



ORIGINAL RESEARCH PAPER

General Surgery

PRIMARY LYMPHOMA OF THE COLON – A MASQUERADER OF RIGHT ILIAC FOSSA MASS

KEY WORDS: Primary lymphoma , B cell lineage , DLBCL , RIF mass

Dr. P. Pavithran	Surgery Resident, Institute of General Surgery, Madras Medical College, Chennai – 600003.
Dr. K. Senthil Kumar	M.S, Senior Assistant Professor , Institute of General Surgery , Madras Medical College , Chennai – 600003
Dr. P. Thangamani	M.S, Professor, Institute of General Surgery, Madras Medical College, Chennai – 600003.
Dr. R. Kannan	M.S, Professor and Head of Department , Institute of General Surgery , Madras Medical College , Chennai – 600003

ABSTRACT
 Primary lymphoma of the colon , a not so surgical entity at times can be one of the differential diagnosis of the Right Iliac Fossa mass. Lymphoma of the gastrointestinal tract are more commonly seen in stomach , small intestine followed by large intestine . Among large intestine it is more commonly seen in caecum followed by rectum and ascending colon . The clinical significance lies in the rarity of these conditions and mimicking a adenocarcinoma colon. So high index of suspicion is required in diagnosing these conditions preoperatively and guiding in the right path of management . Lymphoma can be of their B cell or T cell origin . B cell lineage are the most commonly occurring entity accounting for 90% ; of which Diffuse Large B cell Lymphoma and MALToma are most common . Hereby presenting a case of 74 year old female who presented with Right iliac fossa mass and loss of weight posing a diagnostic challenge preoperatively and turned out to be a Primary Lymphoma of the colon in Post op Histopathology.

CASE REPORT

A 74 year old postmenopausal women presented with chief complaints of Loss of weight for 6 months – around 10 kg in a span of 4 months Altered bowel habits – alternating constipation and diarrhea for 6 months No other significant symptoms present Known case of Diabetes mellitus on metformin – controlled Attained menopause around 30 years ago No significant family history and risk factors

Examination

Patient conscious and oriented Moderately built Mild pallor and Bilateral pedal edema present

Abdomen

Mass palpable in the right iliac fossa of size 5×5 cm, non tender, mobile, firm in consistency, irregular surface and well defined margins

No other abnormality detected

CVS:-

S1 S2 heard ; No added sounds

RS:-

Bilateral air entry present ; No added sounds

Investigation

CECT abdomen –

Circumferential wall thickening noted in terminal ileum, ileocaecal junction and caecum. Multiple enlarged lymphnodes noted in right ileocolic and aortocaval area.

Tumor Market

CEA – 2.55 (within normal limit)

Colonoscopy

Nodular growth noted in the caecum and biopsy was taken

Pre op Biopsy:-

Chronic active colitis But patient was proceeded with surgery considered the age and clinical presentation

Procedure Done:-

Right hemicolectomy with ileotransverse anastomosis

Post op HPE:-

Diffuse large B cell lymphoma of the colon

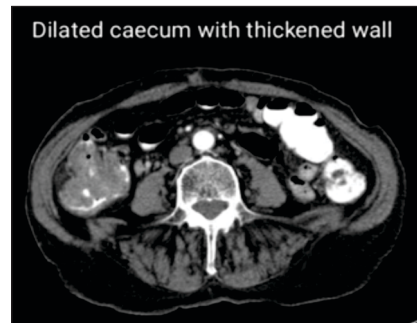


Fig 1 CECT abdomen and pelvis



Fig 2 Specimen Of Right Hemicolectomy

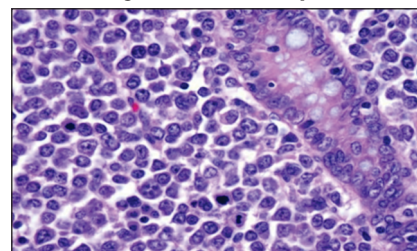


Fig 3 HPE image of DLBCL

Post Op Followup

Multidisciplinary tumor board opinion obtained – patient was advised chemotherapy CHOP regimen and doing well at present

DISCUSSION

Primary lymphoma of the colon is a medical entity managed by chemotherapy as a first line treatment. Surgery comes into play in case of obstruction , bleeding and perforation . However due to diagnostic difficulty , most of the cases land up in surgery before diagnosis . Thus a high index of suspicion needed to diagnose this condition masquerading a right iliac fossa mass. Mostly commonly seen in old age group. Risk factors include EBV , H.pylori and HIV infection also immunosuppression and celiac disease. Immunohistochemistry helps in further delineation and definitive diagnosis . Criteria for diagnosis (Dawson's) include no palpable superficial lymphadenopathy, chest X ray showing no mediastinal lymphadenopathy, no hepatosplenomegaly, normal white cell count and primary bowel lesion on laparotomy with enlarged lymph nodes in the vicinity.

CONCLUSION

Primary lymphoma of colon requires multimodal treatment with surgery being the palliative resort . Hence knowledge about this condition is required to avoid major surgeries .