Introduction: Malignant lymphoma is a systemic disease. The gastrointestinal tract is important as occurring lesion and infiltration lesion of the malignant lymphoma. It is diagnosed in the malignant lymphoma in biopsy lymph nodes in many cases. And malignant lymphoma can be diagnosed from a gastrointestinal lesion. So, we reviewed and studied about malignant lymphoma that diagnosed from gastrointestinal tract biopsy.

Methods: In the case that malignant lymphoma was diagnosed in our hospital from 2003 to 2014, we intended for 572 cases and we investigated the 67 cases that were diagnosed malignant lymphoma by biopsy from gastrointestinal tract. So we reviewed and reported about age, gender, kind of pathological findings, therapy, prognosis and the cause of death. About statistical examination, we used SPSS statistics ver21.

Results: All cases are 67 cases, including male 39 cases and female 28 cases, median age is 68 years (ranged 40-88 years). The lesion performed biopsy, stomach 38 cases, duodenum 6 cases, jejunum 4 cases, ileum 6 cases, ileocecum 8 cases, and colon 5 cases. About diagnosis, all cases are non-Hodgkin’s lymphoma, result of immunochemical stain, diffuse large B cell lymphoma (DLBCL) 47 cases, MALT lymphoma 10 cases, follicular lymphoma 3 cases, mantle cell lymphoma 1 case, marginal zone B cell lymphoma 1 case, T cell lymphoma 1 case, adult T cell lymphoma 1 case, enteropathy associated T cell lymphoma 1 case. Result of clinical stage by Ann Arbor classification, 2 cases were not evaluated because of poor general condition. Stage IV were 29 cases that were advanced stage. These cases were not diagnosed primary gastrointestinal lymphoma. Rest of 36 cases classified Lugano criteria. L-I stage were 25 cases, L-II-1 were 3 cases, L-II-2 were 5 cases, L-IV were 3 cases. About therapy, stage IV group, 24 cases were received systemic chemotherapy (CTx) as RCHOP or CHOP, CHOP like therapy, best supporting care 4 cases, operation (OPE) and CTx. About stage L-I, 14 cases were received CTx, 5 cases were received radiation therapy (RTx), eradication 2 cases, 1 case was received OPE and CTx, 2 cases received CTx and RTx. About stage L-II and L-IV, all cases received CTx. Median survival time of 67 cases were not reached (maximum observation period is 137 month) and 5 years survival rate 65.1%. About primary gastrointestinal lymphoma, 36 cases were not reached and 5 years survival rates was 74.2%. About advanced stage of 29 cases, median survival time is not reached (maximum observation period is 137 month), 5 years survival rate 54.8%. At Feb 2014, 48 cases alive, 19 cases dead. Cause of death, all cases resulted from primary disease (because primary therapy refractory, relapse and no curative therapy).

Conclusion: The gastrointestinal examination is necessary for treatment of the malignant lymphoma. Upper digestive endoscopy and colon endoscopy are comparatively intervention examination, but when we decide correct clinical stage, it is essential. Avoiding fatal phenomena, such as gastrointestinal perforation, gastrointestinal examination is helpful.