 mm.