

Rectal follicular lymphoma

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Accepted: 8 March 2015
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Dear Editor:

Colonoscopy was performed to a 65-year-old female with tenesmus that showed, in the distal rectum, a bulging lesion of 3 cm covered with normal appearance mucosa.

We performed an endoscopic ultrasonography (EUS) that showed a polypoid morphology lesion, heterogeneous, mainly hypoechoic, located in the deep mucosa and submucosa layers; the lesion was well delimited with regular borders and occupied one third of the rectum circumference. There was no sure diagnosis, being most likely a fibrolipoma, a granular cell tumor, a neuroendocrine tumor, or a fibrovascular polyp. It was proposed to the patient to perform a transanal resection or an EUS with fine needle aspiration. She accepted the transanal resection.

She had history of a nodal non-Hodgkin lymphoma treated 3 years before with rituximab, cyclophosphamide, vincristine, and prednisolone and a surgical treatment of urogenital prolapse 1 year before using a plastic prosthesis.

The histopathologic examination revealed a rectal follicular lymphoma, grade one. The staging procedures showed no other site of disease.

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Discussion

Although the gastrointestinal tract is one of the most common extranodal sites, the frequency of colon and rectum lymphoma, primary or involved by systemic disease, is rare [1]. It was not considered as a hypothesis due to its rarity and the fact that the patient had been disease-free during several years. It usually presents endoscopically as fungating, ulcerative, infiltrative, ulcerofungating, and ulceroinfiltrative types, being fungating and ulcerofungating the most frequent [2]. There are few cases reporting appearance as a submucosal lesion, and to our best knowledge, none of them was a follicular lymphoma [3]. A lymphoma involving the colon and rectum is rare and can occur either as a primary colorectal lymphoma or as a manifestation of systemic disease.

A high suspicious level of extranodal lymphoma site is necessary for detecting neoplastic lesions. The rectal lesion was not characteristic of a rectal lymphoma; thus, the surgery resection was vital.

Disclosures The authors have no financial disclosures or conflicts of interest to declare.

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