DESCRIPTION
A 71-year-old man presented with a 2-month change in bowel habit, with 2–3 bowel movements/day with evacuation of fluffy faeces. A colonoscopy showed the presence of multiple small, whitish sessile polyps from the rectum up to the transverse; chromoendoscopy showed a decrease in the number of vascular network and irregular vessels (figure 1).

Histologically, a dense lymphocytic infiltrate of small cells was observed with a B-cell-derived phenotype (positive CD20 molecule), expression of the immunoglobulin superfamily receptor translocation-associated 1 (IRTA1) molecule, low proliferating index, and negativity for T-cell markers and cyclin D1 and SOX11 (figure 2); a diagnosis of extranodal peripheral B-cell lymphoma from marginal zone cells (mucosa-associated lymphoid tissue (MALT)-type) was made, which was also confirmed by the monoclonal rearrangement of immunoglobulin light chain genes at PCR analysis.

Colonic MALT-type lymphoma is very rare. The diffuse polypoid pattern seen at endoscopy is the most interesting feature of this case, as it is highly unusual in colonic MALT-type B-cell lymphoma. Such presentation more often relates to lymphoid follicular hyperplasia of the gastrointestinal mucosa or to a polypoid lymphomatosis sustained by a B-cell lymphoma of mantle cell origin. Both were excluded by immune morphology. Characteristic findings of intestinal lesions are a decrease in the number of vascular networks and the presence of irregular vessels on the surface of the epithelia.

In our case, abdominal and chest CT scan showed neither abnormal lesions nor lymph node enlargement and the bone marrow biopsy was negative.

To cite: Gizzi G, Sabattini E, Fuccio L. BMJ Case Rep 2015. doi:10.1136/bcr-2015-211034

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCE