中文題目：肇因於罕見直腸淋巴癌之慢性血便

英文題目：An usual cause of chronic hematochezia: rectal lymphoma

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Introduction

Although rectal bleeding is common, only about one-third of those affected seek treatment. Symptoms usually develop quickly, and most causes are treatable and not serious. In some cases, rectal bleeding can be a symptom of a serious disease and can be a chronic illness, such as colorectal cancer. Therefore, all rectal bleeding should be carefully examined to determine the cause of the bleeding.

Case Presentation

A 69-year-old female who had underline disease of hepatitis B and diabetes mellitus with regular follow-up. Her baseline activities of daily life is totally independent. According to her statement, this time, she suffered from intermittent diarrhea with blood-tinged for one year. Associated symptoms and signs including general weakness. She denied fever, chills, dyspnea, dizziness, cough, sputum, rhinorrhea, muscle soreness, dizziness, dysuria, urine frequency, urgency, vomiting, abdominal pain, tarry stool, poor appetite, body weight loss. She visited local clinic for help where colonoscopy was arranged which showed colon polyp. She was later referred to our outpatient clinic for evaluation. The session of colonoscopy was advanced up to sigmoid colon, mucosa nodularity was noted over rectum. Chromoendoscopy of indigo carmine revealed no specified pit pattern that Kudo classification of pit pattern could not be differentiate. Endoscopic ultrasonography (EUS) disclosed two lesions with thickening of MM(Muscularis mucosae) layer(2nd layer) with preserved PM(Muscularis propria) layer at rectum. Biopsy was performed over the lesion which revealed colon tissue with atypical lymphocytes proliferation in the lamina propria. is noted. The tumor cells are small size with scant cytoplasm, round nucleus with clumped chromatin and vaguely nodular growth pattern. Immunohistochemical stains for CK (scant lymphoepithelial lesions), CD20 (+), PAX-5 (+), BCL-2 (+), CD56 (-), CD23 (+), CD5(+) and cyclin D1 (-) are done. Pathology diagnosis was concluded as small B cell lymphoma. She then later admitted to our ward for further evaluation which revealed negative bone marrow involvement and PET CT revealed lymphoma, mesentery, left axillary basin, , right low cervical/ supraclavicle and perigastric basin, Stage IV disease. Although patient hesitate about IV form treatment and later received oral Chlorambucil (Leukeran®) and prednisolone at outpatient clinic.

Discussion

Rectal lymphoma is the rarest disorder of all primary gastrointestinal lymphomas, accounting for 0.1–0.6% of all colonic malignancies and 0.05% of all primary rectal malignancies.[1] Patients who were eventually diagnosed with colorectal lymphoma present initially with a variety of generally non-specific symptoms. The most common presenting symptoms were abdominal pain (66.8%) and weight loss (43%).[2] Less commonly, patients present with a change in bowel habits (27%) and lower GI bleeding (20%). The radiographic findings associated with colorectal lymphoma, however, are non-specific and share many similarities to adenocarcinoma, inflammatory bowel disease, and familial adenomatous polyposis.[3] Endoscopic findings associated with colorectal lymphoma have been classified into three different categories: mucosal, polypoid, and massive. Mucosal-type: superficial erosions or deeper ulcerations with hyperemic and edematous edges. Polypoid-type: wide-based sessile or pedunculated lesions with gradually sloping contour and a smooth or granular erosive surface. Massive type: intraluminal protruding lobulated neoplastic lesions, with or without superficial ulceration.[4] Primary surgical resection with regional

lymphadenectomy followed by CHOP (cyclophosphamide, vincristine, doxorubicin, and prednisone) chemotherapy, with or without Rituximab (R-CHOP), depending on CD-20 positivity of the neoplastic process, is the current gold standard for primary colorectal lymphoma.[4] In conclusion, Colonic lymphoma is a rare diagnosis. Most patients present with nonspecific symptoms, which often leads to delays in diagnosis and advanced stage at presentation. As colorectal lymphoma originates from the submucosa of the colon, accurately obtaining a biopsy sample may be challenging, and the pathological positive rate is low hence differential diagnosis of colon polyps with lymphoma is certainly important.

References

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