

## 全文要約

Predictive factors for the progression of primary localized stage small-bowel follicular lymphoma

(原発性限局期小腸濾胞性リンパ腫の進行予測因子)

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**Background:** Primary small-bowel follicular lymphoma (FL) is mainly diagnosed as a duodenal lesion during esophagogastroduodenoscopy. Recently, with the widespread use of small-bowel endoscopy, FL in the jejunum and ileum has been detected. Most patients with small-bowel FL are diagnosed at the localized stage, and a watch-and-wait policy is used. However, the predictive factors for the progression of small-bowel FL have not been clarified. This study retrospectively examined the predictive factors for the progression of primary localized stage small-bowel FL based on clinicopathological and endoscopic findings.

**Methods:** We enrolled 60 consecutive patients with primary small-bowel FL diagnosed at two tertiary hospitals between January 2005 and December 2020, with localized stage, low grade, and low tumor burden with the watch-and-wait policy. We examined the predictive factors for progression according to the clinicopathological and endoscopic findings. Endoscopic findings were focused on the color tone, circumferential location of follicular lesions (circumference  $\geq 1/2$  or  $< 1/2$ ), fusion of follicular lesions (fusion [+]) or [-]), and protruded lesions ( $\geq 6$  mm or  $< 6$  mm).

**Results:** Progressive disease was observed in 12 (20%) patients (mean observation period,  $76.4 \pm 55.4$  months). In the multivariate analysis, “circumference  $\geq 1/2$ ” and “fusion (+)” were significant predictive factors for progression. According to the Kaplan–Meier analysis, progression-free survival was significantly shorter in the “circumference  $\geq 1/2$ ” and/or “fusion (+)” group than in the “circumference  $< 1/2$ ” and “fusion (-)” group.

**Conclusions:** Endoscopic findings of “circumference  $\geq 1/2$ ” and “fusion (+)” were significant predictive factors for the progression of primary localized stage small-bowel FL.