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A case of pelvic actinomycosis mimicking colon cancer

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Actinomycosis is a chronic, suppurative, granulomatous disease caused by anaeronic bacterium, actinomyces israeli. Clinical manifestation is various and difficult to distinguish from other chronic diseases, such as malignant lesion, inflammatory bowel disease, abscess, and chronic granulomatous diseases. We describe herein a case of pelvic actinomycosis with invasion into sigmoid colon and bladder, which was initially assessed as sigmoid colon cancer at colonoscopy examination. A 46 year-old woman was referred to our center due to colonoscopic abnormality with suspicion of colon cancer. Her past medical history of the patient was non-specific except the use of intrauterine device. She complained low abdominal pain and mild febrile sensation. On physical examination, mild tenderness and palpable mass were noted on her lower abdomen. The laboratory examination revealed leukocytosis (WBC count 22,900/mm3, polysegmented neutrophil 73%), thrombocytosis (platelet count 650,000/mm3), and increased C-reactive protein (13.662 mg/dl). Initial colonoscopy showed 4 cm sized hyperemic, edematous mucosa with ulcer like lesion on one side of sigmoid colon. Biopsy revealed chronic inflammation with erosion. Computerized tomography of abdomen and pelvis demonstrated 7.5cm sized ill-defined lobulating phlegmonous mass-like lesion with infiltration into sigmoid colon and urinary bladder. On explorative laparotomy for the definitive diagnosis, It showed stony hard materials in pelvis with invasion into adjacent structures - colon and bladder. Microscopic finding revealed a suppurative inflammatory exudate with microorganisms, favor actinomycosis with sulfur granule. After treatment with proper antibiotics for adequate duration, her symptoms were disappeared and follow-up sigmoidoscopic finding showed normal mucosa on the whole colon without evidence of recurrence.

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Simultaneous mantle cell lymphoma of stomach,duodenum,colon

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This paper reports a 71-year old man with simultaneous presentation of mantle cell lymphoma of stomach,duodenum,colon.The patient presented with anorexia,epigastric pain,diarrhea,weight loss,and splenomegaly.EGD showed variable sized active ulcerative mucosal lesions on whole stomach especially antrum,body of the stomach and multiple elevated mucosal lesions with nodularity on duodenal second portion.Colonoscopy revealed multiple polypoid lesions in the colon and rectum.Gastric,duodenal,colonic biopsy specimens showed a mixed lymphoid infiltrate consisting of atypical small lymphoid cells with pale cytoplasm and irregular nuclei and absence of lymphoepithelial lesions.Immunohistochemical staining showed that these lymphoid cells were positive for CD5,CD79a,L26,and cyclin D1 but negative for CD45R0.The patient was recommended to receive chemotherapy but refused any further treatment.To the authors' knowledge,this is the first report of simultaneous presentation of mantle cell lymphoma of stomach,duodenum,colon.The case is discussed and the literature is reviewed.
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