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Navigating the Uncharted Waters of Gastrointestinal Follicular Lymphoma

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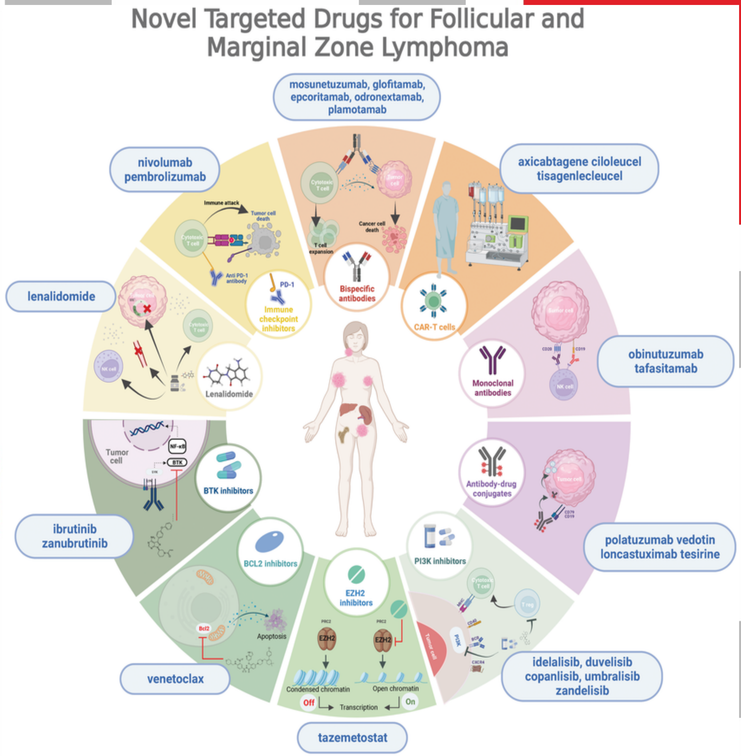
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INTRODUCTION

Non-Hodgkin lymphoma (NHL) is a significant hematological malignancy, accounting for 3% of cancer diagnoses worldwide, with FL being the second most common subtype. Gastrointestinal follicular lymphoma (GI-FL), particularly in the colon, is exceptionally rare, comprising only 1 to 4% of GI-NHL cases, with less than 20 reported instances. Due to its scarcity, optimal diagnostic and treatment guidelines are lacking, often managed with a "watch-and-wait approach." This case presentation aims to contribute insights into the clinical diagnosis and management of GI-FL, highlighting the need for further research to improve outcomes in this rare disease.

CASE PRESENTATION

A 72-year-old female with a medical history of hypertension and COPD presented to the GI clinic after a positive stool occult test. She denied typical symptoms associated with gastrointestinal malignancies but reported occasional constipation. Colonoscopy revealed a 1.5 cm benign pedunculated polyp in the mid-transverse colon, alongside an arteriovenous malformation (AVM) and internal hemorrhoids. Histological analysis identified GI-FL, confirmed by immunohistochemical staining showing positive markers CD 10, CD 20, BCL 6, and BCL 2, and a low Ki-67 proliferation index. PET scan demonstrated aortocaval lymphadenopathy with minimal FDG uptake with a maximum standardized uptake value (SUV) of 2.3. The case underscores the diagnostic challenges of GI-FL and the importance of comprehensive evaluations in gastrointestinal pathology for accurate diagnosis and management.



DISCUSSION

The case of a 72-year-old female presenting with GI-FL discovered incidentally during colonoscopy underscores the diagnostic challenges and complexities associated with this rare disease. The unexpected identification of GI-FL, alongside the discovery of an AVM and internal hemorrhoids, emphasizes the need for comprehensive evaluations in gastrointestinal pathology. The indolent nature of GI-FL poses further challenges in diagnosis and management, necessitating a multidisciplinary approach. Prognosis varies, highlighting the importance of accurate diagnosis for appropriate management and avoiding unnecessary treatments. This case highlights the unique clinical and pathological features of GI-FL, emphasizing the necessity for ongoing research and collaborative efforts to optimize its management strategies. Further understanding and characterization of this rare disease are essential for improving patient outcomes.