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Gastrointestinal

Computed tomography findings of diffuse gastrointestinal mantle cell lymphoma

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ABSTRACT

Multiple lymphomatous polyposis is an uncommon type of primary non-Hodgkin's lymphoma, characterized by multiple lymphomatous polyps along the gastrointestinal tract. We present 2 cases of diffuse gastrointestinal involvement and illustrate radiological and pathologic findings.

Introduction

There are several causes for intestinal polyposis, most commonly representing hereditary forms of adenomatous or hamartomatous polyps. Lymphoma presenting as multiple intestinal polyps is rather uncommon. Multiple lymphomatous polyposis (MLP) is a rare type of primary non-Hodgkin's lymphoma, characterized by multiple lymphomatous polyps along the gastrointestinal tract. We present 2 cases of diffuse gastrointestinal involvement and illustrate radiological and pathologic findings.

Case report

Case 1

The patient is a 49-year-old man diagnosed with HIV infection 5 years ago and receiving highly active antiretroviral therapy

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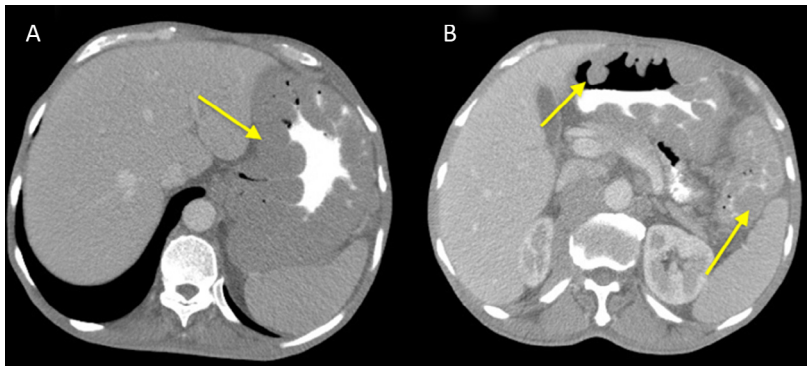

Fig. 1 – Axial post-contrast computed tomography (CT). (A) Diffuse gastric wall thickening (arrow). (B) Multiple polyps throughout the small bowel and colons (arrows).

(HAART) for the past 3 years. He complained of intermittent diarrhea, abdominal pain, and weight loss (10 kg) for the last 3 months. His physical examination revealed a painful abdominal mass in the right iliac fossa, and bilateral palpable lymph nodes in cervical and inguinal region. Computed tomography (CT) showed multiple polyps throughout the entire gastrointestinal tract, multiple enlarged lymph nodes in the mesentery (Fig. 1), and an exuberant thickening of the distal ileum, which represented the clinically palpable mass. Colonoscopy and upper gastrointestinal endoscopy confirmed CT findings of multiples polyps through the gastrointestinal tract. Biopsies of the lesions and bone marrow biopsy were performed.

Case 2

A 64-year-old and previously healthy male was admitted to our hospital with a 10-month history of bloody diarrhea, abdominal pain, fatigue, and weight loss (20 kg). On physical examination, there were signs of anemia and an epigastric palpable mass without tenderness. Lymph nodes were not palpable. Laboratory studies included the following: hemoglobin 7.8 g/dl (normal 13-18) and white blood cell count 1624/mm^3 (4000-10,200). Abdominal CT showed multiple retroperitoneal and mesenteric lymphadenopathy and hepatosplenomegaly. Gastric and colonic wall thickening and also multiple polyps through the gastrointestinal tract were also noted (Fig. 2).

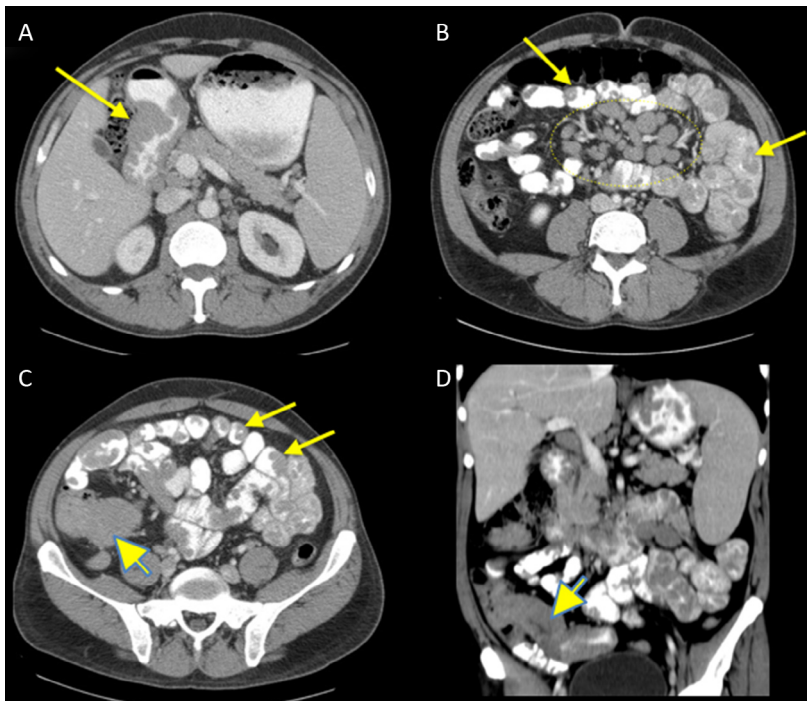

Fig. 2 – Axial (A, B, and C) and coronal (D) post-contrast computed tomography (CT) showing multiple polyps throughout the small bowel and colons (arrows) and also lymphadenopathy (dotted circle). Notice diffuse terminal ileum thickening (C and D), palpable on physical examination (arrowhead).