Pseudolymphoma of Colon

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Abstract. A case of pseudolymphoma of the colon is reported. Radiographically and endoscopically the lesion could not be conclusively distinguished from malignant neoplasm, particularly lymphoma or segmental colitis, thus necessitating right hemicolectomy. Careful histological examination established the diagnosis of pseudolymphoma with pathologic features identical to the focal form of pseudolymphoma more commonly observed in the stomach.

Key words: Colon – Pseudolymphoma.

The benign behavior of certain lymphoproliferative disorders involving the alimentary tract has been recognized for many years [1–3]. The common sites involved by pseudolymphoma are skin, gastrointestinal tract including gallbladder, lung, orbit, breast, larynx, and meninges. The stomach is the most common site of involvement in the gastrointestinal tract [4–16]. Circumscribed involvement of the colon is rare: to date only 18 cases have been reported [9, 13, 15, 17–19]. The rectum has been known to be involved by lymphoid polyps and lymphoproliferative lesions more than other parts of the colon [13, 15]. Ranchod et al. [13] in a critical review recognized 4 clinical pathological groups of lymphoproliferative disorders of the gastrointestinal tract:

1. Focal lymphoid hyperplasia of the stomach (pseudolymphoma).
2. Focal lymphoid hyperplasia of the small intestine (pseudolymphoma).
3. Focal lymphoid hyperplasia of the rectum (lymphoid polyps of the rectum).

The present case appears morphologically most closely related to the cases of gastric pseudolymphoma reported in the literature rather than to the lymphoid rectal polyps (pseudolymphoma of the rectum).

Case Report

A 45-year-old black retired radar operator was admitted because of intermittent abdominal cramps of 12 days duration. He had lost 10 lbs. during the preceding year but complained of no diarrhea, hematochezia, melena, hematemesis, change in bowel habit, nausea, vomiting, fever, night sweats, or chest

Fig. 1. A double-contrast colon examination reveals an irregular area of narrowing measuring 3 cm in the proximal transverse colon with mucosal nodularity and rigidity. No overhanging margins are identified.
Fig. 2. A Gross specimen of the transverse colon showing a 3 x 3 cm indurated raised lesion involving the submucosa and muscularis. Several 0.5 cm mucosal ulcerations are present on the surface of the indurated mass. Adjacent mucosa appears normal. Lower specimen showing normal adjacent part of the colon. B Lower power histologic section of colon exhibiting transmural proliferation of mixed inflammatory cells containing large nodules of lymphocytes with follicular pattern and prominent germinal centers surrounded by numerous eosinophils, plasma cells, and histiocytes. (H&E, x 28.5) C High-power histologic section showing clear delineation of germinal centers from adjacent lymphocytes. Note prominent phagocytosis, hyperplasia of lymphoid follicles, and no evidence of neoplasia. (H&E, x 305)