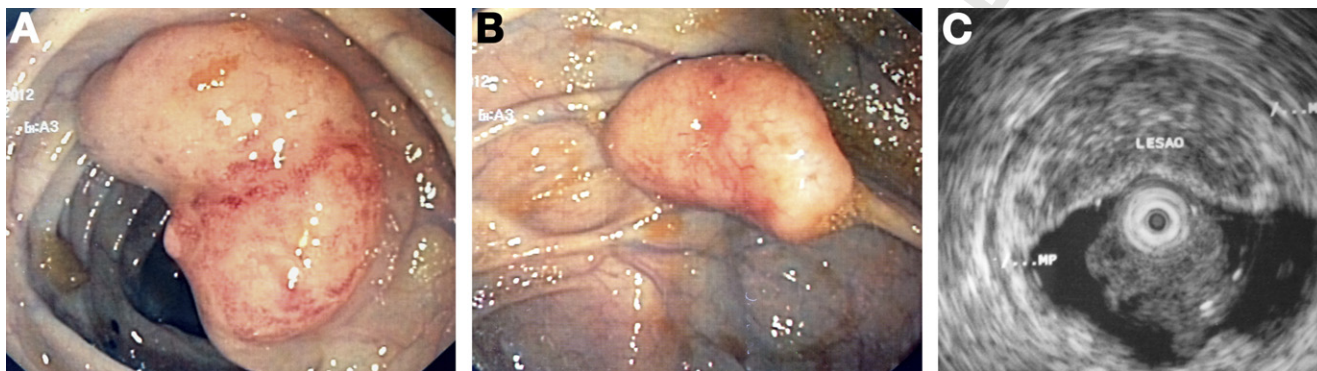


A Different Kind of Colon Polyps

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Question: An asymptomatic, 74-year-old woman with type 2 diabetes was referred for endoscopic colorectal cancer screening. Colonoscopy revealed a 30-mm, polypoid, firm lesion in the transverse colon (Figure A), a 20-mm similar lesion in the cecum (Figure B), and a 12-mm lesion in the ascending colon. The polyps were not suggestive of adenomatous tissue and all seemed to have normal-appearing overlying mucosa. Biopsy specimens revealed expansion of the lamina propria and submucosa by a B-lymphocyte population, but were insufficient for diagnosis.

Miniprobe endoscopic ultrasonography showed that all lesions were hypoechoic, originating in the submucosa, and that the lesion in the transverse colon involved the muscularis propria layer (Figure C).

What is the more plausible diagnosis and what would be the next step?

Look on page 000 for the answer and see the GASTROENTEROLOGY web site (www.gastrojournal.org) for more information on submitting your favorite image to Clinical Challenges and Images in GI.

Conflicts of interest: The authors disclose no conflicts.

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Answer to the Clinical Challenges and Images in GI Question: Image 3 (page ●●): Extranodal Multiple Polypoid Follicular Lymphoma of the Colon

To clarify the diagnosis, endoscopic resection of the smaller lesion was performed and deeper biopsies of the other le-

F2 sions were taken. Histology revealed lymphoid, centroblast, and centrocyte-like, cell proliferation with follicular pattern (Figure D). Immunohistochemically, the follicles stained for bcl-6, CD20, and bcl-2 (Figure E), but not CD3, CD5, CD10, or cyclin D1.

A definitive diagnosis of extranodal multiple polypoid follicular lymphoma (grade 2) of the colon was made. Positron emission tomography and computed tomography were negative for more advanced disease and a bone marrow biopsy was also normal. The patient is now being treated with a combination chemotherapy using a rituximab containing regimen, and remains asymptomatic.

Follicular lymphoma typically arises in lymph nodes with spleen, liver and bone marrow involvement. Primary extranodal follicular lymphoma without peripheral lymphadenopathy is very uncommon.¹ Follicular lymphoma of the gastrointestinal tract is a low-grade lymphoma, usually presenting in the small intestine and characterized by positive reaction to B-cell markers and bcl-2 on immunohistochemical staining.

Malignant lymphomas of the colon represent about 0.2% of all colonic neoplasms and most frequently are diffuse large B-cell, mucosa-associated lymphoid tissue, and mantle cell lymphomas.² This phenotypic presentation, as multiple lymphomatous polyposis, has been reported in colon follicular lymphomas, but is more typical of mantle cell lymphoma.³ Treatment usually consists of chemotherapy containing rituximab (anti-CD20) and should be decided on a case-by-case basis owing to possible relapse and the often indolent course.¹

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