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Case Report

MALT Lymphoma of the Rectum: Report of a Case Treated with Chemotherapy

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ABSTRACT

The gastrointestinal tract is the most frequently involved extranodal location for MALT* lymphomas, but MALT lymphomas of the large intestine are rarely observed. A treatment for colorectal MALT lymphoma has not yet been established. In colonic MALT lymphomas, the literature suggests that surgical resection of localized lesion may be the best choice. In the present case, combination of multi-agent chemotherapy and radiotherapy was effective, though a long-term follow-up is definitively needed. In this report, a 56 year-old man with MALT lymphoma manifesting in colonoscopy as multiple mucosal discolorations and some localized granularity of the rectum mucosa is presented.

Keywords: MALT Lymphomas, Gastrointestinal Tract, Rectum

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INTRODUCTION

The term mucosa-associated lymphoid tissue (MALT) lymphoma was first introduced by Isaacson and Wright in 1983.(1), The most frequently involved extranodal location for MALT lymphomas is gastrointestinal (GI) tract and the stomach is the most common GI site. MALT lymphomas of the large intestine are very rarely observed. (2, 3), MALT-type lymphomas of the gastrointestinal tract are low-grade lymphomas derived from this specialized lymphoid tissue. (1, 4), A treatment for colonic MALT lymphoma has not yet been established. Here, we report a case of MALT lymphoma manifesting in colonoscopy as multiple mucosal discolorations and some localized granularity of the rectal mucosa in a 56 year-old man. Complete remission was achieved with combination chemotherapy.

* Mucosa Associated Lymphoid Tissue

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CASE REPORT

A 56 year-old man from Saveh-Iran was referred for investigation of five months history of generalized abdominal pain, fresh rectal bleeding and constipation. Since five months prior to the referral time, his pain was sustained with no radiation to any other area, and was neither positional nor related to feeding and activity. He had about 8kg weight loss, fever, night sweating and decreased appetite before admission to the hospital. During the prior years, he had no history of diabetes mellitus, hypertension, ischemic heart disease, tuberculosis, hyperlipidemia and malignancy. The patient had a history of occasional dyspepsia and was opium addicted and cigarette smoker (20 pack-year), but no drug