

Transverse Colonic Lymphoma: A Rapidly Progressing Disease

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Volume 2 Issue 7-2019

Received Date: 04 Dec 2019

Accepted Date: 21 Dec 2019

Published Date: 28 Dec 2019

Keywords: Transverse Colonic Lymphoma; Septic Shock; Urgent Exploratory Laparotomy; Segmental Colonic Resection; Monomorphic Epitheliotropic T Intestinal Lymphoma

1. Clinical Image

Primary lymphoma of the colon accounts for only 0.2-1.2% of all malignant colonic tumours. The gastrointestinal tract is affected in 30-40% of all primary extra-nodal lymphomas [1, 2]. Early diagnosis may preclude severe complications, such as perforation, haemorrhage or intestinal obstruction [3]. However, in most cases, the diagnosis is late, due to the unspecific signs and symptoms. Colonic lymphomas are more common in male adults. In the Caucasian population, almost all primary colorectal lymphomas are of B-cell origin [2].

We present the clinical case of a male patient of 54 years old, admitted to hospital for investigation of anaemia and fever of unknown origin. On the 4th day, he presented with abdominal pain and had an abdominal ultrasound followed by a computerized tomography (CT) (Figure 1) that showed a diffuse and circumferential thickening of the transverse colon. In few hours, he developed an acute abdomen, hypotension and severe pancytopenia. He underwent an urgent exploratory laparotomy, segmental colonic resection (Figure 2) and laparostomy due to severe hemodynamic instability. He was admitted to Intensive Care Unit in the immediate post-operative period, but evolved to refractory shock and deceased in less than 24 hours.



Figure 1: CT scan with contrast - axial view of a thickened segment of transverse colon.

The histologic exam (Figure 3) revealed a transmural monomorphic epitheliotropic T intestinal lymphoma (MEILT), 12cm long, with metastases in all of the 26 lymphatic nodes removed.

Primary lymphoma of the colon may have an insidious presentation [2]. Thus, an early diagnosis requires an elevated suspicion index. It is necessary a multidisciplinary approach to these patients [1,2]. Most patients will have indication for an abdominal surgery in the course of the disease [4]. Intestinal perforation occurs in nearly 30% of cases and represents a severe complication with high mortality, due to the poor physiologic reserve of these oncologic patients [3].

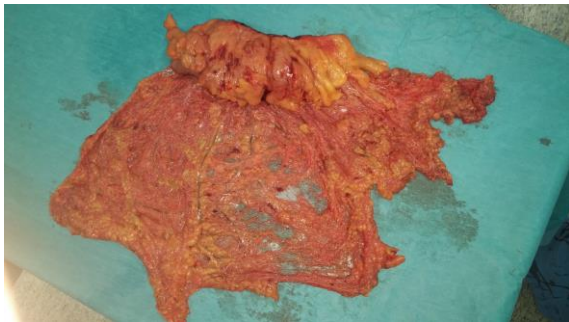


Figure 2: Specimen of segmental colonic resection procedure.

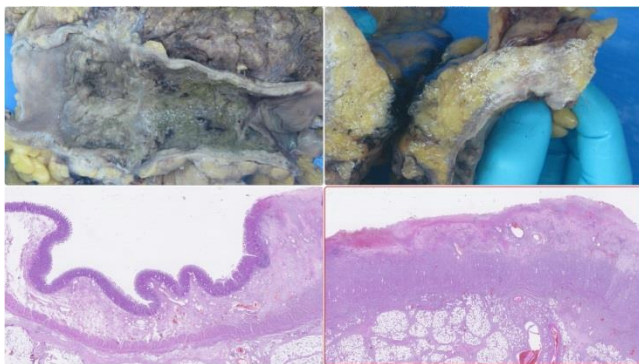


Figure 3: Macroscopic (upper images) and microscopic (lower images) evaluations of the specimen.

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