Anaplastic lymphoma kinase-negative anaplastic large cell lymphoma with colon involvement

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CASE PRESENTATION

A 65-year-old man was referred to the authors’ hospital for examination of a painful hard mass in the left buttock. Magnetic resonance imaging revealed a mass in the left ilium, and 18F-fluoro-2-deoxy-glucose positron emission tomography/computed tomography revealed uptake in the left ilium and ascending colon. Colonoscopy revealed a reddish ulcerative lesion with protrusions in the ascending colon (Figure 1A). Endoscopy with dual-focus narrow-band imaging revealed dilated, tortuous microvessels and avascular areas in the protrusions (Figure 1B). Histopathological examination of biopsy specimens revealed infiltration of large lymphoid cells with immunohistological characteristics similar to those of the iliac tumour (Figure 2A). Immunohistochemical staining was positive for CD30 (Figure 2B) and negative for anaplastic lymphoma kinase (ALK). Based on these findings, the patient was diagnosed with ALK-negative anaplastic large cell lymphoma (ALCL). He received six cycles of CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) chemotherapy and achieved complete remission.

DISCUSSION

ALCL is a CD30-positive T cell neoplasm; systemic-type ALCL represents 2% to 3% of all non-Hodgkin lymphomas and 12% to 14% of T cell non-Hodgkin lymphomas (1,2). The WHO classification system divides ALCLs into ALK-positive and ALK-negative groups. Systemic ALK-negative ALCL patients have a worse prognosis than ALK-positive ALCL patients, with five-year survival rates of 49% and 70%, respectively (1). ALK-negative ALCL involves both lymph nodes and extranodal sites (20% of cases) (2). The most frequent extranodal involvement sites are the skin, lungs, liver and gastrointestinal tract, whereas colon involvement is extremely rare (1,2). To our knowledge, only two previous case reports presented endoscopic findings of ALCL with colon involvement; one case showed multiple elevated lesions with ulceration at the apex, and the other showed ulcerated stricture (3,4). If ulcerative colonic lesions are observed on colonoscopy, colon involvement of ALCL should be considered as a rare differential diagnosis.

Figure 1 A Endoscopic image of the ascending colon showing a reddish ulcerative lesion with protrusions. B Endoscopy with dual-focus narrow-band imaging revealing dilated, tortuous microvessels and avascular areas in the protrusions.
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REFERENCES