Shrinkage of a Submucosal Tumor in the Rectum

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A 76-year-old woman presented with intermittent hematochezia. Her medical history was unremarkable, and physical and blood examinations showed no abnormalities. Colonoscopy revealed a 25-mm submucosal tumor with irregular dilated superficial vessels in the lower rectum (Fig. 1). Biopsy revealed dense infiltration of B lymphocytes with a small number of Ki-67 positive cells. Histologically, we suspected low-grade mucosa-associated lymphoid tissue lymphoma. No other lesions were noted on esophagogastroduodenoscopy and positron emission computed tomography. Sixty-one days later, she underwent radical treatment with endoscopic submucosal dissection (ESD). However, the lesion had shrunk and flattened when observed before the ESD, with barely appreciable demarcation by superficial vascular alteration (Fig. 2, arrows). Excision with ESD was performed, and histopathological examination revealed increased formation of hyperplastic lymphoid follicles located mainly in the submucosa with extension to the mucosa. They consisted of proliferating germinal center B-lymphocytes, surrounded by narrow mantle zones and marginal zones, and contained tingible body macrophages (Fig 3, arrowhead). The overall findings suggested a reactive nature, and the final diagnosis was benign lymphoid hyperplasia (BLH). There was no recurrence of the lesion in the rectum on a follow-up colonoscopy at 6 months.

Rectal BLH is uncommon, especially in adults, and is sometimes difficult to discern from malignant lesions [1]. It has been called a "rectal tonsil," and can appear as a single sessile polyp, multiple polypoid, or nodular lesion [2, 3]. Most BLH are less than 10 mm, but larger lesions of 30 and 40 mm have been reported [4, 5]. Although the pathogenic relevance of immunodeficiency and some kind of infectious diseases is inferred, the etiology is largely unknown, and our patient had no associated signs and symptoms throughout the clinical course. While diagnosis is done by examination of histopathological specimens acquired endoscopically or surgically, the natural course is unclear. This case shows that BLH can shrink spontaneously, and en bloc excision with ESD can be performed to confirm the diagnosis.

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