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A case of lactic acidosis as a rare complication of diffuse large B cell lymphoma

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Lactic acidosis is commonly observed in clinical situations such as shock and sepsis, as a result of tissue hypoperfusion and hypoxia. But Lactic acidosis (LA) is an infrequent complication of hematologic malignancy that is associated primarily with adult leukemias and lymphomas. We present a case of a 60-year-old male with lactic acidosis who was found to have aggressive B-cell lymphoma. He was hospitalized for treatment of jaundice and abdominal discomfort. Initial lab findings show elevated lactate dehydrogenase (6,800 U/L), elevated liver enzymes (AST 365 U/L, ALT 177 U/L, ALP: 2339 U/L, Tb: 4.3 mg/dL), thrombocytopenia ($108,000/\text{mm}^3$) and hypoalbuminemia (3.1 g/dL). Abdomen CT showed hepatomegaly, splenomegaly and multiple enlarged lymph node of paraaortic, left gastric artery area, splenic hylum area, portocaval area. Liver biopsy showed diffuse infiltration and irregular multi lobulated lymphocyte cell. Very high KI-67 and CD20 B-cell positive stain showed that patient's final diagnosis was diffuse large B-cell lymphoma. When it occurs, lactic acidosis is a poor prognostic sign in these patients. Prompt diagnosis and treatment of underlying lymphoma or leukemia remains the only way to achieve complete resolution of lactic acidosis in these patients.

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Does timing of adjuvant chemotherapy for gastric cancer influence outcome?

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Background: According to recent large phase III trials, adjuvant chemotherapy is currently established as standard treatment in patients with stage II, III gastric cancer. However, to the authors' knowledge, the effect of the interval between surgery and the start of chemotherapy on outcome has not been investigated. **Methods:** A retrospective review was conducted of 716 patients who underwent adjuvant chemotherapy for stage IB-IIIC (AJCC 7th edition) gastric cancer after radical surgery with D2 dissection between 1994 and 2004 at the Ajou University Hospital. Overall survival (OS) was compared among patients grouped by time from surgery to start of adjuvant chemotherapy. **Results:** In terms of chemotherapy regimens, 5-FU/mitomycin-C-based (61.3%) was the most commonly used regimen, followed by 5-FU/doxorubicin-based one (16.9%), oral fluoropyrimidines (10.3%) and others (11.4%). The median time from surgery to chemotherapy was 20 days (range: 4-105 days), while 114 patients (15.9%) began adjuvant chemotherapy >4 weeks after surgery. The median follow-up duration was 152 months (range: 97-222 months) for the survivors. There was no significant difference in 10 year-OS between patients starting chemotherapy ≤ 20 days after surgery and those initiating later (51.2% vs. 48.5%, $p=0.896$). Commencing chemotherapy 4 weeks, 6 weeks and 8 weeks after surgery was not associated with inferior OS, compared with earlier initiation at each time interval ($p=0.183$, 0.739, 0.434, respectively). Even very early initiation of chemotherapy (≤ 2 weeks after surgery) did not correlate with better outcome ($p=0.579$). **Conclusion:** This study did not demonstrate any significant survival benefit from early initiation of adjuvant chemotherapy after surgery.