



# SMALL CELL STOMACH MALT-LYMPHOMA

M.M.Mallaev., A.A. Yusupbekov

Tashkent Medical Academy, National cancer research centre of Uzbekistan

**Aim:** To study the efficiency of combined therapy with small cell MALT-lymphoma of the stomach (SC-MALTS).

**Materials and methods:** We analyzed the treatment results of 75 patients with MALTS, average age of 44,7+0,4 years. Men was - 26 (35.3%), 47 women (64.7%). A comparative study of the macroscopic type of tumor in 34 (45.3%) found infiltrative ulcer, 27 (36.0%) - peptic ulcer, 14 (18.7%) - a form of infiltrative growth. Histological verification of small-cell type of tumor found in 35 (46.7%) patients, intermediate type - in 25 (33.3%) and in 15 (20.0%) - Multi-mixed type lymphoma of the stomach. By classification of Lugano (1993) 1ststage in 49 (65.3%) patients, IIE - in 10 (13,3%), III1 - in 11 (14,6%), II2 - 5 (6,6%). Availability gastroenterological diseases in history was observed 54 (72.0%) patients. In particular, SC-MALTS it occurred in 21 (60.0%) patients with a history of 3-month duration (9 patients) and 5 years (5 patients). The involvement of the body of the stomach was most characteristic of SC-MALTS - 19 (54.3%) patients, total affection were - in 9 (25.7%), the involvement of the distal portions of the stomach - in 7 (20.0%). In 29 (82.8%) in the examination revealed the presence of infection with *Helicobacter pylori* (Hp) different degrees of contamination. However, from them in 13 (37.1%) 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. 6 (17.1%) (Hp-negative) patients were only ChT, the remaining 16 (45.8%) patients (Hp-positive) was performed ChT with anti-Hp therapy (triad therapy).

**Results:** In the postoperative period in patients with SC-MALTS complications was not observed. After ChT all 6 (100%) patients observed side effects of chemotherapy I- and II-toxicity that stopped inclusion arsenal treatment of symptomatic therapy. After chemotherapy with anti-Hp therapy in 1 (5.5%) patient the presence of side-effects of chemotherapy I-toxicity.

Indices of one-year survival rate in the groups were identical at 100% ( $p > 0.05$ ). However, the performance of 3-year survival rates were slightly different, accounting for 84.6, 66.6 and 87.5%, correspondingly ( $p > 0.05$ ). Patients after surgery + ChT and ChT + anti-Hp therapy during the observation period 3 year recurrent disease is not established. After the chemotherapy of 6 patients in 5 (%) marked relapse during 13 to 28 months that required repeated the courses of chemotherapy with the inclusion of anti-Hp therapy.

**Conclusion:** The analysis shows the appropriateness of an integrated approach in the treatment of MALTS. Thus, performance of surgical component, followed by using of adjuvant chemotherapy does not degrade performance of remote results. Application of anti-Hp therapy in these patients in conjunction with chemotherapy to achieve the most optimal remote results, indicating the need for inclusion in the arsenal of therapeutic measures in SC-MALTS.

