

## A Case of Synchronous Rectal Lymphoma with Anal Squamous Cell Carcinoma

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**Introduction:** Synchronous lymphoma and digestive system squamous cell carcinoma (SCC) are extremely rare. We experienced a case of synchronous rectal diffuse large B-cell lymphoma (DLBCL) with anal SCC. To date, there is no case report regarding the concurrent occurrence of these two neoplasms in Korea. Herein we report the first case of synchronous rectal lymphoma with anal SCC.

**Case report:** A 91-year-old man was admitted to our hospital for the evaluation of an abnormal lesion in the rectum revealed by an abdomen computed tomography (CT) taken at a routine check. CT scan showed the large lobular mass (8cm) involving rectum, prostate and seminal vesicle with multiple small-enlarged lymph nodes [Fig1.A]. The patient underwent sigmoidoscopy demonstrating that large tumor but no obstruction. The eccentric protruding mass was observed from the anal verge (AV) up to the rectum 10 cm away from the AV. Although observation was limited, it did not appear that the anal mass and rectal mass were separated [Fig1.B,C]. As a result of histological examination, SCC was found in anal verge, SCC and DLBCL were found in rectum. [Fig1.D], and DLBCL were dominant in rectum 10cm away from the AV [Fig1.E]. All atypical lymphoid cells showed the same immunohistochemistry as CD20 positive [Fig1.F], CD20, Bcl-2, Ki-67 positive and CD3 negative. We recommend further staging evaluation & treatment such as radiotherapy for symptom palliation, but patient and his family refused. He is currently undergoing only conservative treatment.

**Conclusion:** If a tumor invades lower rectum and anus at the same time, it is difficult to determine the origin by endoscopy alone. Gastrointestinal lymphoma is an uncommon disease and has a wide variety of imaging appearances and definitive diagnosis relies on histopathologic analysis. In patient with anorectal mass, meticulous biopsy with histologic assessment is important.

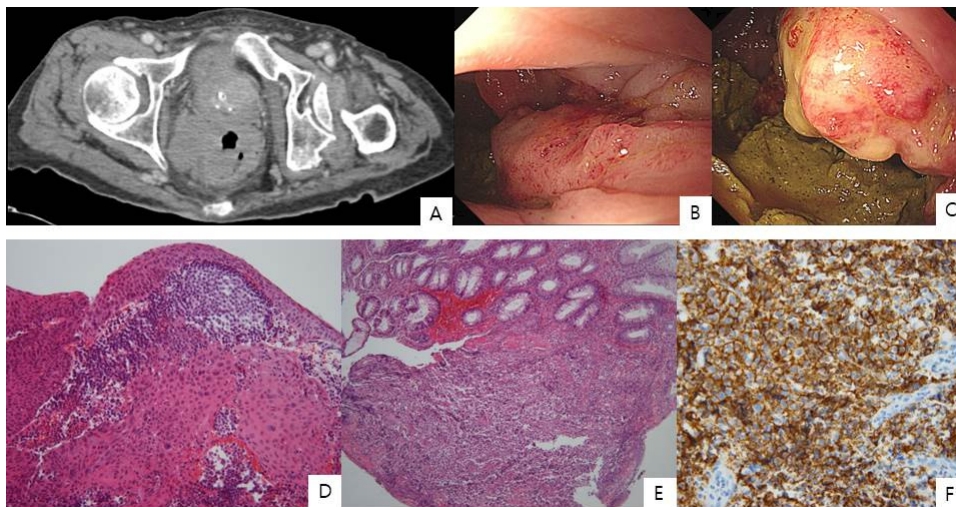


Figure1.