Introduction: Among the primitive digestive lymphomas, gastric localization is the most common. If the management is multidisciplinary, therapeutic management remains a subject of controversy essentially in localized stages. The aim of this study was to analyze the prognostic factors influencing survival, relapse rates, predictors of response to treatment, and to establish a therapeutic conduct of gastric lymphomas.

Methods: A retrospective study covering a period of 24 years, from 1979 to 2003, analyzes observations of 216 patients treated for primary gastric lymphoma in Salah Azaïz Institute of Tunis.

Results: The average age of our patients was 50 years. The epigastric pain was found in 93.3% of cases. The antral localization was in 51.1% of cases. The lesion was high grade in 63% of patients. According to Ann Arbor classification modified by Musshoff, 82% of patients had a localized lymphoma (stage I, II1E). Surgery was performed in 57.8% of cases. Three patients died of anastomotic fistula. Chemotherapy was administered to 73.1% of patients. This chemotherapy was exclusive in 41.8% of cases. The evolution was marked by the obtaining a complete remission in 75.4% of patients, 11.6% of them had a relapse. The overall 5-year survival of patients with a high grade and a low grade lymphoma is respectively 71% and 81%. Statistical analysis of factors influencing survival in monovariate analysis showed a significant effect on the survival are the general condition, the Ann Arbor classification, localized or disseminated stage, IPI (International prognostic index), LDH, the type of treatment (radical or conservative), type of resection, the lymph nodes, and the occurrence of relapse.

Conclusion: The recent contributions of molecular biology and cytogenetics suggest new prognostic tools that possibly allow the development of a consensus treatment.