中文題目：以血便為表現的大腸黏膜相關淋巴組織淋巴瘤

英文題目：Colonic mucosa-associated lymphoid tissue lymphoma (MALToma) presenting with bloody stool in a 69-year-old woman

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Introduction:

MALToma is a subtype and accounts for about 3.9% of non-Hodgkin lymphoma.[1] The most common site is the stomach, but also found in the skin, salivary glands, lung, small bowel, and other sites, of which colonic MALToma is rarely seen. Here, we presented a case with presentations of bloody stool and successfully treated with a good outcome.

Case presentation:

This 69-year-old woman presented with bloody stool and sought medical attention at the outpatient clinic at this hospital. She had received a diagnosis of hypertension and an endoscopic diagnosis of the Los Angeles Classification grade A of gastroesophageal reflux disease, gastritis, and a gastric fundic gland polyp, for which she had been followed up at the outpatient clinic setting but lost follow-up for 2 years. She reported no use of cigarettes or alcohol. There were no known allergies and no family history of known malignancies of the colon.

She received a colonoscopic examination, which was performed up to the cecum, and revealed a 12mm type 0-Isp (semipedunculated) polyp at the ascending colon.[2] Endoscopic mucosal resection (EMR) followed by hemoclipping was done to the polyp. The pathology report of the polyp revealed extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma), which was positive for CD20, BCL2, equivocally positive for CD43, and the Ki67 proliferation index was 6%. The postprocedural course was uneventful. Esophagogastroduodenoscopy revealed erosive gastritis, suspected intestinal metaplasia. Endoscopic biopsy revealed chronic gastritis with focal intestinal metaplasia and no *Helicobacter pylori* was seen in the superficial gastric pits by H&E stain. A computed tomography of the chest, abdomen, and pelvis for tumor screening revealed negative results. She remained well without recurrence during the follow-up as an outpatient for 3 years.

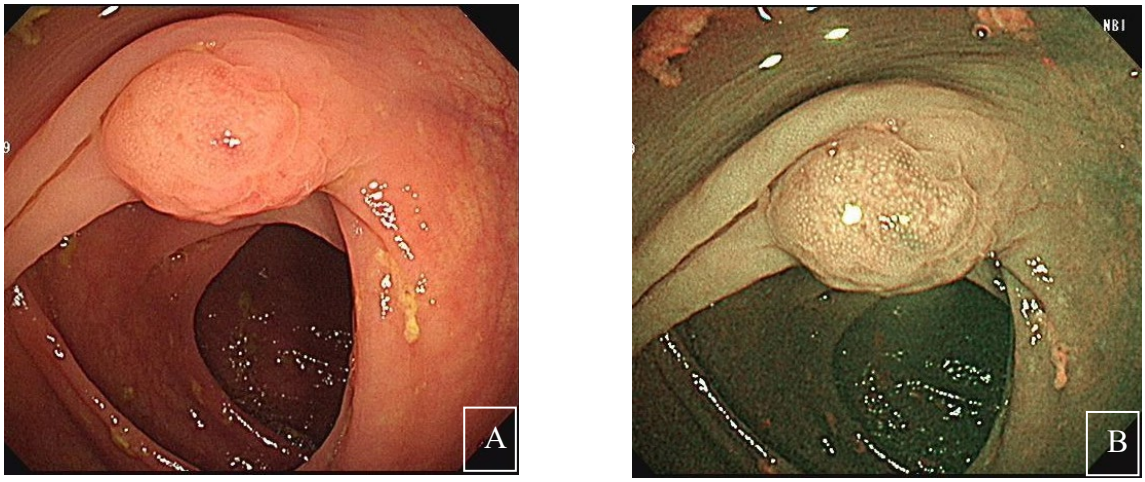

Figure 1. A: Colonoscopic image of the ascending colon revealing a 12mm type 0-Isp (semipedunculated) polyp which was pathologically proven MALToma. B: Using narrow band image (NBI) to the polyp as virtual chromoendoscopy.

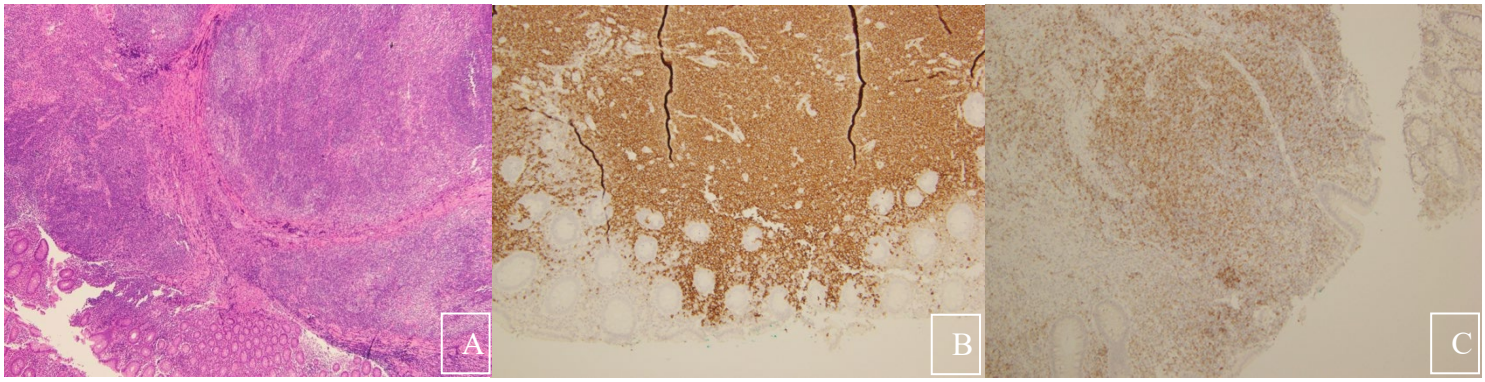

Figure 2. A: The histopathological examination (H&E stain, original magnification x100). B: By immunohistochemistry, the atypical lymphoid cells are positive for CD20. C. Positive for Bcl-2.

Discussion:

MALToma is a subtype of marginal zone lymphoma in the extranodal tissue, of which the stomach is the most common place. The primary sites also include oral cavity, salivary glands, nasopharynx, lung, small intestine, colon/rectum, spleen, skin, and eye/adnexa.[3] The disease process is rather indolent since

MALToma mostly presents with the early stages. *Helicobacter pylori* (HP) eradication is usually curative for gastric MALToma infected with HP without the need of surgical intervention, chemotherapy or other treatment. However, advanced stages are also seen and could lead to poor prognosis, and may require chemotherapy, radiotherapy, and immunotherapy.

Colonic MALToma is a rare entity and accounts for only about 4.5% among all MALToma. The median age is 68 years old and the disease rate of females is similar to males from 18 United States (US). Surveillance, Epidemiology and End Results (SEER) Program population-based registries.[3] The rectum (74.0%) as the most common sites and the ascending colon (13.6%) as predominant of colon were reported in a reviewed 50 case reports of colorectal MALToma from 1993 to 2017.[4] The 5-year survival rate is 93.9% in the US statistics.[1] The tumor recurrence rate was also reported to be low (6.8%).[4] The endoscopic findings are variable, including polypoid, flat, elevated and semipedunculated lesions with smooth, granular or nodular surface. Systemic disease such as bone marrow involvement is rare.[5] Surgery or endoscopic mucosal resection (EMR) with total removal of primary tumor could be curative in localized diseases. Antibiotics treatment of HP is controversial for colonic MALToma, although some case studies showed regression after HP eradication.[5] Overall, the prognosis of colonic MALToma is good with the indolent characteristics and usual presentations of early stages.

Conclusion:

Our case demonstrated that colonic MALToma has presentations of bloody stool and could be treated successfully through an endoscopic mucosal resection (EMR) for early stages. Our case highlights that physicians' awareness and alertness to bloody stool or any non-neglectable symptoms lead to timely diagnosis of colonic MALToma, and in our case it eventually came with a great outcome after a successful complete resection.

References:

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