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An unexpected case of B-cell chronic lymphocytic leukemia (CLL) and aggressive metastatic colonic adenocarcinoma

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Statement of the Problem: Metastatic disease of the gastrointestinal (GI) tract is a rare complication of chronic lymphocytic leukemia (CLL), it may be a result of Richter's transformation from non-lymphoid malignancies. CLL is the most common form of adult leukemia, with the median age of 70 years at diagnosis. Some people with CLL develop large tumors in the abdomen or colon. Concomitant gastrointestinal (GI) CLL and colon adenocarcinoma are rare clinical conditions. Initial presentation of GI CLL can be given by abdominal pain and hematochezia. We present a GI CLL with concomitant colon adenocarcinoma at diagnosis.

Methodology & Theoretical Orientation: A 68-year-old man presented to the Calcinate Hospital in December 2017 with abdominal pain and hematochezia. Past history included hypertension and diabetes. On physical examination, the patient was observed to have enlarged axillary, submandibular, pectoral and supraclavicular lymph nodes and hepatosplenomegaly. A CT scan showed increased contrast enhancement in colon, duodenum and nodal involvement, suggesting lesions suspicious for lymphoma or colon adenocarcinoma. Colonoscopy revealed pancolonic multiple erythematous polypoid lesions. Biopsy showed poorly differentiated adenocarcinoma. Bone marrow aspirate showed increased number of B lymphocytes (75%) with dysplastic features. Immunophenotype was CD5+, CD19+, CD23+ and CD20+. Histology of colon lesions and abdominal lymph nodes prompted the diagnosis of GI CLL with concomitant colon adenocarcinoma. Concomitant GI CLL and colon adenocarcinoma were confirmed with histopathological and immunohistochemical studies. Right hemicolectomy revealed T4N2M0 adenocarcinoma with recurrence of B-cell lymphocytes in VII and VIII hepatic segment, in lombo-aortic lymph nodes. Multiple new hepatic lesions were confirmed as colon cancer metastases.

Conclusion & Significance: Concomitant GI tract metachronous CLL and adenocarcinoma are rare. In our opinion, a multidisciplinary collaboration between hematologists, radiologists and cytologists is essential in order to obtain the diagnosis and rapidly to start treatment.

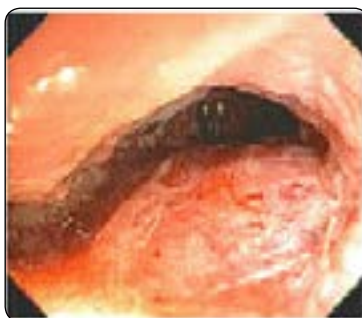


Figure 1: DGI CLL lesion in the sigmoid region.

Recent Publications:

1. V Russo, M Gobbi and A Mercieri (2017) Acute pulmonary embolism and sepsis caused by a double Gram-negative infection in chronic lymphocytic leukemia: a case report. *S54 Biochimica Clinica* 41:SS2.
2. V Russo, et al. (2017) Ultrasound imaging in diagnosis of splenic follicular lymphoma. *Blood Transf.* 15(1):166.
3. Nitin Jain, et al. (2015) Initial treatment of CLL: integrating biology and functional status. *Blood* 126:463-470.
4. Michael Hallek (2013) Signaling the end of chronic lymphocytic leukemia: new frontline treatment strategies. *Blood* 122:3723-3734.

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Biography

Vincenzo Russo has his expertise in diagnosis, treatment and management of hematological disorders. He completed his Internship in the Hematology Unit, University of Naples "Federico II", Italy (2016), training in Chronic Lymphocytic Leukemia and Thrombocytopenia, Outpatients' Clinics; in Pediatric Acute Myeloid Leukemia and Pediatric Acute Lymphocytic Leukemia Outpatients' Clinics; in Multiple Myeloma and MGUS Outpatients' Clinics; in Amyloidosis and HES Outpatients' clinics; in Acute Myeloid Leukemia; in Lymphoma non-Hodgkin Outpatients' Clinics; in Lymphoma Hodgkin Outpatients' Clinics and Acute Myeloid Leukemia. He is Member of the Italian Society of Italian Society of Ultrasound in Medicine and Biology (SIUMB) from 2011, Italian Society of Hematology (SIE) from 2012, Italian Society of Internal Medicine and Federation of Associations of Hospital Doctors on Internal Medicine (FADOI) from 2014.

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