A 57-year-old woman with a history of acute myelogenous leukemia had received chemotherapy. Thereafter, she was relatively stable with complete remission. After 8 years, the woman visited hospital for evaluation of intermittent abdominal fullness. Both physical examinations and laboratory studies were unremarkable. Double-contrast barium study and abdominal computed tomography disclosed a single mass of about 2 × 3 cm in the ascending colon (Figs. 1 and 2). Colonoscopy confirmed a single polyoid mass in the ascending colon (Fig. 3).

Endoscopic mucosal resection was accordingly performed. Histopathological examination showed proliferation and aggregation of many atypical lymphoid cells, consistent with atypical lymphoid hyperplasia (Fig. 4). The woman underwent colonoscopy 3 months later, which revealed that the mucosa of the lesion site had healed well. Atypical lymphoid hyperplasia is a condition usually related to an underlying immune dysregulation, or a reactive change to various inciting antigens or irritating stimuli [1–4]. To our knowledge, this is the first reported case of polyp-like atypical lymphoid hyperplasia in the colon; this may be considered a pre-lymphomatous state, and close follow-up is recommended [4, 5].

Competing interests: None

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