Intra-abdominal follicular dendritic cell tumor: report of two cases

SEETHALAKSHMI P S, SANGEETA B DESAI, S C KRISHNAMURTHY

Department of Pathology, Tata Memorial Hospital, Dr E Borges Marg, Mumbai 400 012

Follicular dendritic cell (FDC) tumor is an uncommon entity described mainly in the lymph nodes. We report two men with intra-abdominal FDC tumors—one arising from the colon and other presenting as a mesenteric mass. Both patients underwent successful surgical excision of the tumor. [Indian J Gastroenterol 2001; 20: 73-74]

Key words: CD21, CD28

Follicular dendritic cells (FDC) are important immune accessory cells located mainly in the B zone of the lymph nodes.1 Tumors arising from these cells are rare, with most of them reported in lymph nodes.2 Tumors arising from extranodal sites have also been reported.3,4

Case 1: A 42-year-old man presented with a lump in the right hypochondrium. Colonoscopy revealed an ulcer-proliferative growth in the hepatic flexure. Right hemicolectomy was done. The postoperative period was uneventful.

On histology, a partly circumscribed tumor was located mainly in the submucosa and muscularis propria. Focal mucosal infiltration was also noted. The cells were arranged mainly in prominent syncytial whirls and sheets, with lymphocytes scattered throughout the stroma. They were round to oval, varying in size, with indistinct outlines and moderate amount of eosinophilic cytoplasm. Focal areas of marked nuclear pleomorphism were seen. The nuclei showed delicate nuclear membrane, marginalized chromatin and eosinophilic nucleoli (Fig). Multinucleation and occasional mitoses were noted. The adjoining colon was normal. The mesentery was free of deposits.

One lymph node showed metastasis.

On immunohistochemistry, the cells were reactive to CD21 and CD23. Tumor cells were negative for vimentin and S100 protein. The accompanying lymphocytes were positive for leukocyte common antigen (LCA) and CD3, and negative for CD20.

Case 2: A 69-year-old man presented with an incidentally discovered abdominal lump. A well-defined, mobile lump, 9 cm x 8 cm x 5 cm in size, was palpable in the umbilical region. Computed tomography confirmed the presence of the mass. Colonoscopy was normal. At laparotomy, a mesenteric mass was found; there were no enlarged lymph nodes. The mass was excised. The patient has been well 10 months after surgery.

On gross examination, the mass was well-encapsulated, lobulated, and measured 9 cm x 8.5 cm x 5 cm; the capsule was intact. On cut surface, it was cystic in the center and had trabeculations and hemorrhagic contents. The rest of the tumor was pinkish white, solid and friable. At histology, the cells were arranged in diffuse sheets; whorls were infrequent. The tumor cells formed pseudovascular spaces that contained granular eosinophilic material and few lymphocytes. Prominent blood vessels and perivascular hyalinization were also seen. Blood

References

Fig: Submucosal colonic tumor shows arrangement of cells in syncitial whorls (H&E, 40X (left) and 100X). Inset (H&E, 400X) shows tumor cells with indistinct outlines and nuclei with delicate membrane.

Intra-abdominal FDC tumors, being more aggressive, require adjuvant chemotherapy after excision. The role of radiotherapy is not clear. Intra-abdominal FDC tumors were earlier described as being indolent, with potential for local recurrence. However, with metastasizing being reported, these are now described as being of intermediate-grade malignancy. Though their biologic behavior is described as being unpredictable, intra-abdominal FDC tumors are known to be aggressive.

FDC tumors may not be rare, are aggressive and thus necessitate a close follow up.

References

Correspondence to: Dr Desai. Fax: (22) 414 8937. E-mail: sangetad@hotmail.com

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Mantle cell lymphoma presenting as solitary polypoid colonic lesions

SAADIA RASHID, SHAHID PERVEZ,
MARYAM MOOSA KHAN, AKKER SHAH HUSSAINY
Department of Pathology, The Aga Khan University, P O Box 3500, Stadium Road, Karachi, Pakistan

Mantle cell lymphoma of the intestine is rare, usually presenting as multiple small polyposis. We report three men with colonic mantle cell lymphoma in the form of a single large polypoid mass. The clinical picture suggested adenocarcinoma; the diagnosis was made at histology and immunohistochemistry of the colectomy specimens. [Indian J Gastroenterol 2001; 20: 74-75]

Key words: Large bowel tumor, non-Hodgkin's lymphoma