Gastric Lymphoma

A Practical Guide For Patients



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Introduction: Gastric Lymphoma

Gastric lymphoma is a cancer of lymphocytes—immune-system cells—that develops in the stomach. It is a type of non-Hodgkin lymphoma rather than the more common stomach adenocarcinoma. The two main forms are gastric mucosa-associated lymphoid tissue lymphoma, known as MALT lymphoma, and diffuse large B-cell lymphoma, known as DLBCL.

MALT lymphoma generally grows slowly and is strongly associated with chronic Helicobacter pylori infection. DLBCL is a faster-growing lymphoma that usually requires systemic cancer treatment. Symptoms may include upper abdominal pain, indigestion, nausea, early fullness, reduced appetite, weight loss, or gastrointestinal bleeding. Diagnosis requires upper endoscopy with biopsies and specialized pathology testing. Treatment depends on the lymphoma type, stage, H. pylori status, and overall health.

Key Takeaways

- Gastric lymphoma begins in immune-system cells within the stomach.
- It is usually classified as a form of non-Hodgkin lymphoma.
- The two most common types are MALT lymphoma and DLBCL.
- MALT lymphoma is generally slow-growing or indolent.
- DLBCL is more aggressive and may grow rapidly.
- Chronic H. pylori infection is a major cause of gastric MALT lymphoma.
- Symptoms can resemble gastritis, peptic ulcer disease, or stomach cancer.
- Upper endoscopy with multiple biopsies is essential for diagnosis.

What Causes Gastric Lymphoma?

Known Causes:

Gastric lymphoma develops when lymphocytes in the stomach undergo abnormal changes and multiply uncontrollably. The exact cause varies according to the lymphoma subtype. Chronic inflammation caused by H. pylori is the most important known contributor to gastric MALT lymphoma. Autoimmune disease and weakened immune function may also increase the likelihood of certain lymphomas.

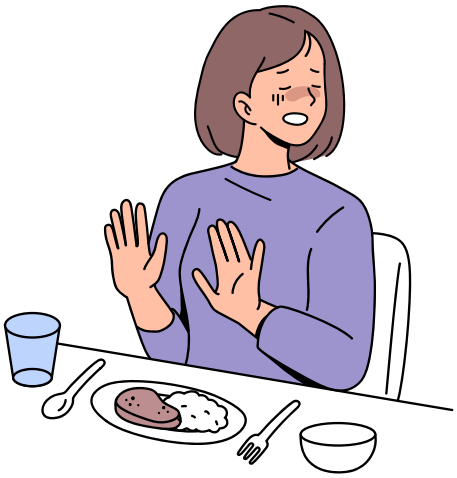
- **H. pylori infection:** Long-term infection can stimulate immune tissue in the stomach and lead to MALT lymphoma.
- **Chronic gastritis:** Persistent stomach inflammation may contribute to abnormal lymphocyte growth.
- **Autoimmune disease:** Hashimoto thyroiditis and Sjögren syndrome are associated with MALT lymphoma.
- **Weakened immune system:** Immune deficiency may increase the risk of non-Hodgkin lymphoma.
- **Organ transplantation:** Long-term immunosuppressive treatment can increase lymphoma risk.
- **HIV infection:** HIV-related immune suppression can increase the likelihood of aggressive lymphoma.
- **Older age:** Many non-Hodgkin lymphomas occur more commonly in older adults.
- **Genetic changes within lymphoma cells:** Chromosome and molecular abnormalities may influence growth and treatment response.

Common Signs & Symptoms

The symptoms of gastric lymphoma are often nonspecific and may resemble acid reflux, gastritis, peptic ulcers, or other stomach disorders. Some patients have mild symptoms for months, while aggressive lymphoma may produce rapidly worsening discomfort, weight loss, or systemic symptoms.

Core Symptoms Include:

- Nausea with or without vomiting
- Bloating or abdominal fullness
- Feeling full shortly after beginning a meal
- Reduced appetite
- Unintentional weight loss
- Fatigue or reduced energy
- Persistent heartburn-like discomfort



Severe cases can also cause:



- Persistent or severe abdominal pain
- Repeated vomiting and dehydration
- Significant gastrointestinal bleeding
- Severe anemia
- Gastric outlet obstruction
- Perforation of the stomach wall
- Fever without a clear infection
- Drenching night sweats

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Diagnosis & Medical Testing

Diagnosis requires tissue samples because gastric lymphoma cannot be confirmed from symptoms or imaging alone. Upper endoscopy allows the physician to examine the stomach and obtain several biopsies. A pathologist then uses microscopic examination, immunohistochemistry, and sometimes molecular testing to identify the lymphoma subtype. Additional testing determines whether the disease is limited to the stomach or has spread elsewhere.

Diagnostic Tools:

- **Medical history evaluation:** Reviews abdominal symptoms, appetite, weight changes, bleeding, fever, and night sweats.
- **Physical examination:** Checks abdominal tenderness, enlarged lymph nodes, pallor, weight loss, and general health.
- **Upper endoscopy:** Directly examines the esophagus, stomach, and duodenum.
- **Multiple gastric biopsies:** Samples abnormal and normal-appearing areas because lymphoma may be patchy.
- **Pathology examination:** Determines whether abnormal lymphocytes are present.
- **Immunohistochemistry:** Uses cell markers to distinguish MALT lymphoma, DLBCL, and other lymphoma types.
- **Molecular or chromosome testing**: May identify changes that affect prognosis or treatment response.

Diet

No particular food or diet can eliminate gastric lymphoma. Nutrition should focus on maintaining body weight, muscle strength, hydration, and adequate protein intake before, during, and after treatment. Dietary needs may change when the patient experiences nausea, early fullness, vomiting, mouth soreness, diarrhea, or treatment-related appetite loss.

Key Insights:

- Eat smaller, more frequent meals when early fullness is present.
- Choose calorie- and protein-rich foods when appetite is reduced.
- Include eggs, poultry, fish, dairy products, beans, tofu, or other tolerated proteins.
- Eat slowly and chew food thoroughly.
- Select soft foods when stomach discomfort or nausea is present.
- Drink adequate fluids throughout the day.
- Sip fluids between meals if drinking with meals increases fullness.
- Avoid foods that consistently worsen nausea or abdominal discomfort.
- Limit alcohol during cancer treatment.
- Follow food-safety precautions when treatment weakens immunity.
- Use oral nutrition supplements when regular meals are insufficient.
- Do not begin restrictive elimination diets without professional guidance.





Medications & Treatment Options

Treatment depends primarily on whether the lymphoma is MALT lymphoma, DLBCL, or another subtype. The disease stage, H. pylori status, genetic findings, symptoms, age, and general health also influence the treatment plan. Management commonly involves a gastroenterologist, hematologist-oncologist, radiation oncologist, pathologist, and dietitian.

Treatment Options

- **H. pylori eradication therapy:** Usually the first treatment for localized gastric MALT lymphoma associated with infection.
- **Antibiotic combination therapy:** Uses multiple antimicrobial medicines to eliminate H. pylori.
- **Proton pump inhibitor:** Reduces stomach acid and forms part of many H. pylori treatment regimens.
- **Confirmation of eradication:** Breath, stool, or biopsy testing verifies that the infection has cleared.
- **Watchful waiting:** May be appropriate for selected asymptomatic MALT lymphoma patients with stable residual findings.
- **Radiation therapy:** Treats localized gastric MALT lymphoma that persists after eradication or is not suitable for antibiotic treatment alone.
- **Rituximab:** Targets the CD20 protein on many B-cell lymphoma cells.
- **Immunochemotherapy**: Combines immune-targeted medicine with chemotherapy for selected cases.
- **R-CHOP chemotherapy:** May be used for gastric DLBCL and includes rituximab with combination chemotherapy.

Advanced Therapies & Procedures

Advanced therapy is selected according to the lymphoma subtype and extent of disease. Localized gastric MALT lymphoma is often managed without surgery. Aggressive, persistent, recurrent, or disseminated lymphoma generally requires hematology-oncology treatment.

Therapy Options:

- **H. pylori eradication:** May lead to regression of localized gastric MALT lymphoma.
- **Repeat endoscopy and mapping biopsies:** Monitor the stomach after treatment.
- **Endoscopic ultrasound surveillance**: Evaluates changes in the stomach wall and nearby lymph nodes.
- **Involved-site radiation therapy:** Treats localized lymphoma while preserving the stomach.
- **Rituximab-based therapy**: Targets B-cell lymphoma cells.
- **Combination chemotherapy:** Treats aggressive or advanced lymphoma.
- **Immunochemotherapy:** Combines targeted immune therapy with chemotherapy.
- **PET-CT response assessment:** Evaluates selected aggressive lymphomas after systemic treatment.
- **Targeted therapy:** May be used for recurrent or treatment-resistant lymphoma based on subtype and molecular features.
- **Cellular therapy:** CAR T-cell therapy may be considered for selected relapsed aggressive B-cell lymphomas.

Coping With Gastric Lymphoma

Living with gastric lymphoma may involve repeated endoscopies, antibiotic treatment, radiation, chemotherapy, or long-term surveillance. Understanding the exact lymphoma type is important because MALT lymphoma and DLBCL behave differently and require different treatment plans. Patients should remain closely connected with both their gastroenterology and oncology teams.

Practical Strategies

- Ask for the exact name and subtype of the lymphoma.
- Keep copies of endoscopy, pathology, imaging, and treatment reports.
- Confirm whether H. pylori was detected.
- Complete the entire H. pylori treatment course when prescribed.
- Complete follow-up testing to confirm eradication.
- Attend every scheduled oncology and gastroenterology appointment.
- Complete repeat endoscopy and biopsies when recommended.
- Take cancer medications exactly as directed.
- Report fever or signs of infection during chemotherapy promptly.
- Track appetite, body weight, nausea, and abdominal symptoms.
- Eat smaller, nutrient-dense meals when early fullness occurs.
- Ask for oncology dietitian support when weight loss develops.
- Monitor stools for black color or visible blood.







FAQS

Q1: What is gastric lymphoma?
A: Gastric lymphoma is a cancer of immune-system cells that develops in the stomach. Most primary gastric lymphomas are either slow-growing gastric MALT lymphoma or the faster-growing diffuse large B-cell lymphoma.

Q2: What causes gastric lymphoma?
A: The cause depends on the subtype. Chronic H. pylori infection is strongly linked to gastric MALT lymphoma. Autoimmune disease, immune suppression, organ transplantation, HIV infection, and genetic changes in lymphoma cells may also contribute to certain cases.

Q3: How is gastric lymphoma diagnosed?
A: Diagnosis usually requires upper endoscopy with multiple stomach biopsies. Pathology, immunohistochemistry, H. pylori testing, blood tests, endoscopic ultrasound, CT, PET-CT, and occasionally bone marrow biopsy help identify the subtype and stage.

Q4: How is gastric lymphoma treated?
A: Localized gastric MALT lymphoma may respond to H. pylori eradication. Persistent or H. pylori-negative MALT lymphoma may require radiation or rituximab-based therapy. Gastric DLBCL usually requires systemic immunochemotherapy, such as R-CHOP or another lymphoma-specific regimen. Surgery is mainly reserved for complications.

Take Action

If you experience persistent upper abdominal pain, early fullness, unexplained weight loss, recurring nausea, black stools, vomiting blood, or ongoing fatigue, do not ignore the symptoms. Gastric lymphoma can resemble several common stomach conditions, making endoscopy and biopsy important for an accurate diagnosis.

Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

For additional resources, visit **GastroDoxs.com**.

Your health starts with knowledge.
Take the first step today!

SCHEDULE AN APPOINTMENT



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