A Problem of Malignant Lymphoma Management in Indonesia

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Abstract:

Background. The incidence of malignant lymphoma tend to increase. This trend also occurs in Indonesia. Management and prognosis of this disease depend on its stage, histopathologic type, age, tumor size, sex, extranodal abnormalities and, particularly in developing countries like Indonesia, economic factors also play considerable role. Objective. To identify a problem of malignant lymphoma management in Indonesia. Material and Method. This study was performed prospectively to hospitalized patients in the Department of Internal Medicine, Dr Soetomo Hospital, Surabaya, for 6 years, from January 1st, 1985 to December 31st, 1990, based on clinical diagnosis, including fever, lose of bodyweight, night sweat, and lymphoid gland enlargement, chest x-rays and ultrasonography. Histopathologic examination on lymphoid gland and affected organs were classified according to RYE for LH and IWF and Rappaport for LNH. Stages of the disease was determined based on Ann Arbor's staging. Results: For 6 years of study (1985-1990) we obtained 249 patients with malignant lymphoma with LH : LNH ratio of 1 : 6.32. Therapy was given to 15 patients with LH (44.11%) and 5 patients (14.7%) were without therapy. In patients with LNH, 71 were treated with COP (33.02%), 26 were treated with CHOP (12.09%), 13 with C (6.05%), 4 with BACOP (1.86%), 72 with other therapies (33.49%), and 29 patients were without therapy (13.49%). Medications were largely covered by civil servant insurance. Most classifications were performed using Rappaport, and only a few using IWF for LNH. Survival rate was measured using MOST parameter, indicated that MOST of NHL patients with subtype of DLPD got COP from 1.5 months to 9 months. Causes of death suspected were Septic shock (62.5%), multiple organ failure (20.83%), terminal stage (4.17%), respiratory failure (8.33%), and hematemesis melena (4.17%). Conclusion: Histopathologic classification used remains varied. The treatment modalities were also varied, some patients even received no treatment because of financial problem. The follow-up of patient's survival was only based on MOST, which is, unfortunately, inaccurate. The cause of mortality, which is mostly septic shock, was based on an assumption from medical records.

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