
Cure In Lymphomas

Abdus Samad Khan,* M.B.,B.S.,
M.C.P.S., F.C.P.S., F.I.C.S.;

Shakirullah,** M.B.,B.S.,
F.R.C.S.

and

Ismatullah,*** M.B.,B.S.,
Postgraduate Medical Institute,
Lady Reading Hospital,
Peshawar, Pakistan.

Case Report

The patient, Mr. A.U., of age 30 years was admitted in surgical A Unit, Lady Reading Hospital, Peshawar on 13th April, 1991.

He was complaining of pain all over the abdomen and distention of the abdomen for the last 2 days. He was also having nausea and vomiting.

He gave past history of an abdominal operation in 1983 in Hayat Shaheed Teaching Hospital, Peshawar. He was diagnosed as a case of "Lymphoma of small gut" and was given radio-therapy for two years in IRNUM with some chemotherapy.

On examination, he was found very anaemic. His abdomen was distended. There was a scar of the previous operation on the abdomen. The abdomen was tender and on auscultation the bowel sounds were absent.

He was operated on 14th April, 1991 and the findings were perforation in the duodenum with generalized peritonitis. There were no findings suggestive of his previous disease i.e. lymphoma.

* Associate Professor of Surgery, Postgraduate Medical Institute;

** Medical Officer;

*** Trainee Medical Officer,
Surgical 'B' Unit, Lady Reading Hospital.

This case is presented to notify about the complete cure of a case of malignant lymphoma which is very rarely achieved.

Discussion

Most of the lymphomas that we see in clinical practice arise from the small bowel and lymph glands.

The prognosis is bad and the operative mortality is very high. Majority of the patients are lost during follow-up because most of them develop widespread metastasis and die.

The disease is fairly widespread at the time of initial diagnosis, often involving spleen and mesenteric glands and even bone marrow.

It is a fact that all the lymphomas of extra-lymphatic tissue origin are of diffuse variety and, therefore, have a rather poor prognosis unless localized (John Macleod, 1984).

Classification of Lymphomas

Rappaport Classification:

- i. Nodular (Follicular).
- ii. Diffuse:
 - a. Well-differentiated.
 - b. Poorly differentiated.
 - c. Mixed lymphocytic-histiocytic.
 - d. Histiocytic.

Prognosis

The mean survival of patients with diffuse lymphomas is upto two years (Davidson-1984).

Small Intestinal Lymphomas

Small bowel may be involved by malignant lymphoma either as a primary tumour or as part of widespread disease.

Tumour may be limited to a single site in small bowel but there may be a limited regional involvement of the mesentery, coeliac or para-aortic lymph nodes or widespread lymphatic invasion in association with limited gastro-intestinal disease.

Multiple sites of gastro-intestinal involvement often occurs.

Diffuse histiocytic lymphoma is the most common histological type of lymphoma that presents with small bowel involvement.

When tumour arises *de novo* in small intestine, lymph node involvement is often minimal or confined to the locality of tumour.

Primary small intestinal lymphomas represent 12-18% of all extra-nodal non-Hodgkin's lymphomas.

Most series report a male predominance of approximately 2: 1.

Treatment

Treatment is by surgical excision of the involved bowel. If all the malignant tissue is excised along with the adjacent lymph nodes, cure is possible but local adjuvant radiotherapy and chemotherapy are recommended.

References

1. Gray, G., Rosenberg, S.A., Cooper, A.D., Gregor, P.B., Stein, D.T., Herzeberg, H.; Lymphoma involving the gastrointestinal tract. *Gastro-enterology*. 82: 143-52, (1982).
2. Lewin, K.J., Ranchod, M., Dorfman, R.F.; Lymphomas of gastro-intestinal tract. A study of 117 cases, presenting with gastrointestinal disease

cancer. 42: 181, 613, (1978).

3. Hikish, T., Cunningham, D., Bait Clin, G.; Gastrointestinal non-hodgkin lymphomas: 191-200, (1990).

4. Talamont, M.S., Dawes, L.G., Joehl, R.J., Nahrwold, D.L.; Arch. surgery. 125 (8): 872-877, (1990).

5. Aitinl, A.E., Riggotti, A., Gradin, A., Cormpostr, F., Smmerieri, F., Tumori.; Primary non-hodgkin lymphomas of G.I.T. Analysis of cases. 76(4): 379-384, (1990).

6. Olver in Peral Pwiernik, P.H., AIS nw, Small bowel obstruction as a late complication of treatment of hodgkin disease. NZJS 60(8): 585-588 (1990).

7. John Macleod. Principle and practice of Medicine: 533, (1984).