

Synchronous primary diffuse large B Cell lymphoma and rectal adenocarcinoma: a case report

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<https://doi.org/10.22146/inajbcs.v57i3.Supplement.24272>

ABSTRACT

Submitted: 2025-09-01
Accepted : 2025-09-04

Diffuse large B cell lymphoma (DLBCL) synchronous with rectal adenocarcinoma is extremely rare. We know of only a few cases reported in the literature. Multiple primary tumors are diagnostically and therapeutically challenging cases, as two malignant neoplasms are detected simultaneously. We describe the case of a patient with synchronous DLBCL and rectal adenocarcinoma. A 48-year-old male presented with hematochezia for 3 months with palpable lumps in the neck and axilla. The patient had previously been diagnosed with Non-Hodgkin lymphoma (NHL) and had completed 6 cycles of CHOP chemotherapy. Abdominal MRI and colonoscopy revealed a rectal mass, and histopathological examination confirmed adenocarcinoma. Biopsies of the cervical and axillary lymph nodes showed features consistent with DLBCL, confirmed from histopathology and immunohistochemistry. A multidisciplinary team conducted a comprehensive evaluation to determine the patient's individualized treatment plan. The diagnosis of multiple primary cancers was based on the Warren and Gates criteria, which were met in this case as confirmed by histopathology, immunohistochemistry, and abdominal MRI. The patient was classified as stage III DLBCL and clinical stage IIIC rectal adenocarcinoma. There are not many reports of double malignancy cases such as this. DLBCL is an aggressive and rapidly progressive type of NHL, making it a priority for treatment. Once NHL is controlled or in partial remission, attention can be turned to the management of rectal adenocarcinoma. Patients with DLBCL and rectal adenocarcinoma highlight the importance of a multidisciplinary team approach and comprehensive evaluation to determine individual therapeutic strategies.

ABSTRAK

Diffuse large B cell lymphoma (DLBCL) yang bersamaan dengan adenokarsinoma rektum sangat jarang terjadi. Kami hanya mengetahui beberapa kasus yang dilaporkan dalam literatur. Kasus dengan tumor primer multipel merupakan tantangan diagnostik dan terapeutik, karena dua kanker ganas terdeteksi secara bersamaan. Kami melaporkan kasus seorang pasien dengan DLBCL dan adenokarsinoma rektum yang bersamaan. Seorang pria berusia 48 tahun datang dengan hematochezia selama 3 bulan disertai benjolan di leher dan ketiak. Pasien sebelumnya didiagnosis dengan *Non-Hodgkin lymphoma* (NHL) dan telah menyelesaikan kemoterapi CHOP 6 siklus. MRI abdomen dan kolonoskopi menunjukkan massa rektum, dan pemeriksaan histopatologi mengonfirmasi adenokarsinoma. Biopsi kelenjar getah bening di leher dan ketiak menunjukkan karakteristik yang konsisten dengan DLBCL, yang dikonfirmasi melalui histopatologi dan imunohistokimia. Tim multidisiplin melakukan evaluasi komprehensif untuk menentukan rencana pengobatan yang disesuaikan

Keywords:

Diffuse large B cell lymphoma;
rectal adenocarcinoma;
multidisciplinary team

dengan kondisi pasien. Diagnosis kanker primer multipel didasarkan pada kriteria Warren dan Gates, yang terpenuhi dalam kasus ini, dikonfirmasi oleh histopatologi, imunohistokimia, dan MRI abdomen. Pasien diklasifikasikan sebagai DLBCL stadium III dan adenokarsinoma rektum stadium klinis IIIC. Tidak banyak laporan kasus keganasan ganda seperti ini. DLBCL adalah jenis NHL yang agresif dan berkembang cepat, sehingga menjadi prioritas dalam pengobatan. Setelah NHL terkendali atau dalam remisi parsial, perhatian dapat beralih ke manajemen adenokarsinoma rektum. Pasien dengan DLBCL dan adenokarsinoma rektum menyoroti pentingnya pendekatan tim multidisiplin dan evaluasi komprehensif untuk menentukan strategi terapeutik individual.