■ Sat-027 ■

Effectiveness of Helicobacter pylori eradication in the treatment of gastric MALT lymphoma

인제의대 부산백병원

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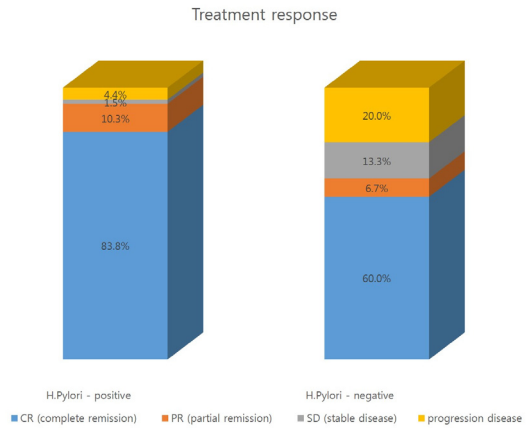
Background/Aims: Helicobacter pylori eradication induces remission in most patients with gastric mucosa-associated lymphoid tissue (MALT) lymphoma. We investigated the effectiveness of H. pylori eradication therapy for gastric MALT lymphoma regardless of the H. pylori infection status. **Methods:** From January 2000 to December 2017, consecutive patients with stage-I gastric MALT lymphoma were enrolled in single centre retrospectively. A total of 83 patients were diagnosed with gastric MALT lymphoma and had received eradication therapy. The median age of the patients was 57 years (20-79 years). There were fewer male than female (M:F, 30:53) and male to female ratio was 1:1.8. The median time of follow-up was 37.2 months (range 5–153 months). **Results:** Of the 83 patients, H. pylori infection was detected in 68 patients (81.9%). The complete remission (CR) rate after eradication therapy was 79.5%, which was higher in H. pylori–positive patients than in H. pylori-negative patients (83.8% vs 60.0%, $p<0.05$). During the follow-up period, 57 (83.8%) of 68 in H. pylori–positive patients achieved CR, seven patients (10.3%) showed partial remission (PR), one patient (1.5%) did stable disease (SD), and only three patients (4.4%) had disease progression. Nine (60%) of 15 in H. pylori–negative patients achieved CR, one patient (6.7%) showed PR, two patients (13.3%) did SD, and three patients (20%) had disease progression. **Conclusions:** In conclusion, irrespective of the existence of bacteria, H. pylori eradication is worthwhile in the treatment of gastric MALT lymphoma.



■ Sat-028 ■

A case of duodenal traditional serrated adenoma manifested as gastrointestinal bleeding

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Traditional serrated adenoma(TSA) is one of subtypes of serrated polyp. Serrated adenomas of duodenum are very rare and asymptomatic in previously reported cases. However, we experienced a case of duodenal serrated adenoma with bleeding which was diagnosed and treated endoscopically. An 80-years-old-female visited our hospital due to hematochezia. The laboratory result showed that hemoglobin was 4.2g/dl and iron deficiency anemia. For evaluation of gastrointestinal bleeding, the patient underwent upper endoscopy and colonoscopy. The result of upper endoscopy was atrophic change. Colonoscopy showed hyperplastic polyps at ascending colon. Abdominal computer tomography(CT) showed a 1.8cm lobular enhancing nodule at duodenojejunal junction. For evaluation of the suspected duodenal polyp, she underwent capsule endoscopy, which showed a pedunculated polyp at distal duodenum. We used a colonoscopy to approach the duodenojejunal junction because upper endoscopy could not reach the polyp. A 2.5cm sized lobulating pedunculated polyp was found at 4th portion of duodenum and there was fresh blood near the polyp. Because the polyp was considered as the cause of anemia and bleeding, we recommended her to resect the polyp. We used a detachable snare during polypetomy for the prevention of bleeding and successfully removed the polyp(figure 1). The pathologic result was TSA. After polypectomy, the patient did not show any bleeding sign. The serrated adenomas are precursors of colorectal cancer and related with 15% of all colorectal cancer. The prevalence of serrated adenomas of small intestine is very rare and their clinical features are insufficiently known. Based on previous report, TSA of upper digestive tract showed aggressive behavior with high malignant potential and should be resected for the prevention of cancer progression. Serrated lesions of duodenum are usually found in the bulb and 2nd portion. Our case was relatively large size and located in the distal part of duodenum that could not be reached by upper endoscopy. A Delay in detection might cause large size and the bleeding. To our knowledge, this is the first case of duodenal TSA which caused overt bleeding.