(MALT Lymphoma)

Clinical Analysis of MALT Lymphoma in the Stomach

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Purpose: The aim of our study was to analyze the clinical and histopathological characteristics of mucosa associated lymphoid tissue (MALT) lymphoma in the stomach.

Methods: We retrospectively reviewed the medical records of 22 patients with pathologically proven MALT lymphoma from Jan. 1995 to Sep. 2000 in Samsung Medical Center. The factors analyzed were operative procedures, tumor stage and histopathological characteristics.

Results: Of 3658 patients with gastric malignancy, 22 (0.6%) patients, 7 men and 15 women from 25 to 70 years (mean, 48.8 years), were found to have MALT lymphoma. Fourteen cases (64%) were located in the antrum, 4 (18%) in the body and 4 (18%) in the fundus or the high body. Nineteen patients were managed with total gastrectomy and splenectomy, and 3 with radical subtotal gastrectomy. Histopathologically, the tumor was limited to the mucosa in 3 patients (13.6%), to the submucosa in 13 (59.1%), and extended to the muscularis propria in 6 (27.3%). The lymph node involvement was seen in 12 patients (54.6%). There were no cases of splenic, hepatic or bone marrow involvement. H. pylori was identified in 11 patients (50%). During the mean follow-up period of 32.7 months, there were no reports of tumor recurrence or death.

Conclusion: MALT lymphoma rarely disseminates at the time of diagnosis and rarely involves the bone marrow. Lymph node involvement, however, was relatively high. Total gastrectomy is effective in the management of patients with high grade MALT lymphoma and adjuvant chemotherapy is

effective in cases of metastasis. (J Korean Surg Soc 2002; 63:468-471)

Key Words: Mucosa associated lymphoid tissue (MALT) lymphoma, Stomach

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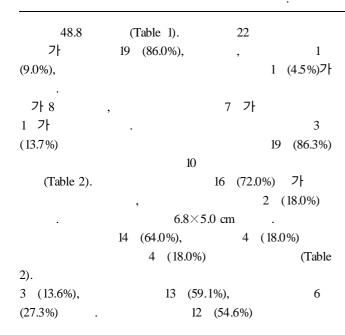


Table 1. Age and sex distribution of patients

	Sex	Sex (%)			
Age	M	F			
20 29	1 (4.5)	2 (9.0)			
30 39	0 (0.0)	1 (4.5)			
40 49	3 (13.6)	5 (22.7)			
50 59	1 (4.5)	3 (13.6)			
60 69	1 (4.5)	3 (13.6)			
70 79	0 (0.0)	1 (4.5)			
Total	7 (31.9)	15 (68.1)			

M: F = 1: 2.1.

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		7	(Tabl	le 2).		15	(68.1%)	(Table 2).
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Table 2. Tumor characteristics

	No (%)
Location	
Fundus	4 (18.0)
Body	4 (18.0)
Antrum	14 (64.0)
Pathologic feature	
Tumor invasion	
Mucosa	3 (13.6)
Submucosa	13 (59.1)
Proper muscle	6 (27.3)
Lymph node metastasis	
Metastasis	12 (54.5)
No metastasis	10 (45.5)
Grade	
High grade	7 (31.9)
Low grade	15 (68.1)
Operation	
Subtotal gastrectomy	3 (13.7)
Total gastrectomy	19 (86.3)

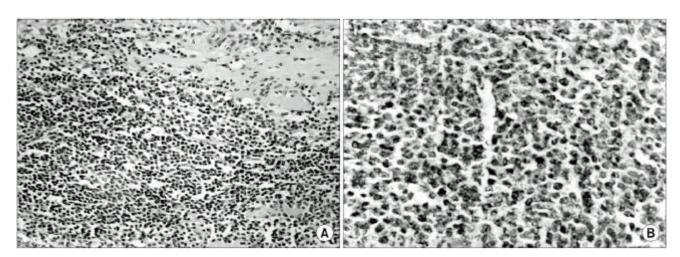


Fig. 1. Microscopic findings of marginal-zone B cell lymphoma of MALT type. A) Low grade (H&E stain, \times 100), B) High grade (H&E stain, \times 200).

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(MALT Lymphoma) 471

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22 MALT 48.8 3 (13.6%),13 (59.1%), 6 가 가 12 (27.3%)(54.5%)MALT 15 (68.1%), MALT 7 (31.9%) 가 **MALT** 가 가 **MALT** 가

REFERENCES

 Isaacson PG, Dennis H. Wright. Malignant lymphoma of mucosa-associated lymphoid tissue. A distinctive type of B-cell lymphoma. Cancer 1983;52:1410-16.

- Isaacson PG, Norton AJ. Extranodal Lymphomas. Edinburgh: Churchill Livingstone, 1994.
- Addis BJ, Hyjek E, Isaacson PG. Primary pulmonary lymphoma: A reappraisal of its histogenesis and its relationship to pseudolymphoma and lymphoid interstitial pneumonia. Histopathology 1988;13:1-17.
- 4) Isaacson PG, Spencer J. Malignant lymphoma of mucosa- associated lymphoid tissue. Histopathology 1987;11:445-62.
- Harris NL, Jaffe ES, Stein H, Banks PM, Chan J, Cleary ML, et al. A revised European-American classification of lymphoid neoplasm: a proposal from the International Lymphoma Study Group. Blood 1994;84:1361-92.
- 6) Chan JKC, NG CS, Isaacson PG. Relationship between high grade lymphoma and low-grade B-cell mucosa-associated lymphoid tissue lymphoma (MALToma) of the stomach. Am J Pathol 1990;136:1153-64.
- Cogliatti SB, Schmid U, Schumacher U, Eckert F, Hannsmann ML, Hedderich J, et al. Primary B-cell gastric lymphoma: a clinicopathological study of 145 patients. Gastroenterology 1991;101:1159-70.
- 8) Wotherspoon AC, Doglioni C, Diss TC, Pan L, Moschini A, Boni M, et al. Regression of primary low grade B-cell gastric lymphoma of mucosa associated lymphoid tissue type after eradication of *Helicobacter pylori*. Lancet 1993;342:575-77.
- Isaacson PG. Recent developments in our understanding of gastric lymphomas. Am J Surg Pathol 1996;20(Suppl.1):S1-S7.
- Economopoulous T, Alexopoulos C, Stathakis N, Styloyannis S. Primary gastric lymphoma: The experience of a General Hospital. Br J Cancer 1985;52:391-97.
- Hidetoshi O, Hiroyochi S, Yoichi K. Surgical treatment for gastric malignant lymphoma: Gastroenterological Surg 1996; 19:69-74.
- Wotherspoon AC, Doglioni C, Deboni M, Spencer J, Isaacson PG. Antibiotic treatment for low-grade gastric MALT lymphoma. Lancet 1994;343:1503.