RESEARCH PAPER | Medical Science | Volume : 5 | Issue : 1 | Jan 2015 | ISSN - 2249-555X

# Relapse of G I Lymphoma at new site in GI tract 10 years after successful treatment - A Case Report

KEYWORDS: Gastric lymphoma , Rectal lymphoma , NHL, Relapse

| Dr.Sanjay Sharma | Dr.Sanjay Desai |
|---|---|
| Senior Resident (MCh), | Professor & Head (MCh), |
| **Dr. Shreyas Somnath** | **Dr. Suvadip Chakrabarti** |
| Senior Resident (MCh), | Senior Resident (MCh) |

**ABSTRACT** *We report a 50 year old female patient presented with a history of bleeding per rectum & itching per anal , she was diagnosed rectal non hodgkin lymphoma . The lady was treated for gastric non hodgkin lymphoma 10 years back .We report this case because its rare to relapse of GI Lymphoma at new site in GI tract 10 years after successful treatment*

## INTRODUCTION

Most common site for Non Hodgkin Lymphoma is nodes, extranodal involvement accounts 40% and stomach followed by small intestine are common sites, Colorectal lymphoma compromise 6%-12%, which are secondary involvement of the wide spread diseases. rectal lymphoma as a relapse is very rare. Mostly males in the fifth-seventh decade are affected .Abdominal pain, loss of weight, palpable abdominal mass or lower gastrointestinal bleeding are main symptoms, Obstruction and perforation are relatively rare in patients with colorectal lymphoma .

## CASE REPORT

A 50 year female, presented in our department with complaint bleeding per rectum and perianal itiching 2 months duration , significant weight loss (lost more than 10 kg in 2 months ) , On examination she was pale ,no lymphadenopathy, no hepatosplenomegaly . On per rectal examination ulcerated mucosa with irregular thickening of rectal wall, 6-7 cms from anal verge . She was evaluated , her haemogram showed Hb – 5 gm% , rest counts within normal limit. Serum LDH-551 Iu/L , Serum CEA 0.84 ng/ml , chest xray was normal , contrast enhanced computerized tomography ( CECT) Abdomen showed symmetrical circumferential rectal and anal canal wall thickening with multiple perirectal enlarged lymph nodes, rest of contrast filled distended bowel loops appear normal.. Colonoscopy showed multifocal thickened ulcerated mucosa involving rectum. Biopsy from rectal lesion suggestive of Non Hodgkin Lymphoma .Upper GI Endoscopy patchy mucosal hyperemia with erosions present in body , antrum& fundus. Biopsy from gastric mucosa was Erosive Gastritis. Bone Marrow biopsy showed Micronormoblastic maturation . she had past history of treatment of gastric nonhodgkin lymphoma 10 years back , she had received 6 cycles of CHOP, she was on regular follow up . She was treated with multidisciplinary team for chemotherapy .

## DISCUSSION

Lymphomas are hematologic malignancies with a wide variety of histologic subtypes and a broad spectrum of clinical behavior, aggressiveness, and prognosis.Lymph node is the most common site for NHLNHL is classified by World Health Organization (WHO) as diffuse large B-cell lymphoma, extranodal marginal zone lymphoma (mucosa-associated lymphoid tissue [MALT]-associated lymphoma), mantle cell lymphoma (MCL), Burkitt's lymphoma, and follicular lymphoma.1Extranodal lymphomas account 40%, G I tract is the common site2 , stomach followed by small intestine3Overall, primary colorectal lymphoma accounts for 1.4% of all cases of non-Hodgkin's lymphoma (NHL)4and less than 1% of all colorectal malignancies.5We are reporting the case because of it is rare for rectal lymphoma to present as relapse .

Primary gastrointestinal lymphoma is a disease entity that occurs in the absence of evidence of systemic disease. Our patient fulfiled the criteria for primary gastrointestinal lymphoma, described by Dawson et al[6] Her chief complaint was bleeding per rectum , perianal itching& weight loss ,Weight loss and abdominal pain are the most common presenting symptoms in patients with primary colorectal lymphoma . Fan et al reported that 62% of patients presented with pain and 43% presented with weight loss in their series of 37 patients with colorectal lymphoma,[5] and Zighelboim and Larson reported a 40% rate of abdominal pain and weight loss in their series of 15 patients with colorectal lymphoma.[8] Lower gastrointestinal bleeding occurs in approximately 20% of patients.[5,7]

Her pervious histology was NHL but IHC is not available. Rectal lymphoma on biopsy was NHL of Diffuse large B-cell lymphoma.[3,7](DLBCL).DLBCLis the most common histologic subtype however in stomach MALT-associated lymphomas ,low-grade tumors arising from B cells are common. DLBCL are aggressive and are composed of rapidly proliferating cells of B-cell origin . In stomachMALT-lymphomas areassociated with H pylori infection &can be successfully treated by *H. pylori* eradicationalone.[8] Colorectal MALT lymphomas are also associated with H .pylori but they behave and are treated as a different clinical entity. Chronic immunosuppression including patients with inflammatory bowel disease, those with human immunodeficiency virus infection, and transplant recipients are at increased risk for colorectal lymphoma.

## CONCLUSION

Lymphomas have tendency to recur after many years of treatment but it is very rare for rectal lymphoma to present as relapse 10 years after treatment of gastric NHL , so regular follow up is needed .

Volume : 5 | Issue : 1 | Jan 2015 | ISSN - 2249-555X

**REFERENCE**

1. Harris N L, Jaffe E S, Diebold J, et al. Lymphoma classification—from controversy to consensus: the R.E.A.L. and WHO Classification of lymphoid neoplasms. Ann Oncol. 2000;11(Suppl 1):3–10. | 2. Zucca E, Roggero E, Bertoni F, et al. Primary extranodal non-Hodgkin's lymphomas. Part 1: Gastrointestinal, cutaneous and genitourinary lymphomas. Ann Oncol. 1997;8:727–737. | 3. Koch P, del Valle F, Berdel W E, et al. Primary gastrointestinal non-Hodgkin's lymphoma: I. Anatomic and histologic distribution, clinical features, and survival data of 371 patients registered in the German Multicenter Study GIT NHL 01/92. J ClinOncol. 2001;19:3861–3873 | 4. Doolabh N, Anthony T, Simmang C, et al. Primary colonic lymphoma. J SurgOncol. 2000;74:257–262 | 5. Fan C W, Changchien C R, Wang J Y, et al. Primary colorectal lymphoma. Dis Colon Rectum.2000;43:1277–1282. | 6. Dawson I, Cornes J, Morson B. Primary malignant lymphoid tumors of the intestinal tract. Report of 37 cases with a study of factors influencing prognosis. Br J Surg. 1961;49:80–89. | 7. Zighelboim J, Larson M V. Primary colonic lymphoma. Clinical presentation, histopathologic features, and outcome with combination chemotherapy. J ClinGastroenterol. 1994;18:291–297. |