Gastric lymphoma

Gastric lymphoma generally account for ~ 4% of gastric malignancies over half of patients with non Hodgkin's lymphoma, have involvement of the GIT. The stomach is the most common site of primary gastro intestinal lymphoma & over 95% are non Hodgkin's type, most are B cell type thought to arise in MALT (mucosa associated lymphoid tissue).

The normal gastric mucosa is relatively devoid of lymphocytes, however in the setting of chronic gastritis, the stomach acquire MALT which can under go malignant degeneration. H. pylori are thought to be the culprit. In population with high incidence of gastric lymphoma, there is high incidence of H. pylori infection.

Patients with gastric lymphoma also usually have H. pylor infection.

Low grade MALT lymphoma, essentially a monoclonal proliferation of B cells, presumably arises from aback ground of chronic gastritis associated with H. pylori. These low grade tumours then under go degeneration to high grade lymphoma. When H. pylori eradicated & the gastritis improve, the low grade MALT lymphoma often disappears. Thus, low grade MALT lymphoma is not a surgical lesion.

High grade gastric lymphoma is very different. These patients require aggressive oncological treatment for cure & present with many of the same symptoms as gastric CA patients. Pain, bleeding & weight loss are the most common symptoms. Systemic symptoms as fever, weight loss & night sweating occur in about 50%.
Acute presentation may be perforation, haemorrhage or obstruction.

It is important to distinguish primary gastric lymphoma from involvement of the stomach in generalized lymphomatous process. The latter is more common than the former.

- Primary gastric lymphoma is most common in the 6th decade.
- Diagnosis of gastric lymphoma is made by endoscopy & biopsy. Much of the tumours may be submucosal & an assiduous attempt at biopsy is necessary.

At an early stage, the disease takes the form of diffuse mucosal thickening which may ulcerate.

Primary lymphoma is usually nodular with enlarged gastric folds.

A diffusely infiltrative process akin to linitis plastica is more suggestive of secondary gastric involvement by the lymphoma.

Following diagnosis of gastric lymphoma, accurate staging is necessary to establish whether the lesion is primary or part of more generalize process. For this, CT scan of the chest, abdomen & bone marrow aspirate with complete blood count is required. Also in primary gastric lymphoma there is neither generalized lymphadenopathy nor hepatosplenomegaly on examination and no enlarged lymph node in the thorax on CXR.

Treatment:

- For gastric lymphoma limited to the stomach & regional lymph nodes, radical subtotal gastrectomy may be performed especially for bulky tumour with breeding & or obstruction.
- Palliative gastrectomy for tumour complication is also has role.
- Recently patients have been treated with primary chemotherapy & radiation with out operation & the results are good, but perforation & bleeding especially for thick tumour is recognized complication of this approach.
- Chemotherapy alone is appropriate for patients with systemic disease.
- For patients having gastric involvement with diffuse lymphoma, treated by chemotherapy with dramatic rapid responses.

mugdad fuad