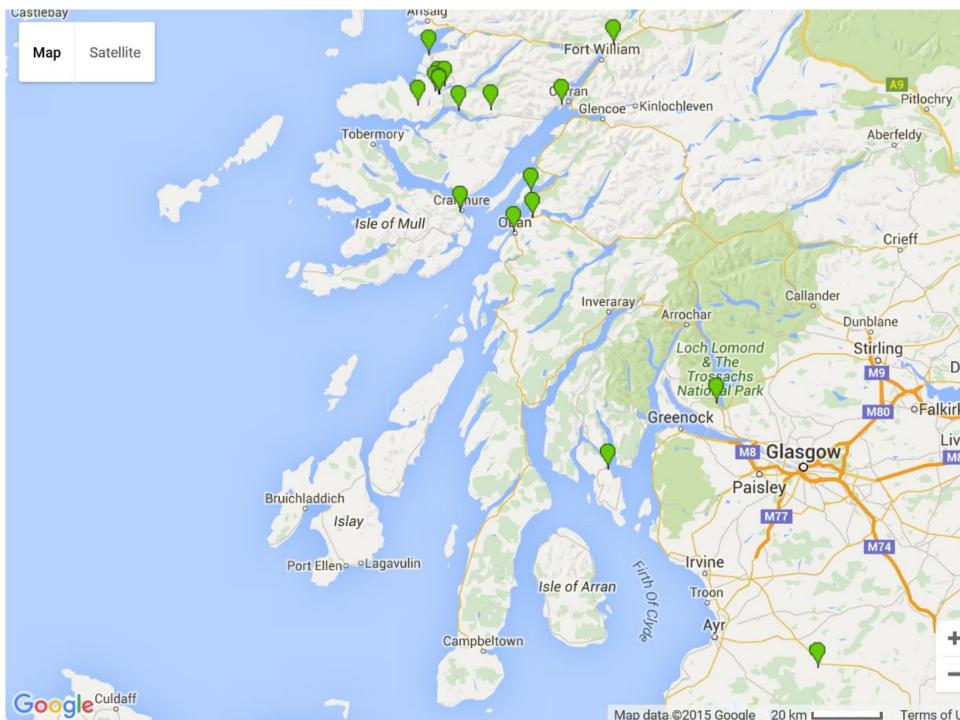


ESMO Preceptorship Programme

ESMO Preceptorship on Lymphoma Lugano, 27- 28 Nov 2015

Mucosa-Associate lymphoid tissue (MALT) of the stomach

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ESMO Preceptorship Programme

62 years old lady who gives a 10 year history of weight loss associated diarrhea.

She Has been having fairly frequent endoscopies, thoroughly investigated . No clear cause was found

In October 2014, a repeat endoscopy and biopsy reported as lymphomatous infiltrate. The biopsy was reviewed by the central pathology lab.

Ca125 was raised mildly

CT scan: Scattered small volume mesenteric and ileo-colic adenopathy; no sinister features by size or location criteria.



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She was thought to have lymphatic gastritis and started on H.pylori eradications.

A repeat endoscopy and further biopsy performed confirms a marginal zone lymphoma of MALT type.

MALT1 gene region (18q21) has been detected by FISH

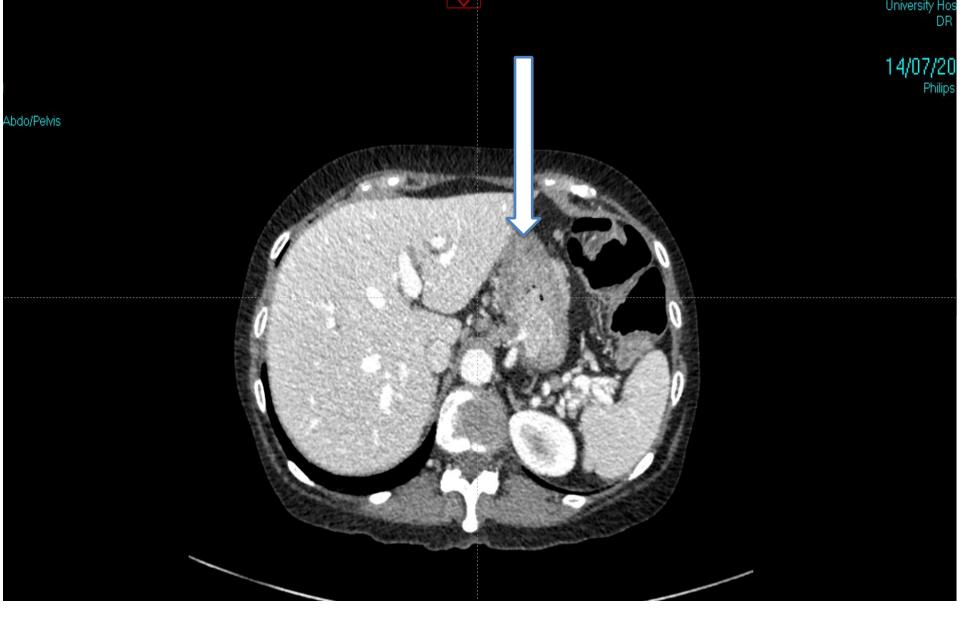
Repeat CT scan shows changes: new soft tissue thickening is noted associate with lymphadenopathy measured in subcentimeter (have not changed since last scan).











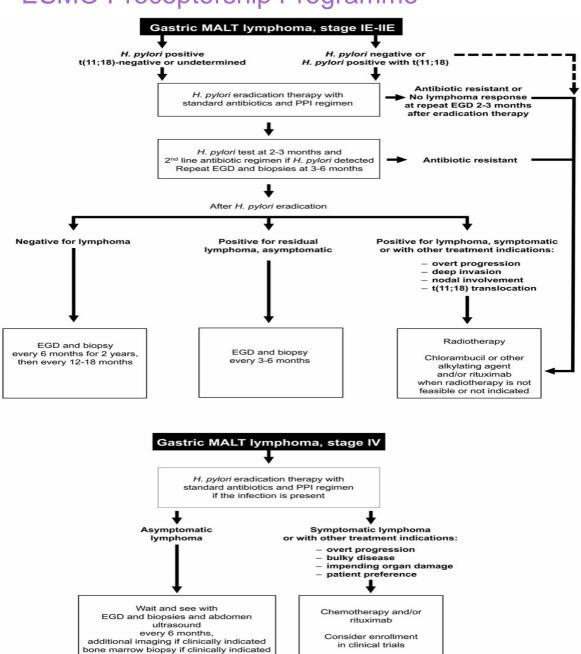








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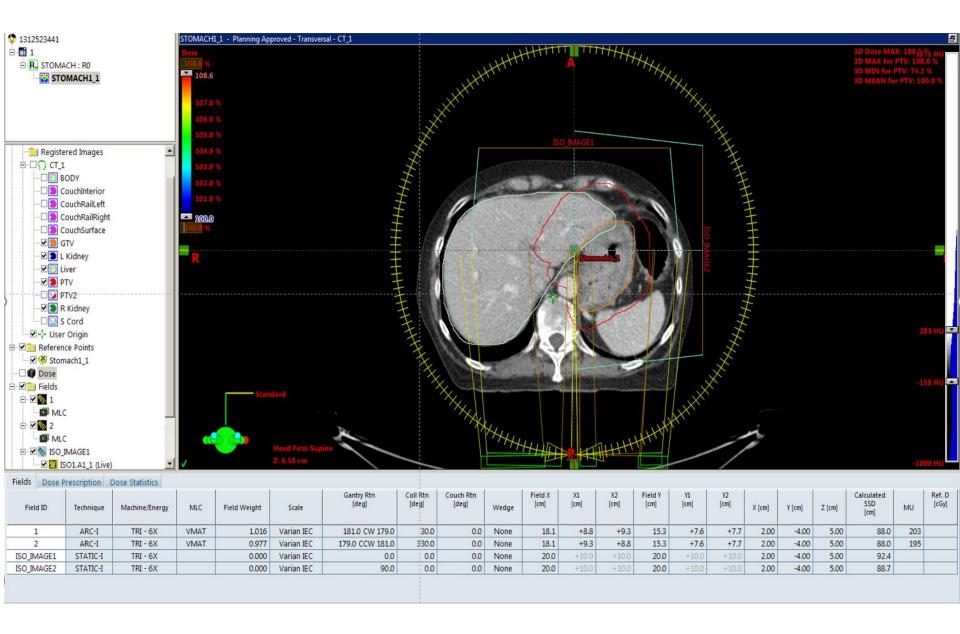
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Further treatment:

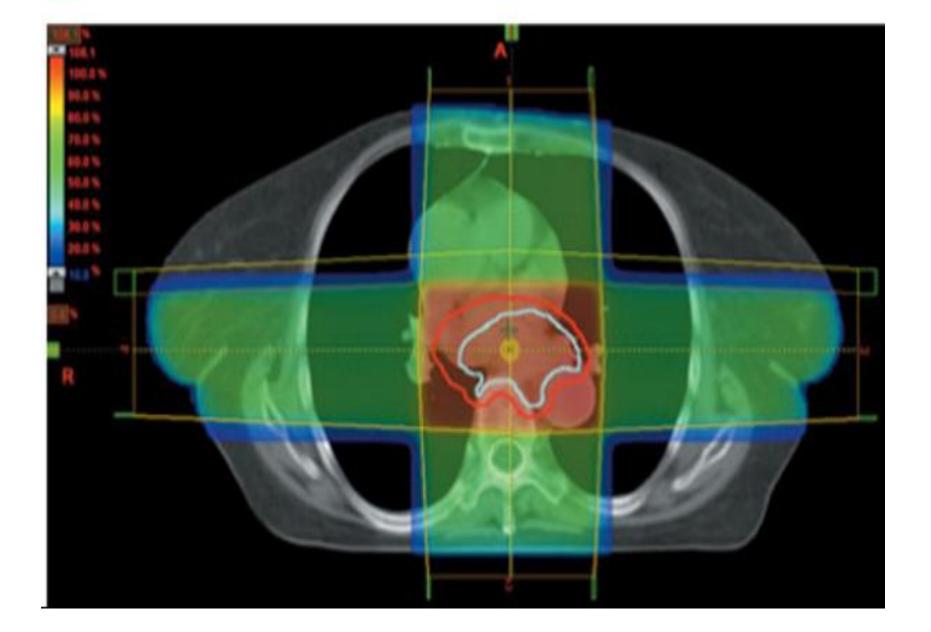
radiotherapy 30 Gy in 15 fractions to the stomach only.

The surrounding lymphadenopathy were all subcentimeter and is similar to a year ago, it was excluded from the radiotherapy field.

DMSA scan has been done before starting radiotherapy.











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European Society for Medical Oncology

Patient completed radiotherapy recently

She required anti-emetics while in treatment.

She will have a repeat endoscopy in 2 months time as well as CT scan.

- Learning points

- Long indolent history
- Gastric MALT lymphoma is associated with H. pylori infection in up to 90% of cases.
- H. pylori eradication therapy must be given to all patients with gastric MALT prolonged histological remission in up to 70% of patients.
- Radiotherapy is the treatment of choice for stage 1A extranodal MALT lymphoma.

