IMAGE OF THE ISSUE

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Colonic Adenoma with Chronic Lymphocytic Leukemia Infiltration

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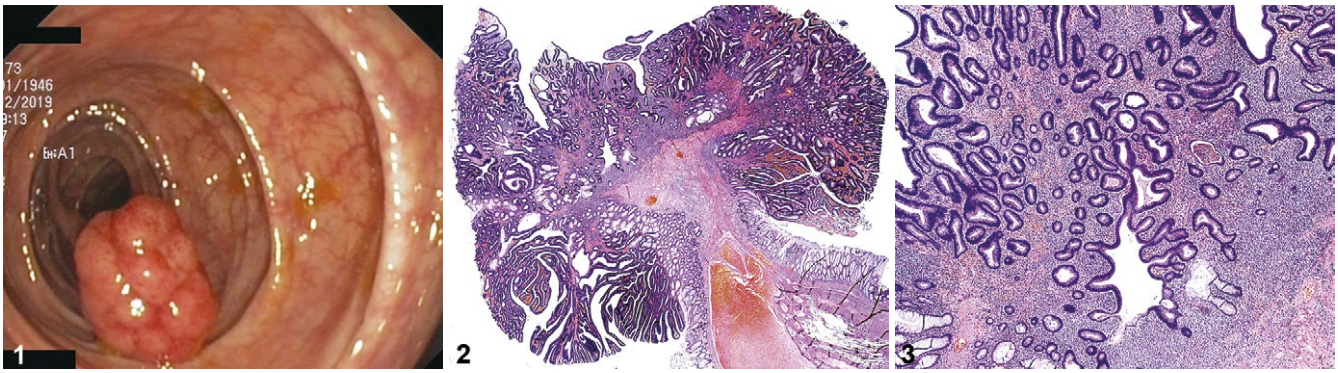

A 74-year old male previously diagnosed with chronic lymphocytic leukemia (CLL) (ZAP-70+, CD38+, CD49d+, trisomy 12, and unmutated IGHV status) showed disease progression. A positron emission tomography–computed tomography scan documented a pathological uptake in several lymph nodes above and under the diaphragm, in the spleen, and in the sigmoid colon. Endoscopic examination revealed two sigmoid polyps, one pedunculate (Fig. 1) and the other sessile. Pedunculated polyp was a tubulovillous adenoma with low grade dysplasia (Fig. 2). The lamina propria was irregularly expanded by a lymphoid infiltrate, more prominent at the polyp head base, causing irregularity and distortion of the glands (Fig. 3). On high magnification, the infiltrate was composed of small lymphocytes, slightly larger prolymphocytes and paraimmunoblasts forming confluent proliferative centers. At immunohistochemistry the lymphoid cells were diffusely CD20 and CD5 positive with a weakly CD23, consistent with a CLL. Sessile polyp was a tubular adenoma with low grade dysplasia and with focal CLL infiltration around a few glands.

Chronic lymphocytic leukemia is the most common adult leukemia in the western countries and extranodal involvement is rarely observed [1]. When gastrointestinal (GI) infiltration occurs, it shows non specific clinical and endoscopic aspects. It may also remain asymptomatic or with an unremarkable mucosal surface at endoscopy [2-3]. When the histological biopsy examination shows a prominent mucosal lymphoid infiltrate, a differential diagnosis with inflammation and with other GI lymphomas should be made, based on a careful clinical history and an accurate morphological evaluation with immunohistochemistry. In doubtful cases, evaluation of B and T cell receptors may be helpful [4]. Despite that fact that it is well known that intestinal lymphomas can appear as intestinal polyps, only very few reports exist regarding colonic adenomas and coexistence of a hematological neoplasm [5]. To date, our case is the first case of adenoma with low grade dysplasia and CLL.

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Conflicts of interest: None to declare.

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