

Title:

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A case of submucosal lesion of rectum: an unexpected MALT

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Dear Editor,

A 57-year-old female was found a 12mm × 10 mm submucosal lesion in the rectum with a smooth mucosa and telangiectasia (Figure 1A). Endoscopic ultrasonography (EUS) indicated hypoechoic lesion in the submucosa with clear boundaries (Figure 1B). The lesion was considered as a neuroendocrine tumor, and removed by endoscopic submucosal dissection (ESD) (Figure 1C). Histopathological and immunohistochemical revealed that CD3 and CD5 were negative, whereas CD21, CD10 and CD20 were positive (Figure 1D). Moreover, the specific immunoglobulin genes in the original B lymphocytes were rearranged and displayed positive reactions of immunoglobulin heavy chain gene A (IGH-A) and immunoglobulin heavy chain gene B (IGH-B). Therefore, it was finally diagnosed with mucosa-associated lymphoid tissue (MALT) lymphoma with negative margin. Additionally, positron

emission tomography/computed tomography (PET-CT) indicated that there was a metastasis lesion in the left paravascular iliac lymph gland (Figure 1E). Currently, the patient is undergoing postoperative radiotherapy.

Discussion

MALT lymphoma in the rectum is rare and difficult to diagnose without histopathological test[1]. Most of the endoscopic manifestations were polypoid lesions with hematochezia or no obvious clinical symptoms[2]. In this case, the characteristic of this case is telangiectasia on the surface of lesion. Therefore, our findings suggested small lesion in rectum but big in impact.

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Conflict of Interest

The authors declare no conflict of interest.

Author contribution

Design the study (Jun Yao, MD; Li-sheng Wang, MD and De-feng Li, MD)

Collect the information of the patient (De-feng Li, MD and Zhi-chao Yu, MM)

Perform the treatment (Jing Zhou, RN, Rui-yue Shi, APRN and De-feng Li, MD)

Write and revise the article (De-feng Li, MD; Li-sheng Wang, MD and Zhi-chao Yu, MM)

Read pathological pictures (Quan-zhou Peng, MD)

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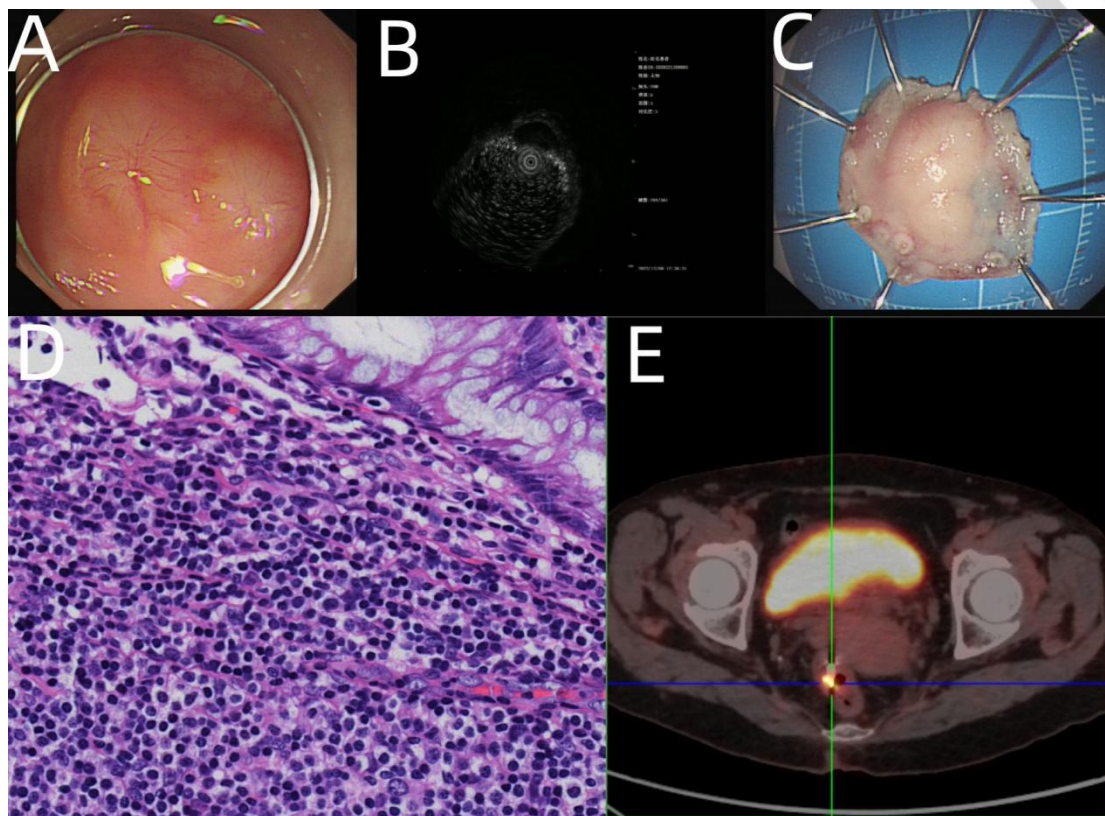


Figure 1: A, A submucosal lesion in the rectum with a smooth mucosa and telangiectasia; B, EUS indicated hypoechoic nodules originating in the submucosa with clear boundaries; C, The lesion was completely resected using ESD; D, HE staining suggested lymphatic hyperplasia; E, PET-CT indicated that there was a metastasis lesion in the left paravascular iliac lymph gland.