

**OBJECTIVES:** To determine the clinico-pathologic and prognostic factors, treatment and outcome of non-Hodgkin's lymphomas as seen at the Kenyatta National Hospital in the 1990s. **DESIGN:** Retrospective study of patients with non-Hodgkin's Lymphoma. **SETTING:** Kenyatta National Hospital, Nairobi, Kenya, between January 1990 and January 2000 inclusive. **SUBJECTS:** Patients aged 13 years and above, with non-Hodgkin's Lymphomas. **RESULTS:** Case records were available for 207 patients, 146 males and 60 females, with one having had gender not clarified. Fifty two per cent of the patients were aged less than 40 years and 18.4% over 60 years. Forty one per cent were not properly classified histologically, seventy patients out of 190 evaluable (36.8%) had stages IVA and IVB disease at diagnosis. Twenty five out of 77(32.5%) tested positive for HIV infection, none of them being of the indolent variety. Up to 57.1% of cases of Burkitt's lymphoma tested positive for HIV infection. Cyclophosphamide, doxorubicin, vincristine and prednisone, (CHOP) chemotherapy was given to 68.7% of the patients with complete remission rates of 55.6% for those who got a minimum of six courses of chemotherapy. Only 15.3% of 105 patients evaluable were followed up for 36 months and above, the majority of patients having been lost to follow-up. Poor performance status at diagnosis correlated with shorter follow-up durations ( $p < 0.05$ ). **CONCLUSION:** A good percentage of the patients were not comprehensively characterized pathologically. Standard treatment was offered to the majority of patients, and those who could afford to purchase the medicines stood good chance of achieving complete remission. Poor performance status at diagnosis correlated with shorter follow-up durations and early stage disease correlated with longer follow-up durations. Overall, the outlook for NHLs treated at KNH in the 1990s appears to have improved tremendously.