

Case report

Colon lymphoma: case report and literature review.

ABSTRACT

Colorectal lymphoma is a rare entity, its diagnosis is most often delayed given the non-specific symptoms.

We report the case of a patient who presented an abdominal pain and was diagnosed with right colon lymphoma.

The aim of our study is to share our experience based on surgery as the cornerstone of treatment

Keywords: colon Lymphoma, non-Hodgkin lymphoma, surgery, chemotherapy.

Comment [MF1]: The paragraph must be rephrased to give more information about the topic

1. INTRODUCTION

Colorectal lymphoma is a very rare disease and represents less than 1% of colorectal cancers (1), the stomach and small bowel are more frequently affected. The most common variety of colonic lymphoma is non-Hodgkin's lymphoma (NHL).

Most cases are diagnosed between the age of 50 and 70 years, with a male predominance (2/1).

Symptoms suggestive of colonic lymphoma are mainly aspecific.

The treatment varies from chemotherapy alone to multimodal therapies combining surgery, chemotherapy and radiotherapy (2).

2. CASE REPORT:

A 38-year-old male patient with no medical history, who was admitted for a complaint of hypogastric and left iliac fossa pain for more than two months associated with a chronic constipation.

Abdominal examination reveals hypogastric tenderness with a palpable mass, and rectal examination does not identify any abnormalities.

The initial biological assessment was normal, with a hemoglobin value of 13.2 g/dL, white blood cells 9300/mm³ and platelets value of 209000/mm³.

Abdominal CT Scan revealed a circumferential thickening of the right colon wall with some mesenteric adenopathies in the right iliac fossa.



Figure 1: Abdominal CT scan showing right colon parietal thickening

Colonoscopy showed an irregular hyperplasia and congestion of the intestinal mucosa of the right colon with partial luminal obliteration, multiples biopsy and pathological analysis were inconclusive.

Our patient underwent surgery, a median laparotomy was performed which revealed a mass in the descending colon, neither ascites nor secondary deposits in the liver or peritoneum were detected at exploration. Right hemicolectomy was performed with ileo-transverse, side-to-side anastomosis.

Comment [MF2]: The paragraph is very short and has few clues.

Comment [MF3]: 1_ The researcher must provide detailed information about the history of the case, such as the country and the name of the hospital. To increase scientific sobriety. 2_ The researcher mentioned in the introduction that most cases of diagnosed infection are between the ages of 50-70 years and the age of the infected person is 38 years? This must be clarified.

Comment [MF4]: The researcher is supposed to focus on more important tests such as differential counting. And ESR ratio. These tests are directly related to the case studied.

Comment [MF5]: In cases of minute injuries, there are more accurate tests such as MRI and BetaScan. Did the researcher conduct one of these tests?

Comment [MF6]: A mark must be added to the intended area to indicate the affected section. The picture changes more clearly.

Comment [MF7]: Reword the paragraph to give more information.

Comment [MF8]: 1 - Was this procedure diagnostic or therapeutic? 2_ Was the tumor on the inner (internal) surface or on the outer (external) surface of the right colon? 3_ More detailed information must be given about the size of the tumor, its measurements, and its exact location.

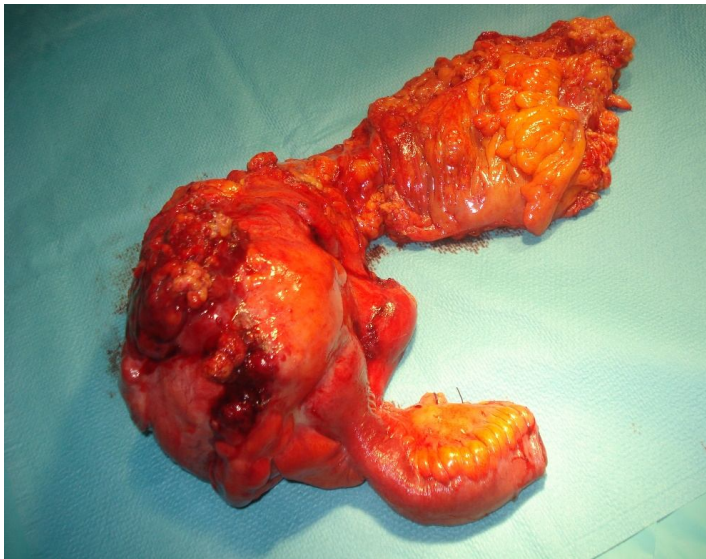


Figure 2: Resected mass of the ascending colon

Histopathological investigation of the resected mass revealed it to be lymphoma. Immunohistochemically, tumor cells were found positive for CD20 and CD45, but negative for CD3, which allowed us to make the diagnosis of diffuse large B cell lymphoma.

The resected margins were tumor free and the lymph nodes showed reactive hyperplasia.

Outcomes were uneventful through the patient was referred to Oncology department where he received six cycles of chemotherapy following surgery (CHOP).

3. DISCUSSION

Lymphomas of the gastrointestinal tract are the most common type of primary extranodal lymphoma, representing 5-10% of all non-Hodgkin's lymphoma(3). Majority of these arise in the stomach (up to 65% of all GI lymphoma) followed by the small bowel (20–30%) with rest arising in the colon and rectum (3–5)

Primary lymphoma of the colon is a rare tumor of the gastrointestinal tract that comprises only 0.2-1% of all colonic malignancies(6).

The most common symptoms of colonic lymphoma are abdominal pain, nausea, vomiting, weight loss, abdominal mass, transit disorder (3,5) rarely obstruction (4,5), These non-specific symptoms explain the delay in diagnosis (5). Large masses can usually be palpated by a simple physical examination.

Colorectal lymphoma is screened often by computed tomography (CT). It provides extraluminal and anatomical information about the size and extent of the tumor, the depth of invasion, and the involvement of regional lymph nodes. Radiographic findings associated with colorectal lymphoma are generally nonspecific and show significant similarity to those of other types of colorectal disease including colorectal adenocarcinoma(7).

Comment [MF9]: 1_ A mark must be added to the affected area.
2_ A picture must be added with a surgically opened section of the inner surface of the affected area.
3_ More comments should also be added about the color change and congestion of the affected area and its surrounding areas.

Comment [MF10]: This statement must be marked on the picture and mentioned in the margins

Comment [MF11]: 1_ The paragraph does not contain images of histological sections.
2_ The researcher did not mention the reason for choosing the immune markers CD3, CD20, and CD45.
3_ The researcher did not mention any information about the method of conducting clinical tests for immune markers and pigmented cells.

Comment [MF12]: The treatment must be mentioned in detail, such as the time period for each dose, the type of treatment, etc

Due to its rarity and nonspecific clinical and radiographic signs, the diagnosis of colorectal lymphoma is difficult to make. In the non-emergency setting, the diagnosis can usually be made preoperatively through a colonoscopy to obtain tissue biopsies(7).

Surgery is the mainstay of treatment followed by chemotherapy(8); radical resection of the tumor (hemicolectomy) is then performed plus adjuvant multidrug therapy based on the CHOP protocol (cyclophosphamide, doxorubicin, vincristine and prednisolone). Surgery alone may be considered suitable treatment for patients with low-grade NHL whose infiltration has not spread beyond the submucosa(8). In late stages patients, biopsy is followed by multi-drug chemotherapy(9), However, the prognosis of colon lymphoma is related to surgery, so it seems appropriate and prudent to resect colon lymphoma whenever possible(10,11).

Prognosis is often varied with median survival of above 5 years reported in various series. |

4. CONCLUSION

Colorectal lymphoma is a rare disease, constituting a small percentage of colorectal malignancies and gastrointestinal lymphomas.

Most patients present nonspecific symptoms, which often delays the diagnosis and leads to an advanced stage at the time of diagnosis.

Treatment of colorectal lymphoma usually consists on surgery followed by multi-agent systemic chemotherapy.

Unfortunately, despite aggressive treatment, the majority of colorectal lymphoma patients eventually experience recurrence.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

REFERENCES

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Comment [MF13]: 1_ The paragraph is more like an introduction than a discussion.
2_ The discussion should be more closely integrated into the title of the study.
3_ It is necessary to mention citations of more than one recent study that is related to the topic.
4_ I recommend rephrasing the paragraph.

Comment [MF14]: Recommendation points must be added to the conclusion for the study to achieve its purpose, such as conducting periodic examinations for those suffering from the same symptoms.
Conduct more studies on methods of diagnosing the disease to help in early diagnosis of the disease, etc

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Comment [MF15]: Some references are old. I recommend replacing it with more modern sources and increasing the number of sources.

Final evaluation of the study.

Comment [MF16]: I recommend accepting the study with a commitment to making all amendments in detail.

With my deepest thanks and respect