

中文題目：台灣單一醫學中心評估十一位原發性小腸非何杰氏淋巴瘤的臨床病理與預後

英文題目：Clinicopathologic analysis and prognostic factors of 11 patients with primary Small intestinal non-Hodgkin lymphoma in a Single Institute of Taiwan

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Objective: The gastrointestinal tract is the most common extra-nodal site of involvement in non-Hodgkin lymphoma (NHL). Primary gastrointestinal NHL is often discussed together in most survival analyses. Primary intestinal NHL is significantly different from primary gastric NHL with regard to clinical features, pathological subtype, treatment and prognosis. The small intestine is involved by lymphoma less often than large intestine. We analyzed the clinical and pathological characteristics of primary small intestinal NHL and its prognostic factors.

Methods: A retrospective analysis between 1995 and 2008 was carried out on clinical data from 313 cases of NHL in Tri-Service General Hospital. Of these, 11 cases of primary small intestinal NHL were identified. A Cox model was used for multivariate analysis. The Kaplan-Meier method was used for survival analysis.

Results: In 11 patients with primary small intestinal NHL, 7 patients were men (63.6%) and 4 patients were women (36.3%); 9 patients (81.8%) were diagnosed as B-cell lymphoma, 5 (45.4%) were diffuse large B-cell lymphoma (DLBL). Six patients (54.5%) presented with abdominal pain and/or distention. Jejunum involvement was present in 6 of 11 patients (54.5%). The mean overall survival time was 27.2 months and the 4-year survival rate was 36.3%. The mean overall survival time for patients with jejunum involvement was shorter than those without jejunum involvement (16.9 months, 39.6 months), although this difference was not significant ($P=0.657$). Surgical treatment was performed on 4 of 6 patients with jejunum involvement due to acute abdomen or perforation related peritonitis.

Conclusions: The results reported here may explain, at least in part, DLBL, is the most common subtype of primary small intestinal lymphoma and the involved site affects the possibility of surgery in patients with intestinal lymphoma. Poor outcome in primary small intestinal lymphoma compared with lymphoma in other GI tract. We found a similar trend, although in our cohort the subgroups of primary small intestinal lymphoma were too small for individual analysis.