# A case of mantle cell lymphoma in the colon

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**To the editor,**

A 65-year-old man was diagnosed with mantle cell lymphoma, stage IVB, in 2003. He was treated with combination chemotherapy followed by upfront consolidative high-dose chemotherapy and autologous hematopoietic stem cell transplantation. A complete remission was achieved in 2004. Ten years later the disease relapsed with peripheral blood and bone marrow involvement. A thoracic and abdominal CT (computed tomography) scan showed multiple enlarged axillary, mesenterial and retroperitoneal lymph nodes. The scan also revealed a large hypodense mass at the ileocaecal region measuring 36 × 45 × 54 mm (Fig. 1). An ileocolonoscopy was performed and multiple neoplasms were found in the rectum (Fig. 2A) and at the ileocaecal valve. These large erythematous polypoid lesions felt soft when touched with the biopsy forceps. Deep biopsies revealed a pale inner of the polyp. Furthermore, the whole colon seemed to be covered with small polypoid lesions (Fig. 2B). Histopathological examination confirmed colonic invasion of mantle-cell lymphoma in all biopsy specimens. Immunohistochemical staining of the tumor cells was highly positive for CD5, CD20, and cyclin D1. The patient is currently being treated with chemotherapy and awaiting for a reduced intensity regimen with allogeneic stem cell transplantation. A follow-up colonoscopy three months later showed regression of all lesions.

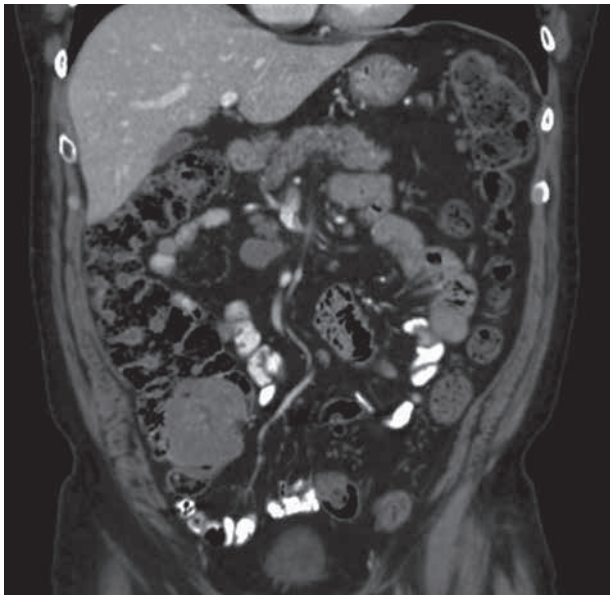

Fig. 1. — Computed tomography of the abdomen showing a large mass at the ileocaecal area.

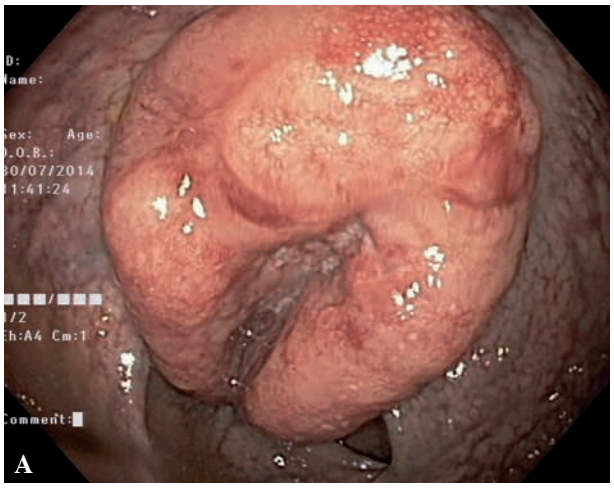


Fig. 2A. — A large neoplastic lesion in the rectum

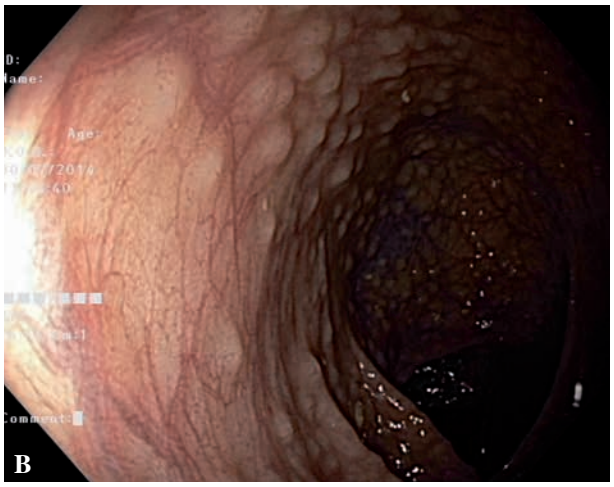


Fig. 2B. — Multiple small polyps in the colon mimicking adenomatous polyposis.

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Submission date : 28/11/2014
Acceptance date : 28/11/2014

Mantle cell lymphoma (MCL) is a rare, B cell non-Hodgkin lymphoma that most often affects men over the age of 55. MCL represents 2 to 10% of all non-Hodgkin lymphomas and gastrointestinal involvement is present in many patients, though mostly at a microscopic level. Other gastrointestinal tract involvement includes lymphomatous polyposis (1). MCL is an aggressive lymphoma and is associated with a poor prognosis. It typically presents in an advanced stage and the median survival presently ranges from 2 to 5 years. Conventional chemotherapy is not curative, and intensive treatment regimes, including high-dose chemotherapy and allogeneic stem cell transplantation, are required to improve the outcome of advanced MCL (2,3,4).

## References

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