EP-188 - MULTIPLE LYMPHOMATOUS POLYPOSIS OF THE GASTROINTESTINAL TRACT SECONDARY TO MANTLE CELL LYMPHOMA: A CASE REPORT OF A 45-YEAR-OLD MALE

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Descrição do caso: The authors present a case of a previously healthy 45-year-old male that was referred to our endoscopy unit due to anaemia. He had a 3-week history of progressive anorexia, asthenia, shortness of breath and generalized oedema. Previous history of smoking, alcohol, drug consumption or familial gastrointestinal cancer was absent. On physical examination the patient was pale, had decreased breath sounds in both lower hemitoraxes, palpable axillary and femoral lymphadenopathies, ascites and oedema in his lower limbs. His blood tests revealed a microcytic and hypochromic anemia (hemoglobin 7.0 g/dL, MCV 68 fL), thrombocytosis (800 × 10^9/L), high lactate dehydrogenase (249 U/L) and C-reactive protein (55 mg/dl). Upper endoscopy (UE) revealed small sessile lesions on the duodenal bulb and three large pseudo polypoid lesions with a depressed center. (Fig. 1-2). Total colonoscopy revealed in the entire colon multiple sessile polypoid lesions with subepithelial appearance (and some with surface ulceration). (Fig.3). Biopsies were consistent with a mantle cell lymphoma with a multiple lymphomatous polyposis presentation. The thoracoabdominal computed tomography (CT) scan showed exuberant involvement of the mesenterium, omentum, celiomesenteric, lomboaortic trunk and gastric wall. A pleural effusion, ascites, mediastinal, axillary and femoral lymphadenopathies were also evident. Bone marrow biopsy had no lymphomatous involvement (Stage III Ann Arbor). The patient underwent 6 cycles of chemoimmunotherapy with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone (R-CHOP). Due to partial response he is latter submitted to an autologous hematopoietic cell transplant (HCT). Follow-up upper endoscopy revealed complete remission (Fig.4)

Motivação: Multiple lymphomatous polyposis secondary to mantle cell lymphoma has rarely been described in young patients below the age of 50 years. We highlight the rarity of this case and the distinct iconography.