**Primary Gastrointestinal Lymphoma. An Uncommon Disease with Deadly Consequences**

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**Objectives:**

* To describe the clinical presentation of a rare colorectal malignancy
* To highlight the pathophysiological consequences of this disease in a patient with complex comorbidities

**Background:**

Primary gastrointestinal (GI) lymphoma is rare, representing only 1-4% of all GI malignancies 1. Particularly, primary colorectal lymphoma (PCL) accounts for only 3 percent of GI lymphomas, and 0.3% of large intestinal malignancies 2,3. We describe a case of metastatic PCL and liver failure in a patient with pulmonary arterial hypertension (PAH).

**Case Presentation:**

A 57 year old Caucasian male with a history of severe PAH, cerebral palsy, and obstructive sleep apnea (OSA) presented to the emergency with worsening shortness of breath and palpitations. Echocardiogram demonstrated a dilated right ventricle (RV) with severely decreased RV function and flattening of the interventricular septum.

Laboratory data revealed elevated liver enzymes and significant lactic acidosis (6.4mmol/L). A liver ultrasound and abdominal computed tomography showed innumerable masses scattered throughout the liver. A liver biopsy revealed diffuse large B-cell lymphoma (DLBCL) by immunohistochemical staining. The patient had a precipitous decline, developed type-B lactic acidosis, hyperventilation, and worsening of his PAH. He elected to be transferred to hospice without further workup or treatment and passed the following day. Autopsy revealed a left ventricular infarct. Innumerable metastases were scattered throughout the liver, and an 11 x 7 x 1.2 cm mass located in the sigmoid colon was determined to be the primary tumor. Many nodules were found in both renal cortices, in the urinary bladder wall, and throughout the peritoneum.

**Conclusion:**

DLBCL should be considered in the differential diagnoses of colon masses with synchronous liver nodules.

**References**

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