中文題目：原發性結腸瀰漫性大型 B 細胞淋巴癌

英文題目：Primary Diffuse Large B-Cell Lymphoma of the Colon

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Introduction

Lymphoma is a group of blood malignancies that develop from lymphocyte, with a wide variety of histologic subtypes and a broad spectrum of clinical behavior and prognosis. Approximately 40% of lymphomas have extranodal manifestations, and the most common site of extranodal involvement is the gastrointestinal tract [1]. Although the gastrointestinal tract is the most common site of extranodal lymphoma, colorectal lymphoma is rare, account for only 15 to 20% of gastrointestinal lymphomas [2] Overall, primary colorectal lymphoma accounts for 1.4% of all cases of non-Hodgkin's lymphoma (NHL) [3] and less than 1% of all colorectal malignancies[4]. Herein, we present a case of primary lymphoma of the colon.

Case Report

A 49 years old male patient was admitted to the hospital for dyspnea for 3-4 days, especially on exertion. Tracing back his history, he suffered Right lower quadrant pain with tenderness for two-month, other associate symptom including abdomen fullness sensation, easily flatus, poor appetite and diarrhea. He had history of ankylosing spondylitis without regular control. Video assisted thoracic surgery for his enlarged lymph nodes in the mediastinum founded by chest computed tomography disclosed a diagnosis of diffuse large B cell lymphoma pathologically (Fig.1). PET (Positron Emission Tomography) CT revealed FDG uptake in terminal ileum throughout rectum. Colonoscope was arranged for lesion detect, showed multiple polypoid lesions over all colon, especially ascending, transverse colon and rectum (Fig.2). The pathology report indicates colonic mucosa with ulcer, granulation tissue, few multinucleated giant cells, and atypical lymphocytes proliferation. These atypical lymphocytes are positive for CD20 and negative for CD3 immunostain, compatible with B-cell lymphoma involvement. (Fig.3).

Discussion

Primary colorectal lymphoma (PCL) is rare representing only 0.2-0.6% of all colorectal malignancies and it is the least common site of GI lymphomas (10-20%) after the stomach and small intestines [5]. A few risk factors and predisposing conditions have been associated with Primary colorectal lymphoma (PCL) including immunodeficiency such as Human Immunodeficiency Virus, immunosuppression and autoimmune diseases such as inflammatory bowel disease and celiac disease[7]. Men are affected twice as often as women with the mean age of diagnosis at 55

years [8]. The most common symptoms in more than half of patients are abdominal pain and weight loss or changing in bowel habits. Patients often present with vague and non-specific symptoms that lead to delayed diagnosis in 35-65% of patients when surgical treatment options are either urgent or emergent [9]. In our case, through has tissue proved lymphoma in colon and mediastinum. According to patient's initially symptom and colonscopic finding were almost all colon involved lesion. This suggested the colorectal lymphoma was primary main lesion. In conclusion, PCL is a rare type of NHL that can present with vague nonspecific symptoms which usually leads to a delay in the diagnosis. It is thus important to keep in mind that the possible of PCL when new diagnosis lymphoma case with initially abdomen symptom.

[1] Zucca E, Roggero E, Bertoni F, et al. Primary extranodal nonHodgkin's lymphomas. Part 1: Gastrointestinal, cutaneous and genitourinary lymphomas. Ann Oncol 1997;8:727–737
[2] Koch P, del Valle F, Berdel WE, et al. Primary gastrointestinal non-Hodgkin's lymphoma: I. Anatomic and histologic distribution, clinical features, and survival data of 371 patients registered in the German Multicenter Study GIT NHL 01/92. J Clin Oncol 2001;19:3861–3873
[3] Doolabh N, Anthony T, Simmang C, et al. Primary colonic lymphoma. J Surg Oncol 2000;74:257–262
[4] Fan CW, Changchien CR, Wang JY, et al. Primary colorectal lymphoma. Dis Colon Rectum 2000;43:1277–1282
[5] Wong MT, Eu KW. Primary colorectal lymphomas. Colorectal Dis. 2006;8:586–591
[6] Chang SC. Clinical features and management of primary colonic lymphoma. Formosan J Surg. 2012;45:73–77.
[7] Sharma B, Pavelock N, Antoine M, Shah M, Galbraith K, Rawlins S. Primary Diffuse Large B-Cell Lymphoma of the Descending Colon. Am J Med Sci. 2019 Aug;358(2):164-167.
[8]Bairey O, Ruchlemer R, Shpilberg O. Non-Hodgkin's lymphomas of the colon. Isr Med Assoc J 2006; 8: 832-835.
[9]Cai S, Cannizzo F Jr, Bullard Dunn KM, Gibbs JF, Czuczman M, Rajput A. The role of surgical intervention in non-Hodgkin's lymphoma of the colon and rectum. Am J Surg 2007; 193: 409-412