

### Aim of the study

To study the effective variants of combined treatment of MALT-lymphoma of the stomach (MALTS).

### Conclusion

Thus, our modest analysis shows that the appropriateness of a combined approach in the treatment of MALTS. Thus, performance of surgical component, followed by using of adjuvant chemotherapy does not degrade performance of remote results. We consider it necessary to further explore the possibility of anti-Hp therapy in these patients, because of its use in combination with chemotherapy gives promising results in the treatment of MALTS.

## Trigger factor in stomach MALT lymphoma

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### Materials

We analyze the results of treatment of 25 patients with MALTS, average age of 44,7. Men was - 9 (36,0%), 16 women (64,0%). By classification of Lugano (1993) 1st stage in 17 (68,0%) patients, IIE - in 3 (12,0%), III - in 3 (12,0%), I12 - 2 (8,0%). In 21 (84,0%) during the examination revealed the presence of infection with *Helicobacter pylori* (Hp) different degrees of contamination. However, from them in 9 (36,0%) patients due to the presence of functional gastric complications (bleeding and stenosis) being performed gastrectomy with lymph node dissection to D2. Postoperatively, these patients underwent adjuvant chemotherapy (ChT) by the schedule of CHOP. 4 (16,0%) (Hp-negative) patients were only ChT, the remaining patients (Hp-positive) was performed ChT with anti-Hp therapy (adatherapy).

**Results:** In the early postoperative period in 2 (8,0%) ( $p > 0.05$ ) patients had complications: 1 (4,0%) - postoperative pancreatitis and in 1 (4,0%) - wound abscess. After chemotherapy in 7 (28,0%) patients observed side effects of chemotherapy I- and II-degree of toxicity that stopped inclusion in the arsenal of treatment of symptomatic therapy. After chemotherapy with anti-Hp therapy in 2 (8,0%) patients observed side effects of chemotherapy I-toxicity. Indicators of a one-year survival rate in the groups were almost identical: 96,5% - after the surgery + chemotherapy, 93,1% - after ChT and 100% - after chemotherapy + anti-Hp therapy ( $p > 0.05$ ). However, the 3-year indices were slightly different, representing 86,2%, 79,3% and 86,6% correspondingly ( $p > 0.05$ ). Patients after surgery + ChT and ChT + anti-Hp therapy during the 40-month observation of relapse is not established. After chemotherapy from observed recurrent disease in the period from 13 to 28 months, that required repeated courses of chemotherapy with the inclusion of anti-Hp therapy.

