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IMAGE OF THE MONTH

Marginal-zone lymphoma: A rare presentation with multiple intestinal polyps



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KEYWORDS

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A 73-year-old woman underwent ¹⁸F-fluorodeoxyglucose positron emission tomography/computed tomography (¹⁸F-FDG PET/CT) as part of follow-up for a previous surgical treated breast cancer. ¹⁸F-FDG PET/CT revealed a high ¹⁸F-FDG uptake in the rectum, suspicious for malignancy. Colonoscopy showed multiple sessile polyps (Fig. 1) along the cecum and rectum. Histopathology disclosed a dif-

fuse infiltrate of small lymphocytes with a monocytoid appearance and clear cytoplasm (Fig. 2), showing a B-cell phenotype, positive for CD20 (Fig. 3) and negative for CD3, BCL6, CD10, CD5, CD23, cyclin D1. Lymphoepithelial lesions were noted (Fig. 2). The proliferative index (ki67 staining) was low (5%). Translocation t(11;14)(q13;q32) by fluorescence in situ hybridization (FISH) was absent. *IgH* gene rearrangement was detected. The diagnosis was of marginal-zone lymphoma (MZL) arising from mucosa-associated lymphoid tissue (MALT), presenting as multiple lymphomatous polyposis (MLP).

MLP represents a pattern of lymphoid neoplasms characterized by polypoid lesions in different intestinal segments. MPL is more frequently the extranodal presentation of man-

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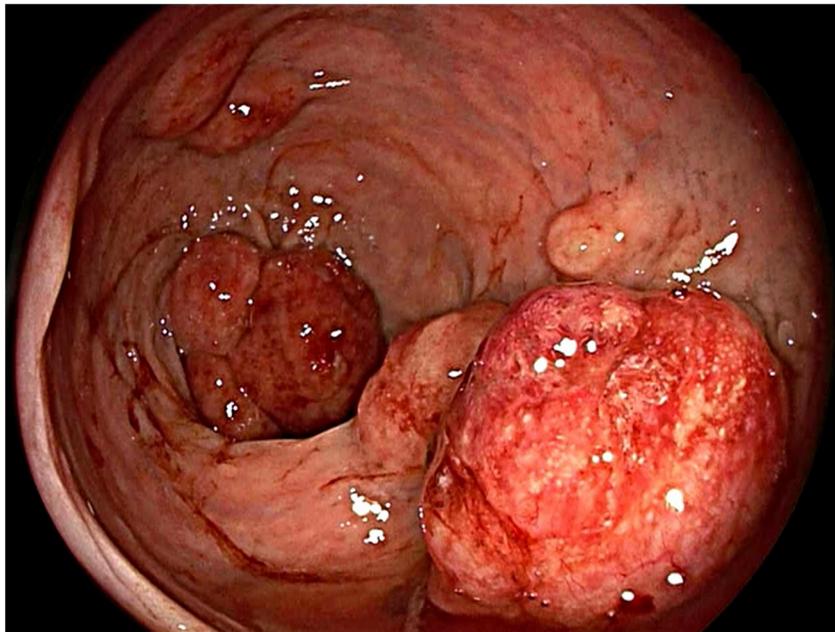


Fig. 1 At colonoscopy multiple colonic polypoid lesions were identified.

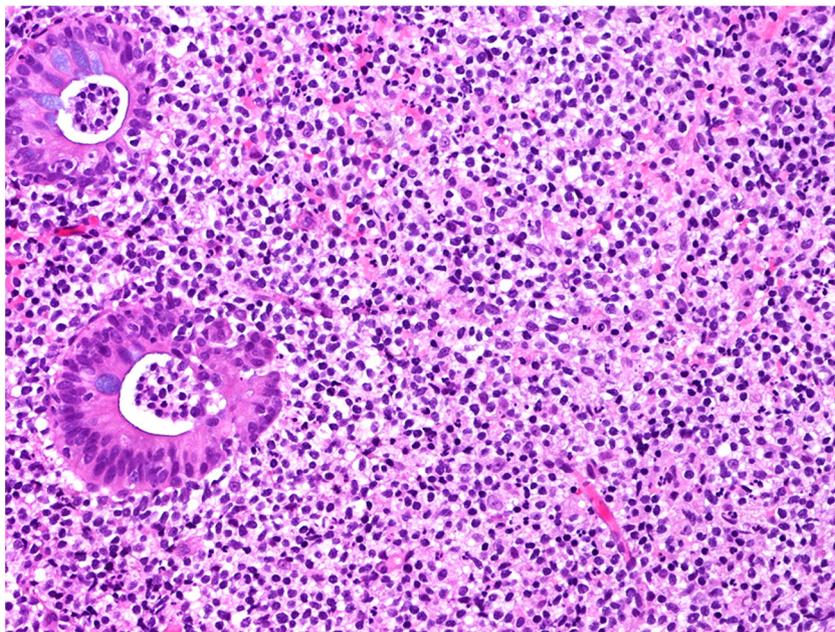


Fig. 2 Large bowel mucosa with diffuse infiltrate made up of small lymphocytes entering the glandular epithelium in clusters and realizing so-called lymphoepithelial lesions (HE 20 \times).

tle cell lymphoma (MCL), generally pursuing an aggressive course, differently from MALT lymphoma showing a good outcome [1,2]. Cyclin D1 negativity and the absence of t(11;14) by FISH analysis exclude MCL [1,2]. Colonic MALT lymphoma, unlike the gastric counterpart, is rare (2.5% versus 60–75%) and its presentation as MLP is even rarer [3–5]. A correct diagnosis is crucial, due to different prognosis and therapeutic strategies.

Author's contribution

Magda Zanelli and Maria Cecilia Mengoli drafted and wrote the paper; Cristiana Tioli, Riccardo Valli and Loredana De Marco made the original diagnosis; Maurizio Zizzo is the corresponding author and performed the editing; Stefano Ascani confirmed the original diagnosis.

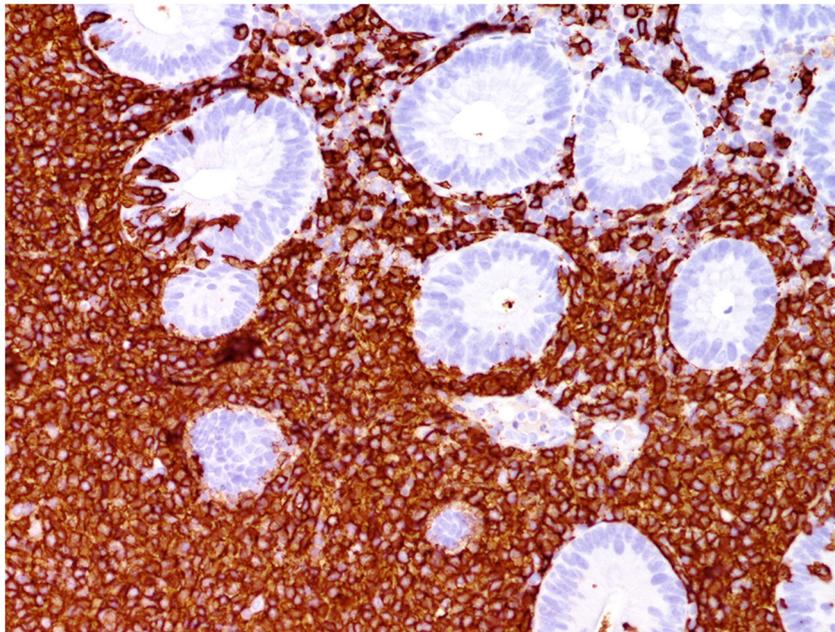


Fig. 3 The lymphoid cells show diffuse immunohistochemical positivity for CD20, confirming a B-cell phenotype (HE 20 \times).

Informed consent

Informed consent was obtained from patient for the publication of her information and images.

Disclosure of interest

The authors declare that they have no competing interest.

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