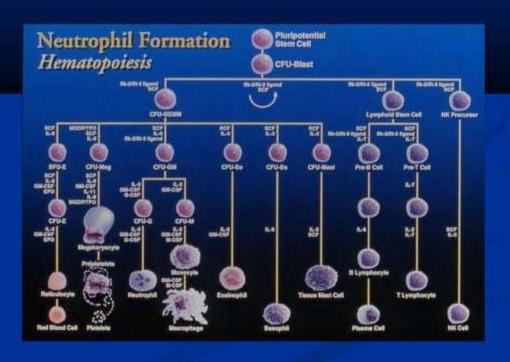
Hodgkin's Disease/lymphomas

Hematopoietic System



B cell malignancies

Lymph node, Lymph node, lymph, blood, lymph, blood, **Bone marrow** Bone marrow bone marrow bone marrow Lymphoid stem cell Maturing B cell Mature B cell Plasma cell many stages Pre-B acute lympho-B cell lymphoma Chronic lympho-Multiple myeloma blastic leukemia cytic leukemia

First described in 1832 by Dr. Thomas Hodgkin

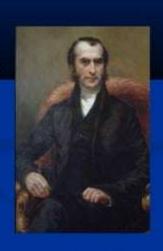
Neoplasm of B lymphocytes – large pleomorphic prominent nucleolus in a halo - Hodgkin cells

Reed-Sternberg cell – binucleate Hodgkin cell with owl eye appearance

Classification:

Classical Hodgkin's

Nodular sclerosis – low grade Mixed cellularity Lymphocyte rich classical Lymphocyte depleted. – high grade



1798-1866

Nodular lymphocyte-rich Hodgkin's

- Bimodal age distribution
 - first peak between 2nd 3nd decade of life
 - second peak between 5^h- 6^h decade of life
- Male: Female 2:1 in kids, adults almost equal M:F
- Mixed cellularity (MC) Hodgkin's Disease is more common at younger ages
- More common in immune deficiency patients

- Accounts for ~ 30% of all malignant lymphomas
- Composed of two different disease entities:

Lymphocyte-predominant Hodgkin's (LPHD), making up ~ 5% of cases

Classical HD, representing ~ 95% of all HDs.

A common factor of both HD types is that neoplastic cells constitute only a small minority of the cells in the affected tissue, often corresponding to < 2% of the total tumor

Fatal disease with 90% of untreated patients dying within 2 to 3 years

With chemotherapy, >80% of patients suffering from HD are cured.

Pathogenesis of HD is still largely unknown.

HD nearly always arises and disseminates in lymph nodes

Hodgkin's Disease/Lymphoma Interest tidbits

Pel-Ebstein Fevers

Pain with alcohol consumption

Hodgkin's Disease/Lymphoma Clinical Presentation

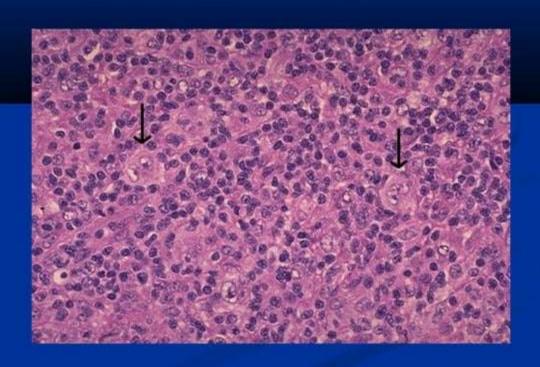
- Nontender lymph nodes enlargement (localized)
 - neck and supraclavicular area
 - mediastinal adenopathy
 - other (abdominal, extranodal disease)
- systemic symptoms (B symptoms)
 - fever
 - night sweats
 - unexplained weight loss (10% per 6 months)
- other symptoms
 - fatigue, weakness, pruritus
 - cough , chest pain, shortness of breath, vena cava syndrome
 - abdominal pain, bowel disturbances, ascites
 - bone pain

Hodgkin's Disease/Lymphoma Clinical Presentation

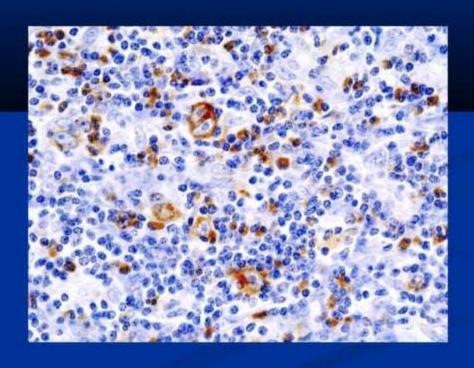
SIGNS & SYMPTOMS	% OF PATIENTS
Lymphadenopathy	90
Mediastinal mass	60
"B" symptoms	30
Fever, weight loss, night sw	veats
Hepatosplenomegaly	25

- Most commonly involved lymph nodes are the cervical and supraclavicular in 75%
- Bone marrow is involved in 5% of patients

Reed-Sternberg Cells



CD 30 Immunostain



Hodgkin's Disease/Lymphoma Clinical Presentation

Stage Definition

- I Involvement of a single lymph node region (I) or of a single extralymphatic organ or site (I_t)
- II Involvement of two or more lymph node regions on the same side of the diaphragm (II) or localized involvement of an extralymphatic organ or site and one or more lymph node regions on the same side of the diaphragm (II_i)
- III Involvement of lymph node regions on both sides of the diaphragm (III) which may be accompanied by involvement of the spleen (III_a) or by localized involvement of an extralymphatic organ or site (III_a) or both (III_a)
- IV Diffuse or disseminated involvement of one or more extra lymphatic organs or tissues with or without associated lymph node involvement
- B symptoms: fever > 38°C for three consecutive days, drenching night sweats or unexplained loss 10% or more of weight the preceding 6 months

Hodgkin's Disease/Lymphoma Treatment

- Unfavorable prognostic factors:
 - Stage IIIB, IV
 - B symptoms
 - Bulky disease
 - High ESR >50

Hodgkin's Disease/Lymphoma Treatment

- Long term effects of treatment should be taken into consideration:
 - Treatment-related second neoplasms

 (i.e. AML, NHL and breast cancer)
 - Infertility
 - Growth consideration
 - Long-term organ dysfunction (i.e., thyroid, heart, lung)

Hodgkin's Disease/Lymphoma Treatment

Adolescent patients who have achieved maximum growth can be treated as adult patients

Chemotherapy alone protocols for localized disease has been used in developing countries with some success