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CASE REPORTS

NON-HODGKIN'S LYMPHOMA IN COLON

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Abstract:

The incidence of Non-Hodgkin's lymphoma has steadily risen and while other cancers have increased 25%, NHL has increased >80%. In the majority of NHL patients, the disease arises in lymph nodes, but primary extranodal disease accounts for 30% of new lymphoma patients and often present as localized disease. We report a rare and interesting case of intermediate grade diffuse Non-Hodgkin's lymphoma in colon. A 30year old man presented to our department with the complaints of mild epigastric pain, occasional loose stools and, abdominal swelling for 3 months along with significant weight loss for the last 2 months. On examination, he appeared cachectic with only 33 kg, an intra-abdominal mass was palpable in the epigastrium rt side from the midline measuring 3cmx5 cm, hard in consistency but does not move with respiration which was consisted with abdominal lymph node. USG guided FNAC of right upper abdominal mass revealed: Non-Hodgkin's lymphoma. Biopsy report of tissue from colon revealed diffuse non-Hodgkin's lymphoma, intermediate grade. To our knowledge, very few cases are reported so far with similar presentations and finally diagnosed with non-hodgkin's lymphoma of colon. Thus, in our clinical practice, if a middle aged person present with wt. loss, chronic diarrhoea, and abdominal swelling, we should also suspect this might be a case of Non-Hodgkin's lymphoma of colon as an extranodal presentation.

Introduction:

Malignant lymphomas are a heterogeneous group of neoplasm deriving from cells of the immune system (either B or T/natural killer lymphocytes) and primarily arising from lymphoid organs and tissues but also in organs normally devoid of lymphocytes.[1] Extranodal lymphoma usually refers to the latter group that comprises about one third of the patients. In the past 25 years, overall incidence of NHL has steadily risen and while other cancers have increased 25%, NHL has increased >80%.[1] It has become in general the sixth most common cancer in males and the fifth most common cancer in females.

In the majority of NHL patients, the disease arises in lymph nodes, but primary extranodal disease accounts for 30% of new lymphoma patients and often present as localized disease. The most frequent primary extranodal sites are the stomach, small intestine, skin, and brain.[2,3]

We report a rare and interesting case of intermediate grade diffuse Non-Hodgkin's lymphoma in colon. Lymphomas in the gastrointestinal (GI) tract may be ulcerative, superficial, polypoid, or diffuse, and may also have other less common characteristics.[4,5] We presented a diffuse, nodular and ulcerated non-hodgkin's lymphoma with atypical presentation in Dhaka Medical College Hospital.

Case Report:

Mr. Tutul Mia, a 30 year old man presented with the complaints of mild epigastric pain, occasional loose stools and, abdominal swelling for 3 months along with significant weight loss for the last 2 months. His occasional epigastric pain was initially relieved by taking medication which was also associated with passage of loose stools with abdominal swelling for the same duration and was treated in as an out patient in several occasions. His condition initially a bit improved after taking medications as prescribed by the physicians but deteriorated again after few days. He, finally developed vomiting after each meal for the last 2 months and lost a significant amount of his weight which rendered him to admit to our department for better management.

He never complained of jaundice, or of any serious illness or infection such as tuberculosis and gave no

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history of blood transfusion. His past medical and surgical history revealed that he had underwent cholecystectomy 2 years back but he could not produced any documentations of the incident. He was not on any regular medication.

On examination, he appeared cachectic with 33 kg of body weight, and his height was 165 cm. He was not anemic, icteric or cyanosed. Other general examination findings rvelaed normal except ankle oedema and a significantly enlarged lymph node in left subclavian region. It was 2×2cm size and hard in consistency. On abdominal examination, an intra-abdominal mass was palpable in the epigastrium rt side from the midline measuring about 3cmx5 cm, hard in consistency but does not move with respiration which was consisted with abdominal lymph node. Liver was palpable upto 3 cm below from the right costal margin in mid clavicular line which was tender, smooth surfaced, hard in consistency with sharp margin. Hepatic bruit was absent. On percussion, shifting dull ness was present but fluid thrill was absent. All other systemic examinations were normal.

Laboratory investigation showed WBC 5,100/cumm containing polymorphs 71% and lymphocytes 25%. His Hb was 50%, and ESR was 10 mm in 1st hour. His serum biliribin, SGPT, S. Creatinine and albumin were normal. Peripheral blood film suggested a combined deficiency anaemia.

Endoscopy of upper GIT, Mantoux, HBsAg surface marker and Chest X-ray P/A view were also normal. USG of whole abdomen showed gross ascites with a fairly large complex mass in right upper abdomen with distended bowels and enlarged lumph nodes – suggestive of bowel neoplasm. Colonoscopic findings suggested colonic lymphoma or inflammatory bowel disease (IBD). USG guided FNAC of right upper abdominal mass revealed: suggestive of Non-Hodgkin's lymphoma and was advised for tissue biopsy. Biopsy of colon revealed diffuse non-Hodgkin's lymphoma, intermediate grade.

After confirmation of diagnoses with appropriate staging and grading we started standard CHOP therapy with good outcome.

Discussion:

Non-Hodgkin's lymphoma is a heterogenous group of neoplasm derived from the immune system. The clinical presentation and natural history of Non-Hodgkin's lymphoma are more variable than in Hodgkin's disease. The pattern of spread is not as regular as other lymphomas.[5]

Among various clinical presentations, 30% cases of Non-Hodgkin's lymphoma originate in the extranodal site. The preferred sites are small intestine, testis, bone and thyroid.[6] The extranodal presentation of disease should be distinguished from extranodal involvement. In advance disease, lymphoma may infiltrate any organ or tissue in the body. Thus, management is dictated by stage and histopathology including surgery, radiotherapy and single or combination chemotherapy.[7,8]

The clinical features of the present case indicated a GIT pathology with colon involvement. The present case of lymphatic proliferative disease in colon was diagnosed by FNAC of abdominal mass, colonoscopy, and histopathology. To our knowledge, very few cases reported so far with similar presentations and finally diagnosed with non-hodgkin's lymphoma of colon. Thus, in our clinical practice, if a middle aged person present with wt. loss, chronic diarrhoea, and abdominal swelling, the suspicion of Non-Hodgkin's lymphoma with atypical site should be kept in our mind.

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