



ORIGINAL RESEARCH PAPER

Pathology

A RARE CASE OF NON-HODGKIN LYMPHOMA PRESENTING AS INTUSSUSCEPTION IN ELDERLY FEMALE PATIENT

KEY WORDS: Non-Hodgkin lymphoma, Intussusception, Colon

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ABSTRACT

Introduction: In elderly individual, the usual causes for acute abdomen are perforation of stomach/intestine, mesenteric vessel occlusion, volvulus etc. Hereby presenting a rare case of acute abdomen in an elderly lady. **Case report:** A 65 year old female presented with pain abdomen which was sudden in onset. Abdomen showed diffuse tenderness with mild rigidity. Midline laparotomy was done. Intraoperatively, The cecum was dilated and congested with constriction at the junction of cecum and ascending colon. Possibility of intestinal obstruction was considered probably secondary to carcinoma colon, Right Hemicolectomy was done. In Histopathology section, Cut section: showed dilated cecum with ceco-colic intussusception. The wall of intussusceptum was thickened. Distal segment of ileum was dilated. Under microscope, the wall of the cecum showed monotonous population of atypical lymphoid cells infiltrating throughout the wall of the cecum. On Immunohistochemistry, these cells are positive for CD20, negative for CD3 and Ki-67 shows 20-25% of mitotic activity. Hence the final diagnosis of NON HODGKIN'S LYMPHOMA OF CECUM was given. **Discussion:** In adults, intussusception is very rare and usually secondary to neoplasm of colon, lipomatous polyp, tubular adenoma, post surgical adhesion, endometriosis. The most common clinical presentation of GI lymphoma is abdominal pain, nausea, vomiting, GI bleeding, diarrhoea and Usual site of GI lymphomas is stomach- ileum--- colon. Hence, in present case, site as well as GI lymphoma presenting as intussusception is a very rare case scenario.. **Conclusion:** In addition to usual causes, GI lymphomas can also presents as intestinal obstruction with formation of intussusception leading to acute abdomen.

INTRODUCTION:

Acute abdomen is an emergency condition usually presented to the casualty. Causes of Acute abdomen are broadly categorized into traumatic and non traumatic condition¹. In elderly individual, the usual causes for acute abdomen are perforation of stomach/intestine, mesenteric vessel occlusion, volvulus etc. Hereby presenting a rare case of acute abdomen in an elderly lady.

Case Report:

A 65 year old female presented to casualty with pain abdomen which was sudden in onset and associated with excruciating pain. On examination, patient had tachycardia. Abdomen showed diffuse tenderness with mild rigidity. No other significant findings were noted. Erect abdomen X ray was normal. In view of deteriorating condition, emergency midline laparotomy was done. Intraoperatively, there was mild collection in the abdomen. The cecum was dilated and congested with constriction at the junction of cecum and ascending colon. Possibility of intestinal obstruction was considered probably secondary to carcinoma colon, Right Hemicolectomy was done. The apical lymph node was enlarged and it was removed. The specimen was sent to pathology department for further study. In Histopathology section, the specimen was grossed. The specimen measured 12 cm in length with attached appendix. Outer surface showed congestion. Cut section: showed dilated cecum with ceco-colic intussusception. The wall of intussusceptum was thickened. Distal segment of ileum was dilated. No polyps/growth was noted. Multiple bits had been given from cecum and ascending colon.



Fig 01: Gross specimen of cecum and ascending colon

Under microscope, the wall of the cecum showed monotonous population of atypical lymphoid cells infiltrating throughout the wall of the cecum. The tumor cells are large with coarse chromatin and moderate cytoplasm.

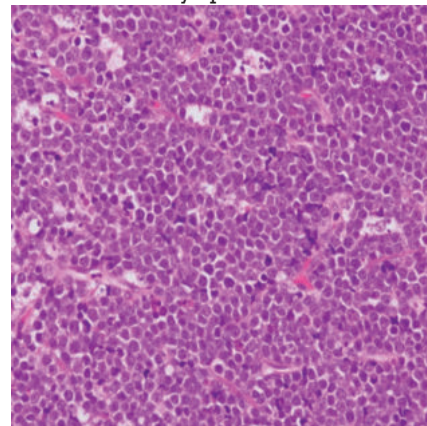


Fig 02: Section studied shows monotonous population of atypical lymphoid cells. (40X, H&E)

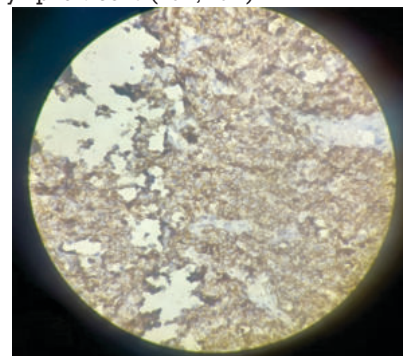


Fig 03: Immunohistochemistry shows positivity for CD20 B-lymphoid cells. (40X)

On Immunohistochemistry, these cells are positive for CD20, negative for CD3 and Ki-67 shows 20-25% of mitotic activity. Hence the final diagnosis of NON HODGKIN'S LYMPHOMA OF CECUM was given.

DISCUSSION:

Intussusception is more common among infants and pediatric age group. Most common clinical presentation of intussusception is recurrent colicky abdominal pain, mucus or blood tinged stools, emesis, diarrhoea and palpable mass per abdomen². In adults, intussusception is very rare and usually secondary to neoplasm of colon, lipomatous polyp, tubular adenoma, post surgical adhesion, endometriosis. The most common clinical presentation of GI lymphoma is abdominal pain, nausea, vomiting, GI bleeding, diarrhoea and Usual site of GI lymphomas is stomach- ileum--- colon³. The approach for the diagnosis will be the non invasive ultrasound of abdomen. It shows the diagnostic findings of intussusception with Target sign and Pseudo kidney sign⁴. The CT scan of such lesions will show characteristics double configuration of bowel⁵. However, rarely MRI is done which shows lead point⁶. Most of the cases will be diagnosed on clinical examination as well as USG findings.

Management of such cases will be done on case basis. First, stabilize the vitals and usually IV fluids and analgesic will be the first line treatment. If no features of gangrene/perforation is seen, Conservative management will be done with nasogastric tube drainage. Air or Barium enema can be performed to reduce the intussusception. If not subsided, the prompt management will be laparotomy and reduction of the intussusception. If any adhesions, lipoma, polyp is the cause, such lesions can be removed. If any part is necrosed, segmental resection of intestine also can be done⁷.

Gross specimen of such lesions is very diagnostic with lead point. However, In cases of Non-Hodgkin lymphoma, the wall of intestine will be thickened with enlargement of retroperitoneal lymph nodes. Histologically, Diffuse large B cell Lymphoma is the most common subtype of Non-Hodgkin lymphoma. However, Mantle cell lymphoma, MALT, Follicular lymphoma do rarely occur. All such diagnosis are confirmed by immunohistochemistry^{8,9,10}.

CONCLUSION :

In addition to usual causes, GI lymphomas can also presents as intestinal obstruction with formation of intussusception leading to acute abdomen.

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