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A case of incidentally discovered colonic extra-nodal marginal zone b-cell lymphoma of mucosa-associated lymphoid tissue

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Mucosa associated lymphoid tissue (MALT) lymphoma is a distinct entity that can develop in diverse anatomical locations such as stomach, salivary gland, lung, thyroid and breast, however, colorectal involvement is rare. We present a case of colonic MALT lymphoma in a 62-year-old woman diagnosed after a positive test for fecal occult blood. Her past medical history is significant for nephrolithiasis, Bell's palsy, and vulvar intraepithelial neoplasia grade 2. The patient was asymptomatic at the time of presentation, except for a drop in hematocrit noticed during a routine follow-up at our clinic. Colonoscopy revealed sigmoid diverticulosis and a 10 mm polyp in the sigmoid colon. Pathological examination, immunohistochemical staining, and molecular studies were consistent with MALT lymphoma. Upper endoscopy showed diffuse chronic active gastritis, which tested positive for Helicobacter pylori (H.pylori) by immunohistochemical staining. She was treated for H. pylori gastritis with triple therapy. She had ongoing follow-up at hematology and GI clinic. Repeat colonoscopy did not show tumor recurrence. There are reports of regression of the disease after treatment for H. pylori even when such infection is absent, suggesting the possible role of other micro-organisms in the pathogenesis of non-gastric MALT lymphoma. One case reported no lymphoma recurrence over a 3 year follow-up following a successful endoscopic resection of colonic MALT lymphoma without disseminated disease. Another case reported a complete resolution following 2 weeks of H. pylori eradication therapy and four cycles of rituximab. However, long-term follow-up data is lacking, and hence periodic clinical monitoring of these patients is recommended.

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