

Mantle Cell Lymphoma in the Differential Diagnosis of Colorectal Polyposis

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1. Abstract

I report a clinical case where the differential diagnosis of a colorectal polyposis can be particularly difficult.

2. Keywords: Mantle cell lymphoma; Polyposis

3. Clinical Image

A 61-year-old woman was admitted to the hospital because she had diarrhea, abdominal pain and fever. The patient's medical history included hypertension and dyslipidemia. Initially we ordered a CT scan which showed enlarged retroperitoneal and peritoneal lymph nodes and peritoneal implants. Colonoscopy showed in the cecum an ulcerated big mass in the theoretical area of the ileocecal valve (**Figure 1**), and all over the colon multiple colorectal polyps (> 50) between 5 – 15 mm (**Figure 2**). Because of the CT scan findings we only took biopsies, which demonstrated marked mucosal infiltration by lymphoid cells positive for CD20, CD 5 and cyclin D1; Ki-67 staining revealed a proliferative index of 80%; all of them consistent with mantle cell lymphoma (MCL).

MCL is a subtype of non-Hodgkin B-cell lymphoma, accounting for 6% of all non-Hodgkin lymphoma [1]. GI tract involvement in MCL patients is virtually constant at the time of diagnosis. This involvement often affects several segments of the GI tract and is usually asymptomatic [2].

We aimed that MCL is one of the possibilities in the differential diagnosis of a colorectal polyposis; It will be particularly difficult in asymptomatic or paucisymptomatic patients.





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