We present a 59 years old man with a history of non-Hodgkin lymphoma MALT type of the duodenum, ileum and colon, treated with chemotherapy nine years ago. Four years before a relapse of the stomach and colon occurred and it was again successfully treated with chemotherapy.

During a gastroscopy, a pseudopolipoid 2,5 cm lesion of the posterior gastric corps was detected. The histology showed a residual lymphatic infiltrate and epithelial cells with high grade dysplasia. A PET-CT showed no metabolically active lesions.

Initially an endoscopic mucosectomy was performed but the lesion could not be completely removed. The sample’s PCR revealed a monoclonal pattern.

Due to the presence of high grade dysplasia, it was decided for a laparoscopic gastric wedge resection with removal of a portion of the stomach of 6,5x2,5x2cm.

The definitive pathology reported a MALT lymphoma adjacent to a well differentiated adenocarcinoma pT1b with free resection margins. The postoperative course was uneventful.

Metachronous development of EGC following MALT lymphoma is an exceptional finding. H.Pilory (HP) is the common factor that can cause both gastric MALT lymphoma and gastric carcinoma. Sometimes, despite the eradication of HP and chemotherapy to treat the lymphoma, residual MALT lymphoma persists for several years in the deep part of the mucosa and favours the occurrence of gastric carcinoma. In fact EGC often develops in the same location.

Even after treatment, primary gastric MALT lymphoma may persist at the site of origin for a prolonged period of time. Residual disease should be considered in order to prevent cancer development. Long-term endoscopic follow-up with multiple gastric biopsies is mandatory.