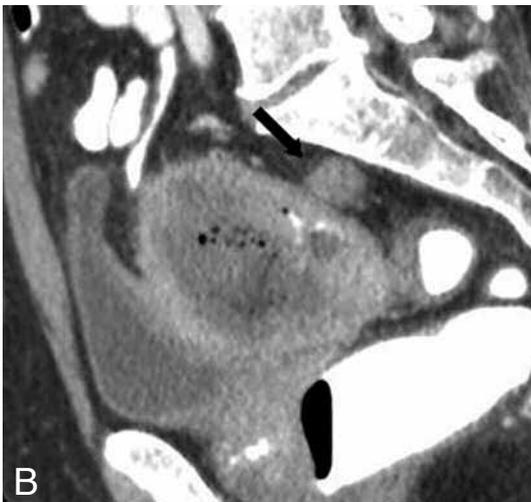


IMAGES IN CLINICAL RADIOLOGY



Lymphoma of the sigmoid colon presenting with clinical signs of a diverticulitis

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A 56-year old man presented at the emergency department with a history fever and pain in the left lower abdomen. He was already treated with antibiotics for several weeks by his general practitioner because of suggested diverticulitis. Because of the prolonged course a computed tomography (CT) scan of the abdomen and the pelvis was performed. CT revealed a large mass of the sigma with marked narrowing of the lumen (Fig. A). The mass contained hypodense areas and air suggesting necrosis. In contact to the lesion one enlarged lymph node with a diameter of 3 cm could be found (Fig. B). Biopsy obtained during optical colonoscopy showed a high grade lymphoma. Staging with neck- and chest-CT revealed no further enlarged lymph nodes. There were three larger pulmonary nodules in accordance with a pulmonary manifestation of the patient's lymphoma. As there were no signs of gastrointestinal obstruction no surgical intervention was performed and chemotherapy was started immediately after diagnosis. The patient just received the first cycles of his chemotherapy and is doing well.

Comment

Most gastrointestinal lymphomas are located in the stomach. Lymphoma of the colon is a very rare tumour, only 0.5% of colonic malignancies are in fact lymphomas. In the colon most lymphomas arise from the cecum, a fact which is explained by the larger amount of lymphoid tissue in the proximal parts of the colon. It predominantly affects men around the age of 55 years. Most patients show weight loss, abdominal pain and change in bowel habits. But clinical symptoms are nonspecific and may also suggest inflammatory disease, like in our case. Especially in more acute presentations and for staging purposes CT plays a key role in primary imaging. The classic finding of gastrointestinal lymphoma is diffuse wall thickening with lymphadenopathy. More bulky disease is also common. Because of the low incidence there are no controlled trials for treatment. Chemotherapy is the key part of treatment regimes. The role of surgery is not established, but some authors advocate resection because of the reported relatively high incidence of perforation.

Reference

1. Stanojevic G.Z., Nestorovic M.D., Brankovic B.R., Stojancovic M.P., Jovanovic M.M., Radojkovic M.D.: Primary colorectal lymphoma: an overview. *World J Gastrointest Oncol*, 2011, 3: 14-18.

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