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# DIAGNOSTIC AND THERAPEUTIC DILEMMAS IN MALIGNANT LYMPHOMAS

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Diagnosis and treatment of malignant lymphomas (ML) is very often a complicated problem. They are certain major questions to be answered:

1. Are all enlarged lymph nodes a sign for ML?
2. Where is the primary location of the process - in the mediastinum, abdomen and/or certain organ;
3. What is the exact morphological type (variant);
4. At what stage is the process diagnosed.

There are certain therapeutic problems, too and they are connected to the primary disease, as well as to the complications. In the following paper we shall describe our 5-year experience in the maintenance of ML. One hundred seventy patients were followed - 124 of them had non-Hodgkin's lymphoma (NHL) and 46 ones - Hodgkin's disease (HD). The data concern the period 1986-1991. New diagnostic criteria were introduced. They include:

1. Diagnostic algorithm for patients with lymphadenomegalia;
2. Biopsy of lymph nodes (LN) and organs under CT control;
3. Endoscopic methods;
4. Cytological, histological and cytochemical investigations of biopsy specimens by a qualified persons;
5. Precise visualization of subdiaphragmal localization of ML by echography, CT and lymphography;
6. Measurement of histamine levels in blood samples as a new criterion of biological activity in HD.

It was found that most complicated are the problems with typing of centrocytic and lymphoplasmocytic NHL as well as the lymphocyte-dominant in HD (400 biopsies of LN were analysed). Clinical investigation as well as cytological results led to a correction of the diagnosis in 13 patients (7,1%). Fine-needle biopsy under CT control was performed in cases of isolated mediastinal, abdominal and organ - localization of ML. Four patients with splenomegalia, five with me-

diastinal localization and two with orbital one were diagnosed by this method.

Endoscopy and multilayer biopsy of the gut was performed in 33 patients with proved ML. Invasion by high grade malignancy lymphomas was thus diagnosed. These investigations led to the detection of a second neoplastic in 1 patient and a correction of the stage of the disease in 5 patients.

Dynamic ultrasound investigation of abdominal organs and LN was performed in 130 patients. Compared to CT in 22 patients and direct inferior lymphography in 11 patients shows 96,0% sensitivity and 90,0% specificity.

A new therapeutic mode was introduced:

1. Hybrid programms (COP-BLAM-IMV$_P$-16, ProMACE, LSA$_2$-L$_2$ etc.) including also the so-called "salvage" therapy;
2. Transcatheter method - victory of the problem of pleural exsudates in ML;
3. Therapeutic regimens during infectious complications;
4. Mathematical models in the prognosis of ML;
5. Social readaptation and psychological comfort for patients;
6. Computer-based mini-information system for the dynamic observation of patients.

By the application of these programms full remission was achieved in 55,6% of the patients, partial remission in 43,5% of them. A bright period of remission was estimated to 24 months (8-36) in the average.

The new transcatheter method for treatment of pleural exsudates was applied in 11 patients. Stable and definitive effect for a period of 4 to 36 months was achieved in 10 patients. Coping with infectious complications was achieved by antibiotic therapy combined with microbiological survey, bioproducts and immunomodulators. Thus 86,0% of inflammations were cured.

Psychological survey of 54 patients showed different reactions, causing a brakedown of social contact. This requires individual approach, ensuring the social readaptation. Solving these diagnostic and therapeutic dilemmas is accomplished by means of a collaboration of a multiprofile medical team.