

PB2116 CLINICAL PRESENTATION AND TREATMENT OUTCOME OF CHILDREN WITH B-CELL LYMPHOMA; 3-YEAR STUDY AT CHILDREN'S WELFARE TEACHING HOSPITAL (2016-2018)

Topic: 19. Aggressive Non-Hodgkin Lymphoma - Clinical

Hasanein Ghali¹, Mazin Al-Jadiry¹, Raghad Haitham², Amir Fadhil², Raghad Majid², Safa Faraj², Ahmed Hatem², Samaher Abdulrazzaq², Salma Al-Hadad¹

¹ Pediatric hematology/oncology, College of Medicine, University of Baghdad / Children Welfare Teaching Hospital, Medical City, Baghdad, Iraq; ² Pediatric hematology/oncology, Children Welfare Teaching Hospital, Medical City, Baghdad, Iraq

Background: Lymphoma is an aggressive tumor with promising survival rate; indeed, it needs supportive care to reach this goal which is not available in developing countries that make survival much lower compared with the developed countries.

Aims: To study the clinico-pathological presentation of B-cell non-Hodgkin's lymphoma and whether the outcome has been changed in comparison with previous studies done at the same hospital.

Methods: A descriptive analytic study on 92 children less than 14 years of age with B-cell non-Hodgkin's lymphoma who were admitted to Oncology Unit/ Children Welfare Teaching Hospital /Medical City campus from January 2016 to December 2018. They were managed according to the modified FAB LMB 96 protocol. Duration of data collections was from January 2021 to January 2022.

Results: Fifty-two (56.5%) patients were below 5 years, male to female ratio was 2.28:1 and 72.8% had duration of symptoms less than 60 days. The abdomen represents the major primary site seen in 68 (73.9%) patients, advanced stages (III&IV) form 95%. Tissue diagnosis seen in 40.2% while cytology in 59.7% of cases, Burkitt's lymphoma was the commonest type seen in 44 (47.8%). Management was carried out by modified FAB LMB 96 protocols; 7 patients were not eligible for outcome analysis. From 85 patients received COP-reduction phase, response was poor in 9 (10.6%) patients, 9 (10.6%) died, 57 patients assigned for group B and 19 for group C. Three-year Event Free Survival was and Overall Survival were equal (62%) and the most common cause of deaths were presumptive sepsis followed by tumor lysis syndrome. Variables that contribute to survival were LDH level and PS score before starting treatment and response to COP phase after treatment ensued.

Summary/Conclusion: Therapy related mortality remained high and EFS and OS has a trend for improvement compared with previous published papers from the same centre. Proper risk stratification and staging with Reduction of the intensity of chemotherapy to accommodate the lack of supportive care in resource-limited settings is appreciated.

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