



Co-Existing Primary Malignant Lymphoma and Adenocarcinoma of the Intestinal Tract

Ali Ezer and Alper Parlakgumus*

Department of General Surgery, Başkent University School of Medicine, Adana, Turkey

Keywords

Malignant lymphoma; Adenocarcinoma; Intestinal tract; Coexistence

Clinical Image

Synchronous occurrence of malignant lymphoma and carcinoma, both located in the intestinal tract is unusual [1]. We present an unusual case of synchronous adenocarcinoma of the sigmoid colon and T-cell lymphoma of the terminal ileum with involvement of the regional lymphnodes. An 88-year-old woman was admitted to the hospital with anorexia and weight loss. Abdominal CT revealed wall thickening surrounding the terminal ileum (Figure 1a). Also splenomegaly and splenic multiple hypodense lesions and lymphadenopathies in thorax and abdomen were detected. Colonoscopy revealed ulcerated mass in both terminal ileum and sigmoid colon (Figure 1b and c). Adenocarcinoma in the sigmoid colon and diffuse large B cell lymphoma in the terminal ileum were detected on permanent pathology report. In the exploration, there was a massive lesion occluding the terminal ileal lumen adherent to the abdominal wall (Figure 1d). The patient underwent sigmoid colon and ileocecal resection. Lymph node was detected in 24 lymph nodes in the ileocecal resection material. 15 lymph nodes were negative in sigmoid colon resection (T3N0). The patient was discharged without any problems on the post-operative 6th day. Chemotherapy for lymphoma was initiated by medical oncologist.

Approximately 2%-7% of colorectal carcinomas present with synchronous or metachronous tumors [2]. Synchronous colonic carcinoma and lymphoma in the same patient is a rare occurrence. Probability was estimated at 0.0002% [3]. Lee et al. [1] consider that old age and decreased immunity may be the risk factors for coexisting primary malignant lymphoma

And colon adenocarcinoma in one patient. Cornes reported that coexisting adenocarcinomas either occur synchronously or follow, but never precede lymphoma [4]. In addition, the current

OPEN ACCESS

*Correspondence:

Alper Parlakgumus, Department of General Surgery, Başkent Üniversitesi Araştırma ve Uygulama Hastanesi, Dadaloğlu mah. 39. Sk. No: 6, Yüreğir, Adana, Turkey, Tel: 90 (532) 7182966; Fax: 90 (322) 3271279;

E-mail: aparlakgumus@yahoo.com

Received Date: 01 Jun 2017

Accepted Date: 31 Jul 2017

Published Date: 07 Aug 2017

Citation:

Ezer A, Parlakgumus A. Co-Existing Primary Malignant Lymphoma and Adenocarcinoma of the Intestinal Tract. *Clin Surg*. 2017; 2: 1585.

Copyright © 2017 Alper Parlakgumus.

This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

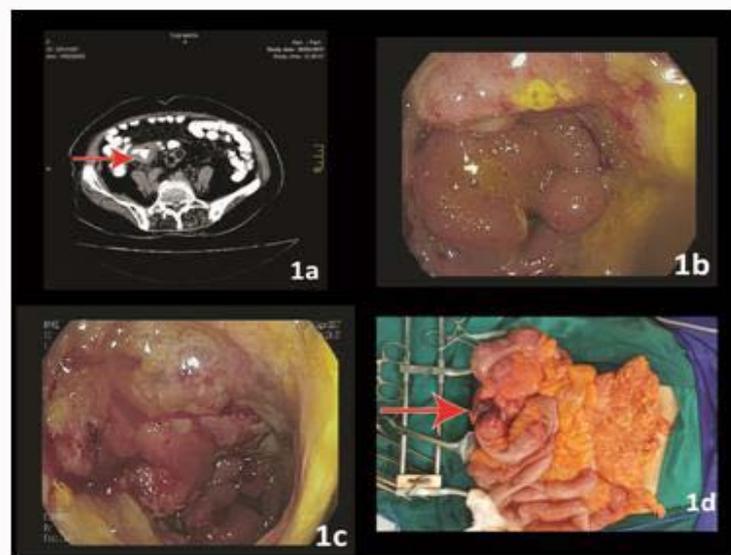


Figure 1: a: Abdominal CT revealing the wall thickening surrounding the terminal ileum (red arrow). b: Colonoscopy revealing ulcerated mass in terminal ileum. c: Colonoscopy revealing ulcerated mass in sigmoid colon. d: Massive lesion occluding the terminal ileal lumen adherent to the abdominal wall (red arrow).

lymphoma extended systemically and occupied the regional lymph node, thus suggesting that lymphoma preceded the adenocarcinoma and was predominant. Malignant lymphoma was clinically dominant in the current case and the initial systemic chemotherapy was directed against malignant lymphoma.

References

1. Lee DY, Hong SW, Chang YG, Lee WY, Lee B, Kang YK. Synchronous T-cell lymphoma in patient with colon cancer: a case report. *J Korean Surg Soc.* 2012;83(1):60-4.
2. Ekelund GR, Pihl B. Mutiple carcinomas of the colon and rectum. *Cancer.* 1974;33(6):1630-4.
3. Barron BA, Localio SA. A statistical note on the association of colorectal cancer and lymphoma. *Am J Epidemiol.* 1976;104(5):517-22.
4. Cornes JS. Multiple primary cancers: primary malignant lymphomas and carcinomas of the intestinal tract in the same patient. *J. Clin Pathol.* 1960;13(6):483-9.