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INNOVATIVE DEVELOPMENTS AND RESEARCH IN EDUCATION



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EVALUATION OF THE EFFICACY OF IMMUNOCHEMOTHERAPY IN THE TREATMENT OF DIFFUSED B-LARGE CELL LYMPHOMA WITH EXTRANODAL LESIONS

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PURPOSE OF THE STUDY

evaluation of the effectiveness of treatment of diffuse large B-cell lymphoma with extranodal lesions.

MATERIALS AND METHODS

The study included 81 patients with diffuse large B-cell lymphoma with extranodal lesions, who were under examination and treatment from 2015 to 2021 inclusive.

RESULTS

In a comparative assessment of the results of treatment of patients, depending on the type of diffuse B-cell lymphoma with extranodal lesions, it was noted that in 49 (60.5%) patients a centroblastic morphological variant was established and in 32 (39.5%) cases a mixed-cell variant of diffuse extranodal B-large cell lymphoma. The total immediate effect of treatment in centroblast tumors was 35 (71.4%) patients, five-year survival rate was 33 (67.3%) patients. In the mixed-cell variant of the tumor, 18 (56.3%) and 16 (50%), respectively, in connection with which it can be argued that the results of treatment of the mixed-cell variant of extranodal diffuse large B-cell lymphoma are relatively worse than in the centroblastic form.

Primary mediastinal DLBCL, lymphomatoid granulomatosis, DLBCL with T-cell predominance showed significantly positive long-term results in PCT. In primary DLBCL of the CNS, due to an integrated approach to treatment, including radical removal of the tumor, brain irradiation followed by chemotherapy showed good results. One of the conditions for a positive effect in this form of tumor was radical - total removal of the entire mass of the tumor. In one case, during subtotal removal of a brain tumor, the patient had a progression of the process, which ended in a fatal outcome of the disease, within two years after the completion of treatment.

In ALC positive DLBCL, HHV8 positive DLBCL, NOS, DLBCL with IRF4 rearranged lymphomas, it was not possible to unambiguously assess their prognostic value due to the small number of observations. Although in HHV8-positive DLBCL, the combination of complex chemoradiation treatment with antiviral therapy has given encouraging results, it is impossible to draw unambiguous conclusions.

CONCLUSION:

Thus, primary mediastinal DLBCL, lymphomatoid granulomatosis, DLBCL with T-cell predominance is a favorable prognostic form of DLBCL, provided that the full effect of the therapy is achieved.