

## PERFORATED RECTAL LYMPHOMA- A REPORT OF A RARE CASE

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### Abstract

**Introduction.** Primary gastrointestinal lymphoma is very rare and the rectum is the rarest site for it to occur. The presentation is similar to carcinoma, and rarely intussusception, perforation or obstruction.

**Case Description.** 57 years old lady presented to our facility with one week history of epigastric discomfort and large bowel obstructive symptoms and jaundice for one month. On examination, patient was septic with vague suprapubic mass with no mass per rectum. An urgent CECT, suggestive of perforated rectosigmoid tumour complicated with collection and pneumoperitoneum with local invasion and nodal metastasis. An urgent exploratory laparotomy, peritoneal washout and right transverse loop colostomy and on table colonoscopy was performed in view the tumour was not resectable. HPE then suggestive of diffuse giant B cell lymphoma with local invasion to uterine wall and lymph node. Consulted haematologist and planned for chemotherapy however due to severe sepsis, patient succumbed before commencement of chemotherapy.

**Discussion.** The definitive management for lymphomas is chemotherapy. Ideally, early screening and detection of these patients warrants imaging, colonoscopy and histopathological biopsy followed by definitive management. However, patients may present late in the disease process with perforation or obstruction.

During surgical emergencies, surgical intervention is prioritised to tackle the complication of disease first. Chemotherapy postoperatively may only be achieved once patient stabilised with no ongoing infection. In emergency setting, patients have higher risk to develop perioperative complications and may not be a suitable candidate for chemotherapy as evidenced by the case report.

**Conclusion.** Primary rectal lymphoma presentation is indistinguishable from colorectal carcinoma hence early colonoscopy and biopsy in patients with high suspicion of colorectal malignancy may benefit these pool of patients for early definitive management.