

CLINICAL IMAGE IN GASTROENTEROLOGY

A different kind of polyp[☆]

Un tipo de pólipo diferente

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A 67-year-old man had a surgical consultation due to presenting with anorexia, meteorism, and alternating bowel habits (diarrhea-predominant) that had started 3 months before. He did not complain of fever, weight loss, or abdominal pain. His past medical history was significant for appendectomy. A colonoscopy revealed multiple small

(<1 cm) non-ulcerated polypoid lesions –lymphomatous polyposis– extending from the ileocecal valve to the cecum (Fig. 1). The polyps were sessile, diminutive, and regular-shaped. The remaining colonic mucosa was unremarkable. Biopsies of the aforementioned polyps revealed small atypical lymphocytes and rare macrophages. Immunophenotypic

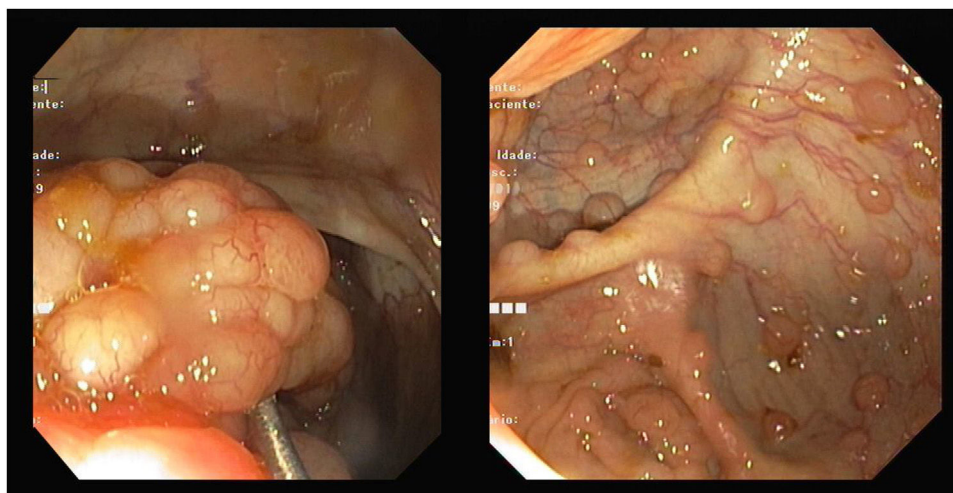


Figure 1 Cecal lymphomatous polyposis in white-light endoscopy.

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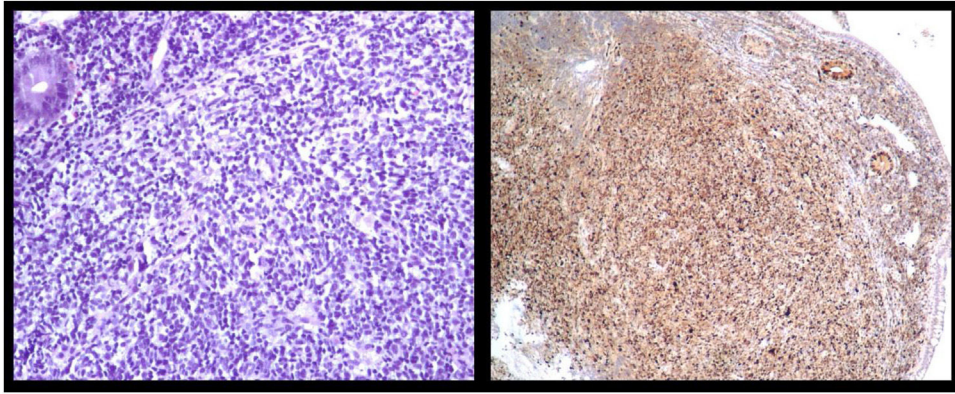


Figure 2 Population of small lymphoid cells ($\times 100$) (left side) and cyclin D1 immunostaining showing nuclear expression in the cells ($\times 100$) (right side).

analysis showed CD20, BCL2, BCL6, CD5, and cyclin D1 expression (Fig. 2). A positron emission tomography scan was positive for disseminated nodal involvement. Stage IV-A mantle cell lymphoma was diagnosed. The patient was started on rituximab and bendamustine, achieving remission. Mantle cell lymphoma is a subtype of B-cell non-Hodgkin lymphoma that commonly affects the gastrointestinal tract, particularly the ileocecal region.¹ Approximately 10% present as lymphomatous intestinal polyposis that may resemble polypoid syndromes on endoscopy.² The tumor is chemo-responsive. Most cases present at an advanced stage and the 5-year survival rate is 60%.³

Ethical considerations

The authors have the informed consent of the patient for the publication of his data/images. The institution's ethics committee was not involved, this clinical image is not part of a research study that requires authorization.

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Conflict of interest

The authors declare that there is no conflict of interest.

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