

# MULTIPLE LYMPHOMATOUS POLYPOSIS OF THE GASTROINTESTINAL TRACT SECONDARY TO MANTLE CELL LYMPHOMA: A CASE REPORT OF A 45-YEAR-OLD MALE.

Carvão J<sup>1</sup>, Serrão MG<sup>1</sup>, Pereira VM<sup>1</sup>, Sousa Andrade C<sup>1</sup>, Luis E<sup>2</sup>, Capelinha A<sup>3</sup>, Jasmins L<sup>1</sup>

1. Serviço de Gastreenterologia, Hospital Central do Funchal 2. Serviço de Hemato-Oncologia, Hospital Central do Funchal 3. Serviço de Anatomia Patológica, Hospital Central do Funchal

## INTRODUCTION

Mantle cell lymphoma (MCL) is a B-cell type lymphoma that accounts for 6-9% of non-Hodgkin’s lymphomas. The gastrointestinal (GI) tract is a common site for extranodal disease, however manifestation as multiple lymphomatous polyposis (MLP) is very rare, particularly in the younger patient. It was first described in 1961 as multiple sessile or pedunculated polyps occurring in the GI tract.

## CASE DESCRIPTION

### Identification and Personal History

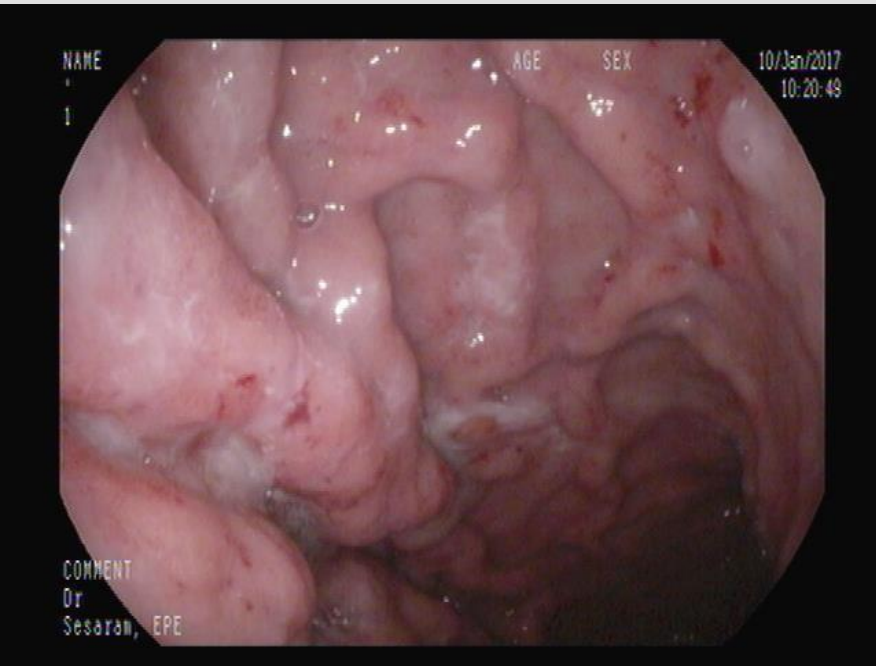
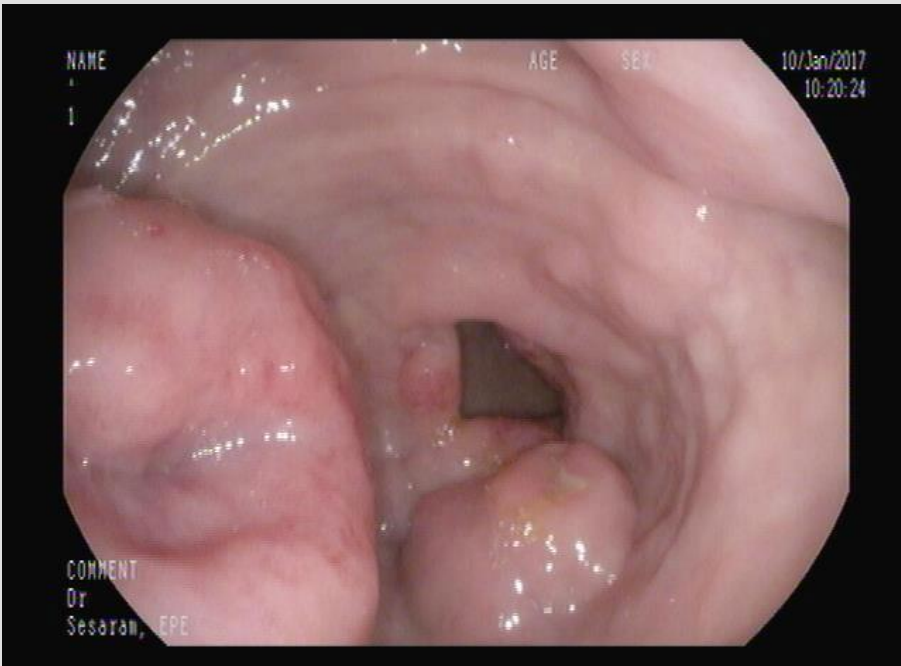
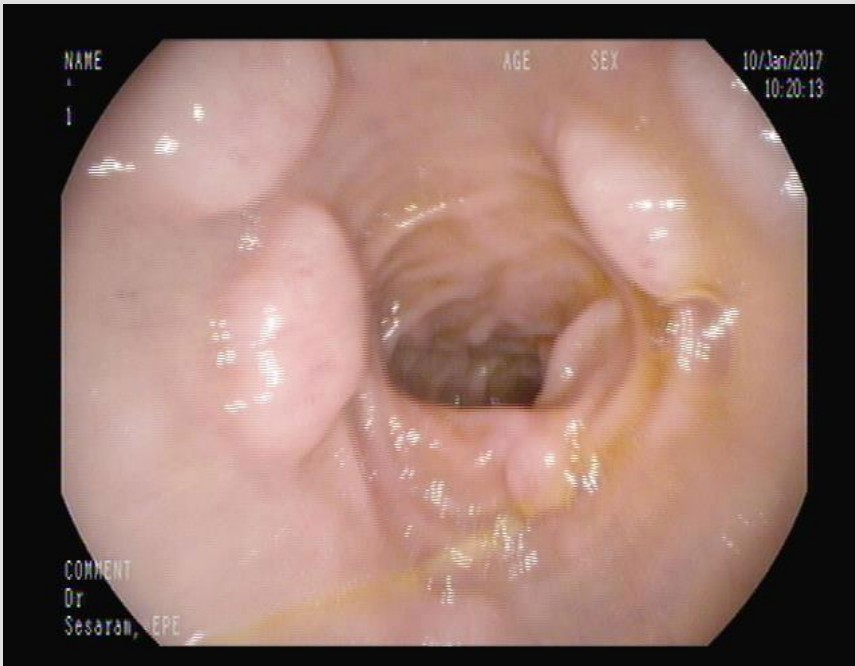
♂, 45-years-old, Healthy  
No previous history of smoking, alcohol, drug consumption or familial gastrointestinal cancer

### Referral to endoscopy unit


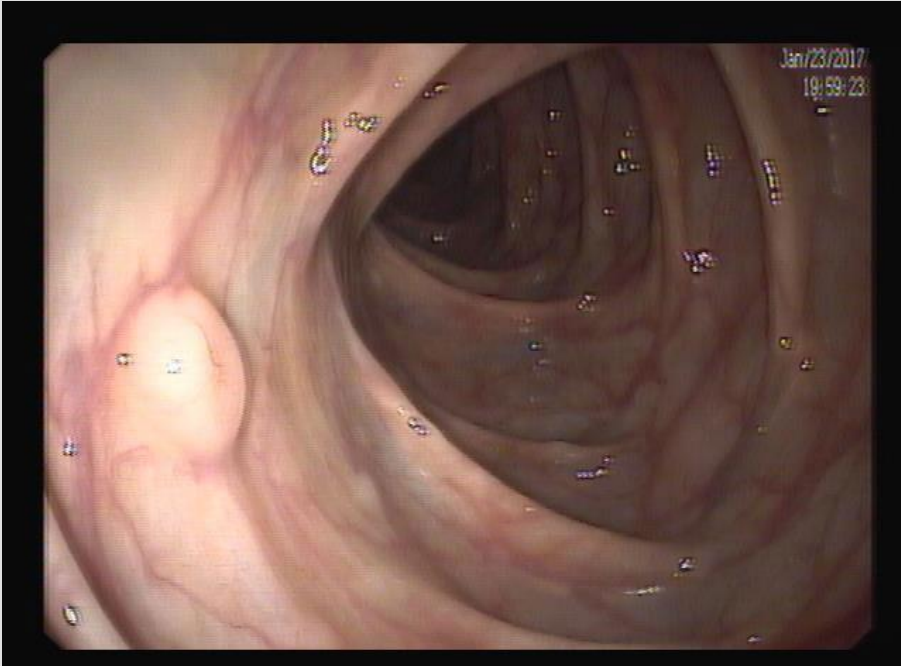
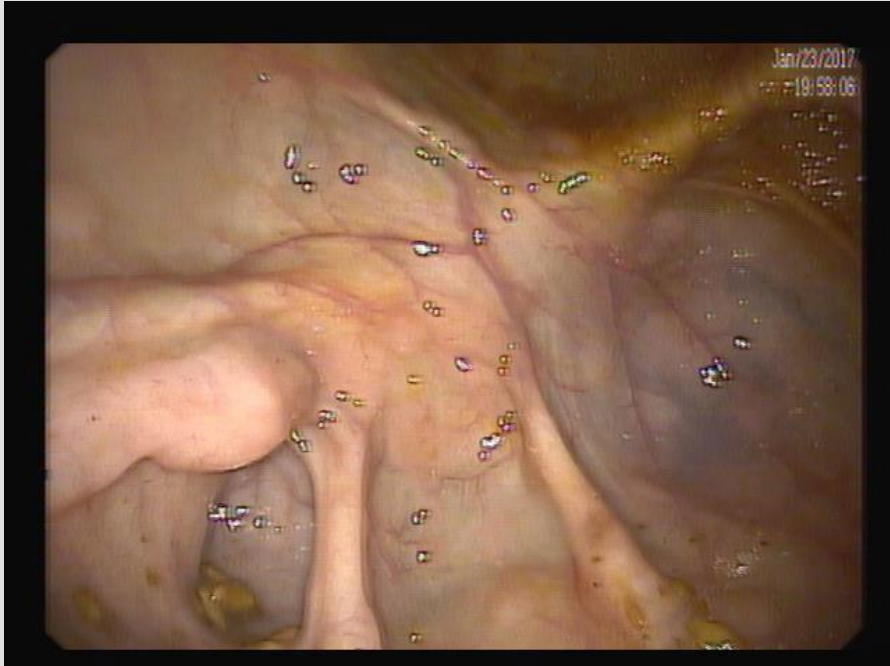
**Indication: ferropenic anaemia**

- + 3-week history of progressive anorexia, asthenia, shortness of breath and generalized oedema
- + Physical examination: pale, decreased breath sounds in both lower hemithoraces, palpable axillary and femoral lymphadenopathies, ascites and oedema in his lower limbs
- + Blood tests **microcytic and hypochromic anaemia** (haemoglobin 7.7 g/dL, MCV 78 fL), **thrombocytosis** ( $800 \times 10^9/L$ ), **high lactate dehydrogenase** (249 U/L) and **C-reactive protein** (55 mg/dl).

### Upper and Lower endoscopy





Upper endoscopy (UE) revealed small sessile lesions on the duodenal bulb and three large pseudo polypoid lesions with a depressed center. (Fig. 1-3).



Total colonoscopy revealed in the entire colon multiple sessile polypoid lesions with subepithelial appearance (and some with surface ulceration) (Fig. 4-6)

### Thoracoabdominal computed tomography (CT) scan



The thoracoabdominal (CT) scan showed exuberant involvement of the mesentrium, omentum, celiomesenteric, lomboaortic trunk and gastric wall by multiple adenopathies. A pleural effusion, ascites, mediastinal, axillary and femoral lymphadenopathies were also evident (Fig. 7-8)



### UE and Colonoscopy biopsies

Histopathology report: fragments of mucosa and submucosa with neoplastic lymphoid cells of medium size and irregular with fissure-like indentations in the nuclear membrane. Immunohistochemical markers: **CD20+**, **CD5+**, **cyclin D1+**, CD3-, CD23 -. Ki-67 was 60%

### Bone Marrow Biopsy: negative

## Mantle Cell Lymphoma presenting as MLP (Stage III Ann Arbor)

The patient underwent 6 cycles of chemoimmunotherapy with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone (R-CHOP). Due to partial response he is later submitted to an autologous hematopoietic cell transplant (HCT). Follow-up upper endoscopy revealed complete remission



## CONCLUSION

The authors describe a rare case of MCL presenting as MLP in a young adult. The diagnosis was made based on endoscopic findings and histopathological analysis. MCL is an aggressive lymphoma with most of the cases being diagnosed at an advanced stage. Overall survival is 3–4 years.

## REFERENCES

1. Dawsey SP, et all. Asymptomatic Multiple Lymphomatous Polyposis Identified during Staging Bidirectional Endoscopy of Mantle Cell Lymphoma, Case Rep Oncol 2016;9:661–665;