

Rectal Adenocarcinoma after Diffuse Large B-cell Lymphoma of the Ileocecal: Case Report

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Abstract Introduction: The incidence of primary colorectal lymphomas is rare, comprising 10-20% of gastrointestinal lymphomas and only 0.2-0.6% of large bowel malignancies. The aim of this study is report a rare case with rectal adenocarcinoma in patient with diffuse large B-cell lymphoma of the ileocecal. **Case Report:** A 33-year-old female presented to the Talaghani hospital in September 2003 with serious condition and with acute abdominal symptoms, so she underwent treatment and surgery. Some lymph nodes near the tumor were great. In pathological microscopic revealed a white fungative mass measuring 3*3 cm, in cecal luman at the ileocecal junction. She was treated with six cycles of chop (cyclophosphamide + doxorubicin + vincristine + prednisolone) chemotherapy. She responded to this treatment good for kind of indolent non-Hodgkin's lymphoma because she had stable statues for about 11 years. So we understood the patient had high cancer antigen level from laboratory test and rectal biopsy showed moderately differentiated adenocarcinoms. **Conclusion:** We recommend screen colonoscopy in this case for as soon as diagnosis for colon cancer in after bowel irradiation and also it is probability long close follow up and irradiation therapy in lymphoma phase create new adenocarcinoma of colon.

Keywords: Diffuse Large B-cell Lymphoma, Ileocecal, Rectal Adenocarcinoma

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1. Introduction

The incidence of primary colorectal lymphomas is rare, comprising 10-20% of gastrointestinal lymphomas and only 0.2-0.6% of large bowel malignancies. Of these large bowel lymphomas, 60% are located in the caecum, 20% in the rectum, and the remainder throughout the colon [1]. On histological examination, almost 90% of the primary GI lymphomas are of B-cell lineage with very few T-cell lymphomas and Hodgkin lymphoma [2]. Very little is known about the correlation between adenoma and lymphoma in the colorectal tract [3]. The aim of this study is report a rare case with rectal adenocarcinoma in patient with diffuse large B-cell lymphoma of the ileocecal.

2. Case Report

A 33-year-old female presented to the Talaghani hospital in September 2003 with serious condition and with acute abdominal symptoms, so she underwent treatment and surgery. In laparotomies cecum and appendix of the patient, the tumor was attached to the

posterior and external wall. The tumor was removed and right hemicolectomy was done. The liver metastatic lesion was not found. But some lymph nodes near the tumor were great. In pathological microscopic revealed a white fungative mass measuring 3*3 cm, in cecal luman at the ileocecal junction. Appendix was not identified and macroscopic reported ileocecal tumor compatible with malignant lymphoma (diffuse large B cell) (Figure 1). She was treated with six cycles of chop (cyclophosphamide + doxorubicin + vincristine + prednisolone) chemotherapy. She responded to this treatment good for kind of indolent non-Hodgkin's lymphoma because she had stable statues for about 11 years. Therefore we follow up and check up her in this period of the time and she did not any serious problem. Unfortunately, she had complaint of her abdominal again. So we understood the patient had high cancer antigen level from laboratory test and rectal biopsy showed moderately differentiated adenocarcinoms. Then she got six cycles of oxaliplatin and capecitabine (Xeloda®) and two month radiotherapy. She referred for R/O KRAS and NRAS mutations that she had KRAS mutant with carriers mutation on p.Gly12Asp(c.35G>A) and wild type NRAS. So bevacizumab added to this policy of chemotherapy. The patient is alive continue to these policy of treatment.

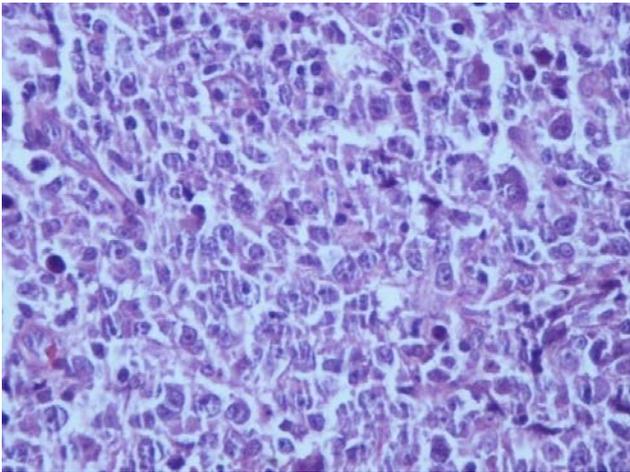


Figure 1. medium-to-large-sized lymphocytes with scanty cytoplasm

3. Discussion

The ileocecal area and ileum are the regions most frequently affected by primary small-intestinal and largeintestinal NHL. Colorectal lymphoma is extremely infrequent, representing less than 0.5% of all primary colorectal neoplasms [4]. Many factors and mechanisms may play a role in the occurrence of synchronous colonic carcinoma and lymphoma [5]. Among these are included environmental agents, immune abnormalities and genetic constitution of the patients [6]. Moriya et al. [7] reported a case in which diagnosis of synchronous malignant lymphoma was made on 2nd surgery, a month after patient was diagnosed with colonic adenocarcinoma after right hemicolectomy. Another case of adenocarcinoma cecum with simultaneous follicular lymphoma of the terminal ileum and regional nodes was reported by Bhanote et al [8].

4. Conclusion

We recommend screen colonoscopy in this case for as soon as diagnosis for colon cancer in after bowel irradiation and also it is probability long close follow up and irradiation therapy in lymphoma phase create new adenocarcinoma of colon.

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