A Rare Case of Primary Colonic Lymphoma With Paraneoplastic Hypercalcemia

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INTRODUCTION: Primary colonic lymphomas (PCL) is a rare malignancy accounting for 1% of all gastrointestinal (GI) lymphomas and 0.1-0.5% of all colorectal malignancies. 15% of Non-Hodgkin Lymphoma develop hypercalcemia at some point during their clinical course but rarely symptomatic at the time of diagnosis. We report a rare case of symptomatic hypercalcemia from an ascending colon mass which was diagnosed as Diffuse large B cell lymphoma (DLBCL).

CASE DESCRIPTION/METHODS: A 63-year-old male with history of type II Diabetes mellitus and hypertension presented with worsening confusion over a week. He also endorsed weight loss of 35 lbs in a month, intermittent right sided abdominal pain, constipation and dark colored stools on multiple occasions. He had a normal colonoscopy 5 years ago. Physical examination showed stable vital signs and hard palpable mass with ill-defined borders in the right flank. Labs were significant for Hemoglobin 8.2 g/dL, Creatinine 3.7 mg/dL, Calcium 13.1 mg/dL and ionized calcium of 7 mg/dL. Liver function tests and serum ammonia were normal. Computed tomography (CT) scan of abdomen showed 16 × 15 × 15 cm exophytic mass with central necrosis arising from the distal ascending colon (Figure 1). Colonoscopy (Figure 2) mediated biopsy was negative for extracolonic lymphoma. A diagnosis of PCL was made based on Dawson’s criteria. He underwent a right hemicolectomy. Grossly the mass measured 20 × 18 × 14 cm with a necrotic center eroding the colonic mucosa (Figure 3). He was started on combination chemotherapy (R-CHOP regimen: Rituximab, Cyclophosphamide, Doxorubicin, Vin-cristine, Prednisolone) and Lenalidomide was added as his DLBCL was ABC (Activated B cell) type. Work up for hypercalcemia showed suppressed PTH levels, normal PTHrP, normal 25 OH Vitamin D and elevated calcitriol, consistent with increased production of calcitriol as the cause.

DISCUSSION: Granul is the most common site for PCL (60 – 75%), followed by retroperitoneum region (8.5 – 35%). This patient had mass in distal ascending colon which is an unusual location. Immunosuppression and inflammatory bowel disease are the known risk factors for PCL, but often none could be identified. Hypercalcemia in NHL is mostly due to extratumoral production of 1,25-dihydroxyvitamin D facilitated by the 1a-hydroxylase enzymes in the macrophages that surrounds the malignant lymphocytes. In most series, surgery followed by multiagent chemotherapy (R-CHOP) has led to improved outcome.

Bone Metastasis in Appendicular Skeleton: Rare Occurrence in Colorectal Cancer
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INTRODUCTION: Colorectal cancer (CRC) is considered as preventable cancer if diagnosed in the early stage. It is also second leading cause of death from cancer in US. Bone metastases (BM) is uncommon presentation with CRC and if it occurs, it involves appendicular more than extremities. Many case studies also reports that survival after BM is considerably poor than without BM. CRC patients and genetic mutations also play an important role in such metastasis.

CASE DESCRIPTION/METHODS: 62-year-old female with pertinent Past Medical History of adenocarcinoma of colon with 5.4 cm Cecal lesion s/p right hemicolectomy with 0/14 positive lymph nodes. She received Cetuximab post-operatively. Approximately one and a half year later, patient developed progressive left knee pain. MRI knee showed left medial femoral condyle mass with associated soft tissue and bone scan showed increased uptake in the same area. She ultimately underwent biopsy which revealed adenocarcinoma consistent with colon primary. Subsequent PET CT showed parotid gland nodule and lung nodule. There was also a central mediastinal node and a soft tissue density in T1-T10 anterior vertebrae. She was referred for palliative Radiation and chemotherapy. FOLFOX-Bevacizumab and bisphosphonate. Relevant labs: Adenocarcinoma type CRC - V600K mutation CEA- Within Normal Limit. positive for CK-20 and CDX-2. K-RAS mutation in codon 12 and 13 No NRAS, BRAF V600E or V600K mutation CEA- Within Normal Limit.

DISCUSSION: CRC is considered as a curable cancer if diagnosed in the early stage, but it can be deadly if it gets metastasize to other organ system. Some studies show that prognosis depends on the site of metastasis. If metastases to liver or lung present and if they are resectable then it can have good prognosis. Nonetheless, bony metastasis is characteristic as poor prognosis. Cancer type also matters in BM: Vatandoust & coworker suggested that with signet ring cell cancer, chances of getting BM is higher than other types of CRC (up to 25.7%). In our case, patient had adenocarcinoma type CRC and it is not commonly associated with BM. Our patient also had unusual type of BM that involves appendicular skeleton. To add, patient had K-RAS mutation and that is also not much common mutation type associated with BM. Thus, more molecular studies related to K-RAS and other mutations, and their association with BM need to be done. It can also help deciding appropriate treatment option at the early stage.

A Case of Rectal Mucosa-Associated Lymphoid Tissue (MALT) Lymphoma Presenting as Telangiectasia: A Case Report
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INTRODUCTION: MALT lymphoma is an extranodal low-grade lymphoproliferative disorder characterized by overgrowth of lymphoid tissue usually associated with an antigenic stimulus. A rare form of MALT lymphoma is the primary lymphoma of the rectum that is thought to arise from the rectal mucosa-associated lymphoid tissue (MALT). We describe the clinical presentation and outcome of a patient with rectal MALT lymphoma presenting as telangiectasia.