

Gastric marginal zone Lymphoma of MALT

Clinical Case Presentation

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Disclosures

No potential conflicts of interest declared

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Gastric marginal zone Lymphoma of MALT – Case presentation

52-year old man presenting with abdominal discomfort and dyspepsia (nausea)

■ OGD (Oesophago-gastric-duodenoscopy)

*Gastric body and fundus alteration with atrophic areas
pseudopolypoid lesion of the small gastric curve*

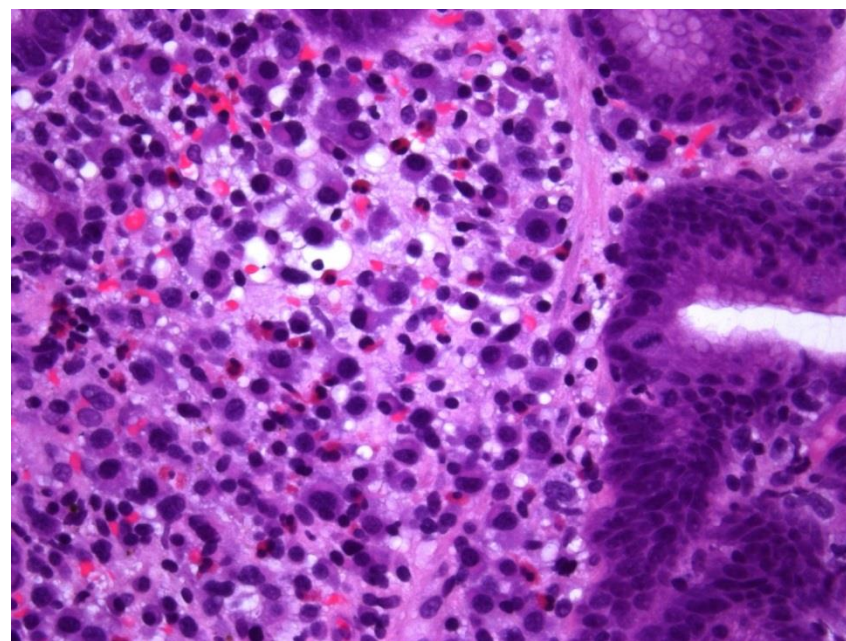
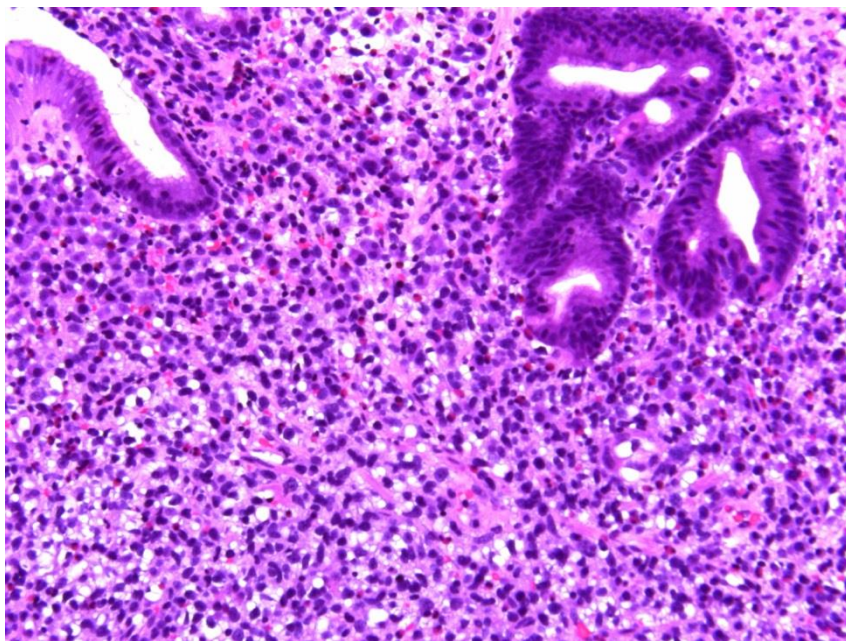
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■ Histologic examination of multiple gastric biopsies

Multifocal marginal zone B-cell lymphoma of MALT type with plasmacytic differentiation

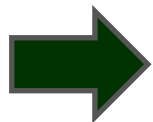
*No histologic evidence of *H. pylori**



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- no B-symptoms
- no relevant findings at the physical exam
- normal routine laboratory exams



staging procedures?

Q 1: Which staging procedures would you choose?

1. CT scan of chest, abdomen and pelvis and EUS
2. Total body low dose PET-CT scan
3. Bone marrow aspirate and biopsy
4. PET-CT with contrast enhanced CT
5. 1 and 3
6. 1, 2 and 3

- **Endoscopic Ultrasound (EUS):** uT2N0
- **Chest, abdomen and pelvis CT scan:**
hepatic angioma, no
adenopathy, no
hepatosplenomegaly
- **bone marrow biopsy:**
no evidence of lymphoma

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- **Endoscopic Ultrasound (EUS):** uT2N0
- **Chest, abdomen and pelvis CT scan:**
hepatic angioma, no adenopathy, no hepatosplenomegaly
- **bone marrow biopsy:**
no evidence of lymphoma

- HIV serology: negative
- HBV serology: negative
- HCV serology: negative
- *H. pylori* serology: positive
- Urea breath test: negative
- *H. pylori* faecal Ag: negative
- FISH for t(11;18) not done

Stage I - disease confined to the stomach

(H. Pylori negative at histology but serology positive)

Q 2: What treatment would you give?

1. Wait and see
2. *H. pylori* eradication therapy
3. Moderate-dose involved-field radiotherapy
4. Alkylating agent and/or rituximab
5. R-CHOP or R-Bendamustine
6. Surgical resection

What we did

H. Pylori eradication therapy

Proton-pump inhibitor (PPI), clarithromycin and amoxicillin for 14 days



Re-evaluation with OGD (breath test negative at diagnosis) at 2 months from the end of PPI

➡ *NC: No Change (but regression of symptoms)*

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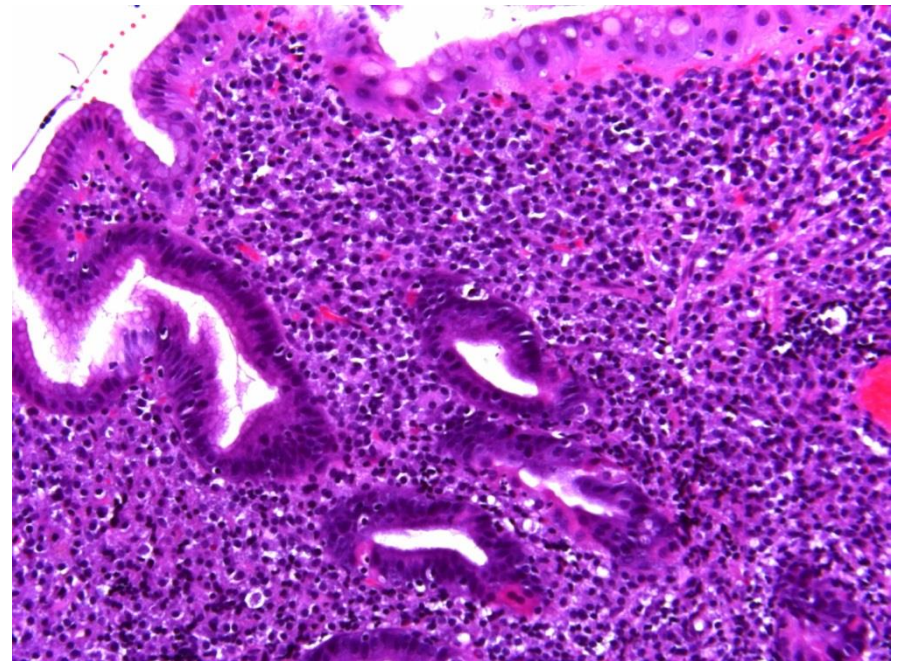
What we did

H. Pylori eradication therapy

Re-evaluation with OGD

at 2 months from the end of PPI

➡ *NC: No Change*



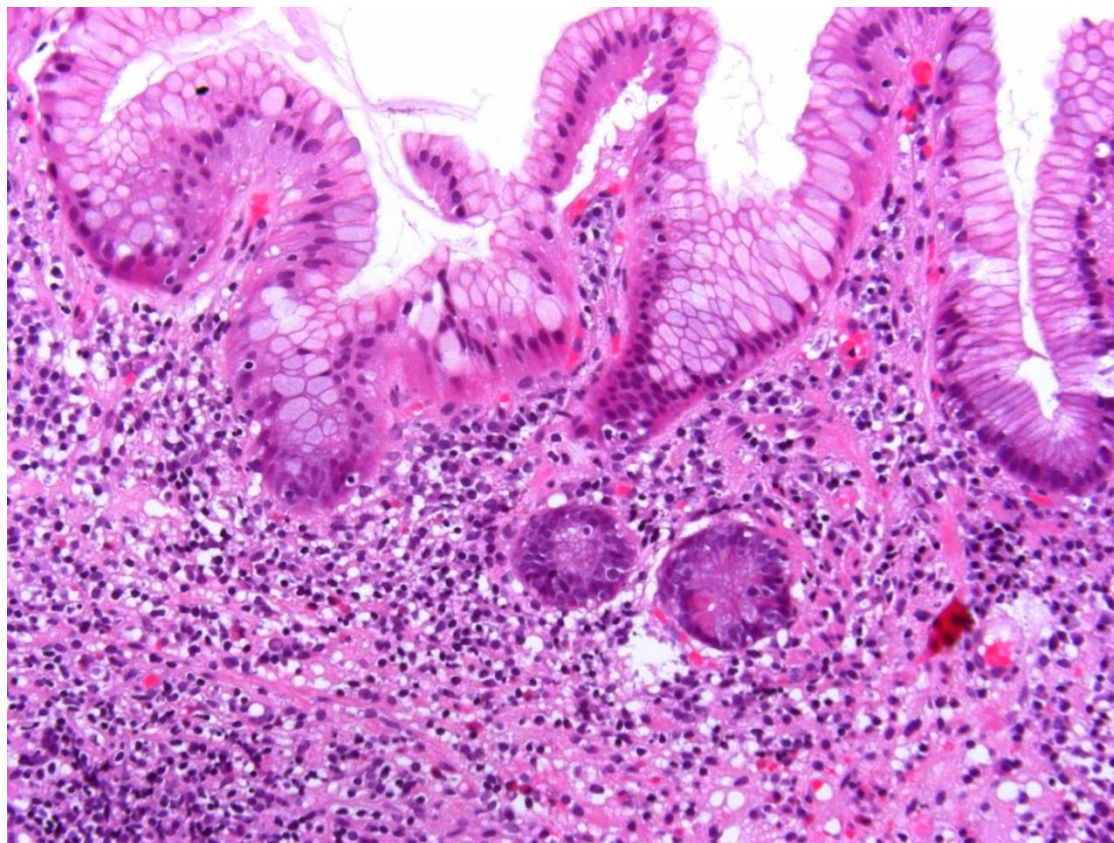
Q 3: And now which would you recommend?

1. Wait and see
2. Second line *H. pylori* eradication therapy
3. Moderate-dose involved-field radiotherapy
4. Alkylating agent and/or rituximab
5. R-CHOP
6. Surgical resection

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OGD (after 4 mo): *responding residual disease (rRD)*
 GELA scoring system



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Repeated OGD every 6 months



No further benefit

Microscopic responding residual disease (rRD)

Macroscopy unchanged

At 2 years following *H. pylori* eradication therapy,
symptoms reappeared

Q 4: Which treatment would you recommend now?

1. Wait and see
2. Second line *H. pylori* eradication therapy
3. Moderate-dose involved-field radiotherapy
4. Alkylating agent and/or rituximab
5. R-CHOP or R-Bendamustine
6. Surgical resection

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24-30 Gy radiation
to the stomach and
perigastric nodes

VS

Chlorambucil or
other alkylating
agent and/or
rituximab

After discussion with the patient



Chlorambucil + Rituximab

Re-evaluation with OGD and biopsies after 2 months



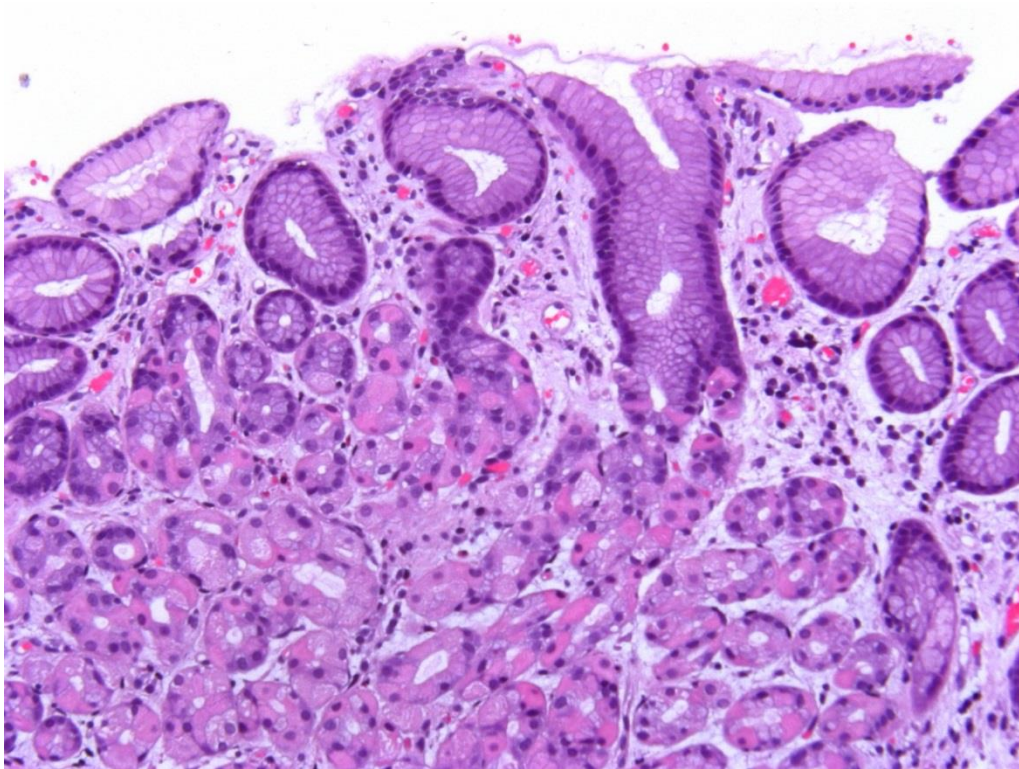
CR: Complete histological remission

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Re-evaluation with OGD and biopsies after 2 months

➡ *CR: Complete histological remission*



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59-year old woman presenting with a 2-month history of epigastric pain and pyrosis

■ OGD

Diffuse erosive gastritis with antral ulcer

■ Histologic examination of multiple gastric biopsies

Lymphocytic infiltration suspicious for MALT lymphoma

*Presence of *H. pylori* in the gastric body and antrum*

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59-year old woman presenting with a 2-month history of epigastric pain and pyrosis

■ OGD

Diffuse erosive gastritis with antral ulcer

■ Histologic examination of multiple gastric biopsies

Lymphocytic infiltration suspicious for MALT lymphoma

*Presence of *H. pylori* in the gastric body and antrum*

Anti-*H. pylori* therapy was given

At 2 months from *H. pylori* eradication therapy:

- Improved OGD features

Diffuse erosive gastritis without ulcer

- Histologic examination of multiple gastric biopsies

Marginal zone B-cell lymphoma of the MALT

*No histologic evidence of *H. pylori**

- CT scan of neck, thorax and abdomen

No adenopathy, no secondary lesions

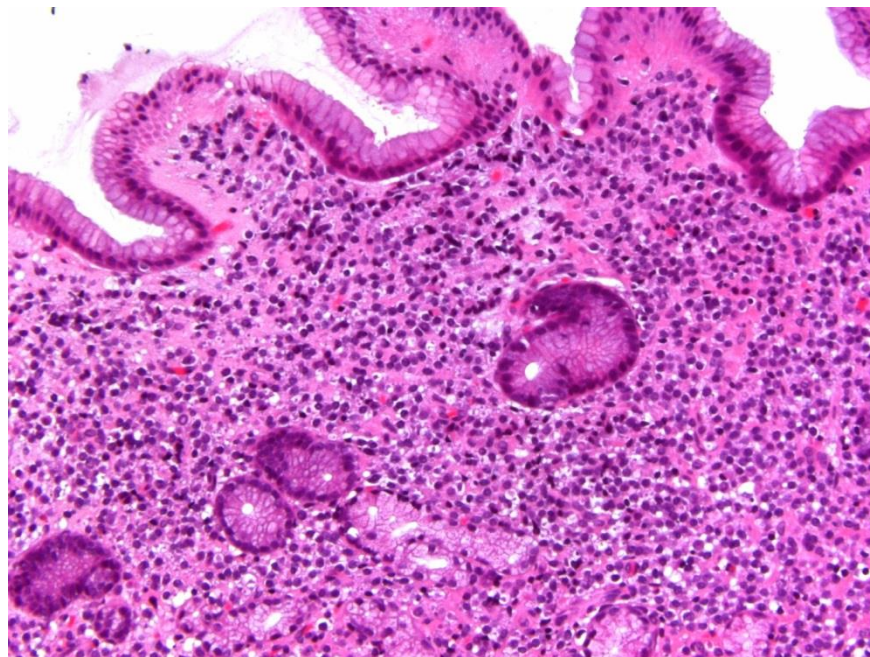
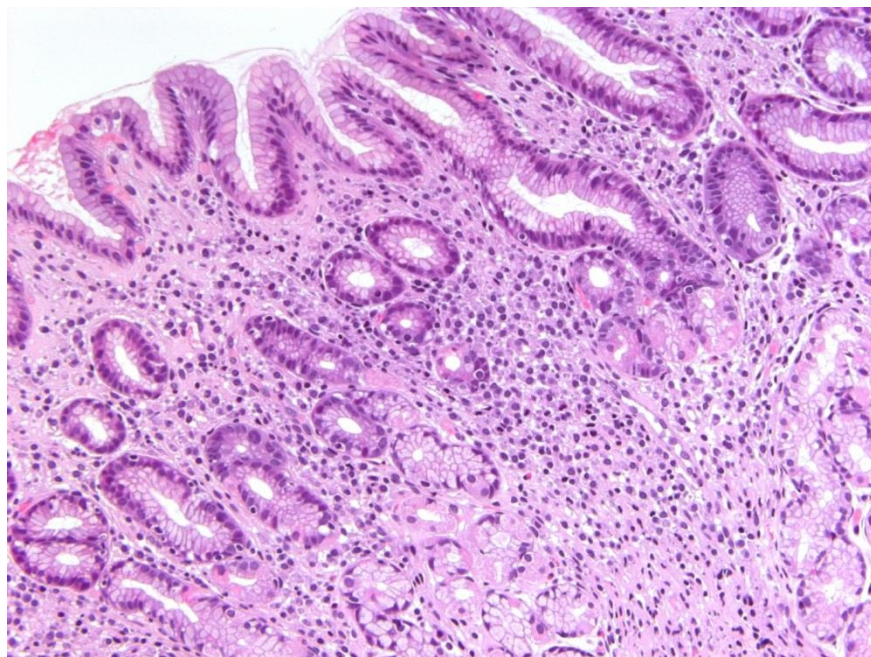
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Re-evaluation by OGD and biopsies after 4 months

Macroscopic improvement of the erosive gastritis

➡ *Microscopic minimal residual disease (MRD)*



Q 6: Would you treat now?

1. No, re-evaluate by OGD after 6 mos
2. No, re-evaluate by OGD after 1 year
3. Yes, moderate-dose involved-field radiotherapy
4. Yes, R-chemotherapy
5. Yes, rituximab alone
6. Yes, surgery

What we did

Re-evaluation at 12 months from eradication

Macroscopic improvement of the gastritis



Complete histological remission (CR)



Patient still in complete histological remission at last follow-up
(18 months from eradication)