Plasmablastic Lymphoma Presenting as a Rectal Mass in Advanced HIV: A Rare Case Report

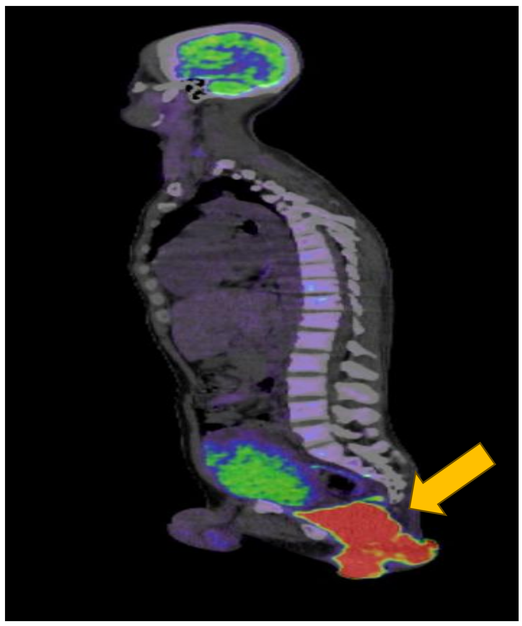
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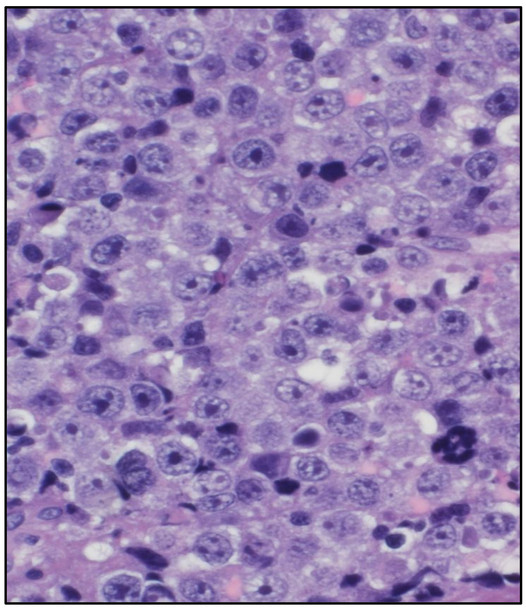
Introduction

Plasmablastic lymphoma (PBL) is a rare, aggressive non-Hodgkin lymphoma mainly associated with HIV infection. While typically presenting as oral masses, extraoral manifestations are uncommon, and rectal involvement is exceptionally rare.

Objectives

To report an unusual case of PBL presenting as a rectal mass in an HIV-positive patient, highlighting diagnostic challenges, clinicopathological features, and therapeutic outcomes in this rare presentation.





Case Presentation

A 44-year-old HIV-positive Pakistani male (CD4 count 69 cells/μL, viral load 28,000 copies/mL) with documented poor adherence to antiretroviral therapy. He presented with a 10-day history of severe anal pain and was found to have a 5×7 cm heterogeneously enhancing perianal mass on CT imaging. The mass was initially misdiagnosed and treated as a perianal abscess with incision and drainage. Over the subsequent 2 weeks, the lesion progressed dramatically to a 5×6 cm fungating, necrotic rectal mass with extensive tissue destruction, foul-smelling purulent discharge, and associated sphincter dysfunction prompting reevaluation. Diagnostic workup revealed severe microcytic anemia (hemoglobin 6.5 g/dL), markedly elevated LDH (294 U/L), and positive EBV viremia (3,200 copies/mL). Histopathology demonstrated sheets of large atypical plasmabloid cells positive for CD138 and MUM1 but negative for CD20 and PAX5 confirming plasmablastic lymphoma with EBER positivity but lacking *MYC* rearrangement. Staging FDG PET/CT showed an intensely hypermetabolic rectal mass (SUV_{max} 18.7), involved perirectal lymph nodes, and multiple osseous lesions consistent with stage IV disease. The patient was treated with 6 cycles of bortezomib plus dose-adjusted EPOCH chemotherapy (etoposide, prednisone, vincristine, cyclophosphamide, and doxorubicin [hydroxydaunorubicin]) and achieved complete metabolic remission. Although consolidation with autologous stem cell transplantation (ASCT) was recommended given the high-risk features, the patient declined further therapy and was lost to follow-up after returning to his home country.

Conclusion

This case represents an exceptionally rare rectal presentation of PBL in advanced HIV, initially masquerading as perianal abscess. The successful response to bortezomib-EPOCH suggests this regimen may be effective for rare PBL variants, though ASCT remains preferable for consolidation when feasible. This report expands the known clinical spectrum of PBL and emphasizes the need for prompt biopsy in HIV patients with persistent anorectal lesions.

Reference

No conflict of interest to declare