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MODIFIED INDICATION FOR SURGERY IN AIDS ASSOCIATED GASTROINTESTINAL LYMPHOMAS

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In patients with Acute Immunodeficiency Syndrome (AIDS) Non Hodgkin Lymphomas (NHL) are diagnosed 60 x more often in the USA than in non immunodeficiency patients. The outcome of surgery in AIDS associated gastrointestinal (GI) NHL depends mainly on infectious complications.

In our patient collective from 1989 - 1992 at the Heinrich-Heine University Düsseldorf, 317 AIDS-patients revealed 23 NHL. In 13 patients the GI tract was affected. After staging and typing the following criteria decided on indication for surgery and therapeutic approach: clinical symptoms of AIDS, number of T helpercells, bone marrow involvement and Karnofsky-Scale.

Results: All 13 AIDS associated GI NHL (esophagus 1, stomach 3, small bowel 3, rectum 3, other 3) were high grade malignant lymphomas, stage IE/IIe=7, III/IV=6. Besides clinical signs of AIDS all patients revealed at least one additional criteria (see above) preferring the conservative approach to elective oncologic surgery.

Discussion: Survival of 3.4 up to 13.3 months in AIDS associated NHL, even in primary NHL of the GI, calls surgical resection in question. Besides staging of NHL prognostic criteria as above mentioned should be taken into account.

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THE ROLE OF RADIOTHERAPY (RT) IN THE TREATMENT OF EPIDEMIC KAPOSI'S SARCOMA (EKS)

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In the period 1986-1992, 25 patients with EKS have been treated in our Department; in the majority of cases both skin (limbs, face) and mucosal lesions (oral, conjunctival, urogenital) could be detected. Palliative treatment of the most symptomatic lesions has been performed using orthovoltage or megavoltage (Cobalt 60, 6-15 MeV photons or electrons) units. Due to the frequently poor performance status of the patients, a split course approach has been preferred to keep low the intensity of treatment side effects (mainly acute mucosal reactions). RT schedule consisted of 250-300 cGy daily fractions, five days a week for 2 weeks, followed by a 2-week split; five more fractions were then given if the treatment was well tolerated. RT has been most effective in the control of pain due to oral localizations and, to a lesser extent, as a cosmetic or functional measure for skin lesions.

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PALLIATIVE TREATMENT OF AIDS-ASSOCIATED KAPOSI'S SARCOMA BY RADIOTHERAPY

The risk to develop a Kaposi's sarcoma is in HIV infected patients 25-30% and therefore larger than in normal population (0.01%). Median survival of patients with AIDS-associated Kaposi's sarcoma was only 5 months. However, effective palliation by radiotherapy without compromising the immune status by few side effects was possible. According to a literature survey of over 500 patients and 43 own patients indication, dosis and fractionation schemes were analysed.

Radiotherapeutic portals included: skin (266), oral cavity (136) and eyes (36). According to size and location of Kaposi's sarcoma the different energies were used: conventional Xrays (70-300 kV), ⁶⁰Co gamma-rays or 4-8 MeV linear accelerator photons or electrons. Single, overall doses and fractionation schemes vary widely. Single doses were 0.8-8 Gray, overall doses 8-30 Gray and fractionation schemes 1-5/week.

Palliation was achieved independently of the radiotherapeutic approach chosen. It seems reasonable to use high single doses and short treatment times for superficial lesions. In the oral cavity classical or even reduced single dosis should be given to decrease side effects.