

Actual Management of Primary Gastric Lymphoma - An Interdisciplinary Approach

Mircea Manuc^{1,2}, Gabriel Becheanu^{2,3}, Teodora-Ecaterina Manuc^{1,2}, Carmen Preda^{1,2},
Monica Lacatus^{2,4}

¹Department of Gastroenterology and Hepatology, Fundeni Clinical Institute, Bucharest, Romania

²“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

³“Victor Babes” National Institute of Pathology, Bucharest

⁴Department of General Surgery, Fundeni Clinical Institute, Bucharest, Romania

Abstract

Primary gastric lymphoma is certainly one of the subjects where the surgeon's role has truly diminished in the last decades. The large number of complete remissions after *Helicobacter pylori* eradication and the good response to radiotherapy and chemotherapy have completely changed the management and prognosis of this uncommon disease. Early detection and accurate stage workup are essential for gastric lymphoma management. This includes endoscopy with mapping biopsies, histopathology with immunohistochemistry, *Helicobacter pylori* testing and endoscopic ultrasound for accurate gastric and nodal involvement. First line of treatment is *Helicobacter pylori* eradication, a positive response of the disease being expected within several months. Chemotherapy and radiotherapy are recommended in advanced stages or in case of non-response to first line treatment. Currently, the surgical approach is uncommon in the initial treatment strategy and is reserved only for acute complications like severe bleeding or perforation. Multidisciplinary management is very important in all malignancies including gastric neoplasia and especially in primary gastric lymphoma. Future perspectives might bring about new therapeutic targets and a personalized approach to every patient diagnosed.

Key words: primary gastric lymphoma, *Helicobacter pylori*, mucosa-associated lymphoid tissue