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Large Bowel Lymphomas Presenting to the Colorectal Multi-Disciplinary Team: A Case Series

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INTRODUCTION

Gastrointestinal lymphoma is the most common extra nodal lymphoma presentation, with stomach involvement the most common, then small bowel and large bowel as the least common site. Large bowel lymphoma presents with similar symptoms and findings to primary large bowel tumours - management is dictated by histological findings.

METHODS

We present a case series of 4 patients who presented with a clinical picture mimicking primary colorectal malignancy. All had different histological subtypes of non-Hodgkin Lymphoma (NHL).

METHOD


case 1


case 2


case 3


case 4

RESULTS

Case 1: 72-year-old male presented with rectal bleeding, loose stool, and iron deficiency anaemia. CT colonography reported two lesions: 5.5 cm polypoidal lesion in the distal sigmoid and mid-ascending colon tumour. Only extracolonic finding was a 15-mm hilar node of uncertain significance. At colonoscopy, sigmoid tumour was seen at 24 cm and biopsied – scope could not pass beyond sigmoid. Histology showed mantle cell lymphoma; patient received NORDIC regimen and achieved complete remission (CR).

Case 2: 60-year-old female presented to colorectal services with rectal bleeding and on digital exam, a hard, palpable tumour in mid-rectum that bled on contact was discovered. CT showed extensive asymmetrical rectal wall thickening and low-volume abdominal and mediastinal nodes. Rectal mass biopsy showed diffuse large B-cell lymphoma. Patient was treated with RCHOP and achieved CR.

Case 3: 76-year-old male patient presented acutely with bowel obstruction. CT showed caecal mass with small bowel obstruction with transition point at caecal mass. Patient had emergency laparoscopic right hemicolectomy, and histology showed diffuse large B-cell lymphoma and grade 3b follicular lymphoma. PET staging post-operatively showed no avid disease. RCHOP chemotherapy was given; patient remains in CR.

Case 4: 76-year-old male patient previously treated for Burkitt lymphoma, stage IV at presentation, with bone marrow and liver involvement; patient had achieved CR. Four years later, he was referred to colorectal services with a history of intermittent rectal bleeding and right-sided abdominal pain. Colonoscopy identified a large tumour in caecum. Biopsies confirmed Burkitt lymphoma relapse. Treatment ongoing

CONCLUSIONS

Above cases show the different clinical and radiological presentations of Large Bowel lymphoma, which can mimic primary colorectal cancer; Except for acute presentation with obstruction all were managed without surgical intervention. This highlights the importance of pre-operative histological assessment to manage such cases.

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