A 67-year-old man came to the gastroenterology clinic in 2013 for follow-up of a slow-growing asymptomatic colonic polyp. The polyp was first found on screening colonoscopy in 2006. It was smooth, sessile, 2cm in size, and located in the transverse colon (Fig. 1). Histo-pathology results from the biopsy showed dense infiltrates of CD20+ lymphocytes within the lamina propria and a diagnosis of low grade extranodal mucosa-associated lymphoid tissue (MALT) lymphoma was made. The abdominal positron emission tomography-computed tomography (PET-CT) scan was unremarkable. Colonic MALTomas account for only 2.5% of all MALTomas [1]. Such MALTomas do not have a strong association with Helicobacter pylori infection and may not respond to H. pylori treatment [2–5]. They should be managed as non-Hodgkin lymphoma by experienced oncologists. In conclusion, MALToma should be considered in the differential diagnosis of large polyps with a non-pitting surface or ulceration, or of polyps with ill-defined borders seen during screening colonoscopy.


Bibliography


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