Ileocolonic involvement of follicular small cell lymphoma : A Rare Entity

Fuat Ekiz[1], Osman Yuksel[1], Murat Albayrak[2], Şahin Çoban[1], Aynur Albayrak[3], Elife Erarslan[4]

(1) Department of Gastroenterology, (2) Department of Hematology, (3) Department of Pathology, Dıskapı Yıldırım Beyazıt Educational and Research Hospital, Ankara, Turkey ; (4) Department of Gastroenterology, Etlik Ihtisas Education and Research Hospital, Ankara, Turkey.

To the Editor,

Follicular lymphoma (FL) is the most common of the indolent lymphomas. On the other hand, FLs occur seldom in the gastrointestinal tract (GIT), representing only 1-3% of all GIT B-cell non-Hodgkin lymphomas. The most frequent site of involvement is the small intestine, particularly the duodenum and terminal ileum, followed by colon (1). In the literature, only one case of the terminal ileum and colonic involvement of follicular lymphoma has been reported (2). Herein, we report a second case of terminal ileum and colon involvement by a follicular small cell lymphoma.

A 56-year-old man was admitted to our hospital, his complaint being a history of weakness and a mild weight loss of 6 kg over the last 6 months. His physical examination was remarkable for cachexia. Laboratory tests were as follows : Hb : 10.2 mg/dl (normal range : 13, 6-17, 7 mg/dl), WBC : 30900/µL (normal range : 4300-10300/µL), lymphocyte count : 23700/µL (normal range : 1300-3500/µL), platelet count : 355000/µL (normal range : 156000-373000/µL). Erythrocyte sedimentation rate : 64 mm/h Lactate dehydrogenase (LDH) : 559 mg/dl (normal range : 207-414 mg/dl). An abdominal ultrasonography showed splenomegaly, intraabominal multiple lympadenopathies and increased sigmoid colon wall thickness. Thorax and abdominal computerised tomography showed subcarinal, paraaortic, retrocaval, mesenteric, left obturator, perirectal, splenic hilus, paracoeliac lympadenopathies and splenomegaly. Colonoscopic examination demonstrated multiple target raised lesions 8-10 mm in size throughout the colon, with patchy erythema and small aphtous ulcerations (Fig. 1). Polypoid lesions were seen in the terminal ileum (Fig. 2). Biopsies which were obtained from the colon and the terminal ileum showed a follicular small cell lymphoma with atypical lymphoid infiltrate, consisting of small lymphoid cells that are positive for CD 20 and CD 79 and negative for CD3. Bone marrow biopsy showed atypical lymphoid cells infiltration of the bone marrow. A diagnosis of a follicular lymphoma, Ann Arbor stage IV with terminal ileum and colon involvement was made. Chemotherapy was started, including, cyclophosphamide, Adriamycin and prednisolone. The patient is still in follow up.

The gastrointestinal tract is the most common site for the occurrence of extranodal non-Hodgkin's lymphomas.

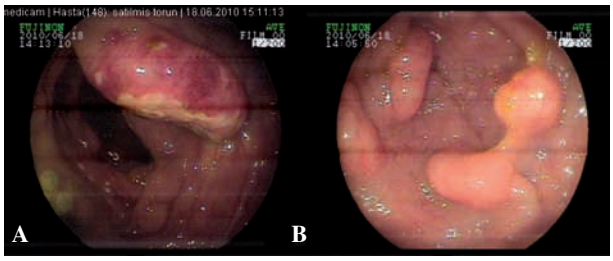

Fig. 1. — Endoscopic appearance of mucosal lesions in the colon (A) and terminal ileum (B).

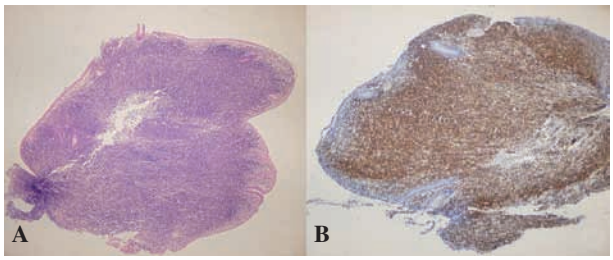

Fig. 2. — Follicular lymphoma of the large intestine. Low-power view of an endoscopic biopsy performed on a colonic polyp. Note that the overlying mucosa is intact and there is a dense lymphoid infiltrate in the lamina propria, which extends to the deep portion of the biopsy (A) (H&E, ×10). Immunohistochemical staining with CD20, was uniformly positive in the lymphoid cells of the diffuse proliferation (B) (CD20, ×200).

Colonic presentation of FL is rare, and the appearance of lesions is as polypoid forms. The ileocecal region and cecum are the most frequently involved sites of the colon. The ileocaecal region has more lymphoid tissue than any other part of the GIT (1).

In conclusion, gastrointestinal evaluation should be noticed in patients with hematological disorders even without any gastrointestinal symptoms.

Correspondence to : Dr. Fuat Ekiz, Şafaktepe Mahallesi Umman Sokak 6/10, Mamak/Ankara. E-mail : dr_ekiz@yahoo.com

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