Malignant lymphoid polyp – a new category of disease in the large intestine

The gastrointestinal (GI) tract is a common site of presentation of extranodal lymphomas, although primary GI lymphomas account for only 5% to 10% of primary GI neoplasms. The majority of cases occur in the stomach; only approximately 10% occur in the colorectum. Diffuse large B-cell lymphoma is the most common type of GI tract lymphoma [1].

An asymptomatic 55-year-old man was referred for endoscopic colorectal cancer screening. A reddish polyp, measuring 1 cm in largest diameter, was removed from the sigmoid colon (Fig. 1). Histologic examination disclosed closely packed, poorly defined neoplastic follicles with attenuated or absent mantle zones (Fig. 2a), which were composed of centrocytes and occasional centroblasts (Fig. 2b). The neoplastic cells were positive for CD20, BCL2, and CD10 (Fig. 3a, Fig. 3b, Fig. 3c) but lacked expression of CD5, cyclin D1, and CD30. The Ki67 labeling index was less than 10% (Fig. 3d). The final diagnosis was follicular lymphoma (grade 1).

Primary malignant GI tract lymphoma presenting as an isolated colonic polyp is exceedingly rare. We suggest the term malignant lymphoid polyp to better categorize this lesion, which may be encountered during screening colonoscopy. Use of the term will improve differentiation of the lesion from reactive lymphoid hyperplasia, which in the GI tract is commonly referred to as benign lymphoid polyp.

Competing interests: None

References
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Fig. 3  The neoplastic cells are positive for the following: a CD20 (original magnification × 100); b BCL2 (original magnification × 200); c CD10 (original magnification × 200). d The Ki-67 (MIB-1) labeling index is less than 10% (original magnification × 100).

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