



EP-008 - MALT LYMPHOMA A LONG-TERM FOLLOW-UP FROM A SINGLE CENTER EXPERIENCE

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Introduction: Gastric mucosa-associated lymphoid tissue B-cell lymphoma (GML) is the most frequent site of extranodal marginal-zone B-cell lymphoma. Synchronous or metachronous malignancies have been reported in patients with GML with inconsistent results. We aimed to characterize the prevalence and development of gastric premalignant and malignant conditions during follow-up of these patients.

Methods: We retrospectively analysed 156 GML patients (1993 – 2020) with a mean follow-up time of 95 months (8 years) and a mean of 10 endoscopies per patient.

Results: Of 156 patients, 79 (51%) were male, mean age at diagnosis of 56-years-old. At diagnosis, endoscopic appearance was, predominantly, ulcer (26.4%), erosions (25%) or erythema (20.8%). The histology at diagnosis revealed gastric atrophy in 31 (21.5%) and intestinal metaplasia in 19 (13.2%), mainly in the antrum. Most of the patients (88.16%) performed only eradication of *H. pylori* infection; others also needed chemotherapy (3.29%) or radiotherapy (1.97%). Patients' follow-up revealed that 54 patients (39.71%) developed intestinal metaplasia between 4 and 192 months of follow-up. From the total of 73 patients with intestinal metaplasia, 1 evolved to high grade dysplasia and 1, exposed to radiotherapy, to gastric adenocarcinoma at 24 and 46 months of follow-up, respectively, both in the antrum. Besides, 2 patients developed large *B cell Lymphoma*, one 8 months after the diagnosis and the other after 108 months.

Conclusions: Despite some limitations, our data showed frequent progression to precancerous lesions of gastric mucosa in GML patients. However, only two patients developed dysplasia and adenocarcinoma, diagnosed within 5 years of follow-up and from the 2 identified diffuse large B-cell lymphoma, only 1 was developed after the 5 years period. So, despite most literature report increased risk of secondary primary malignancies in these patients, more information is needed to stratify the patients according to risk factors and personalise the long-term follow-up.