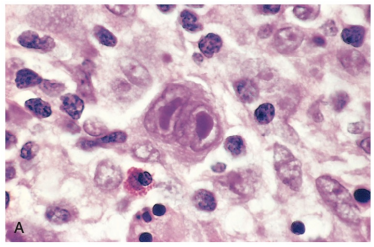
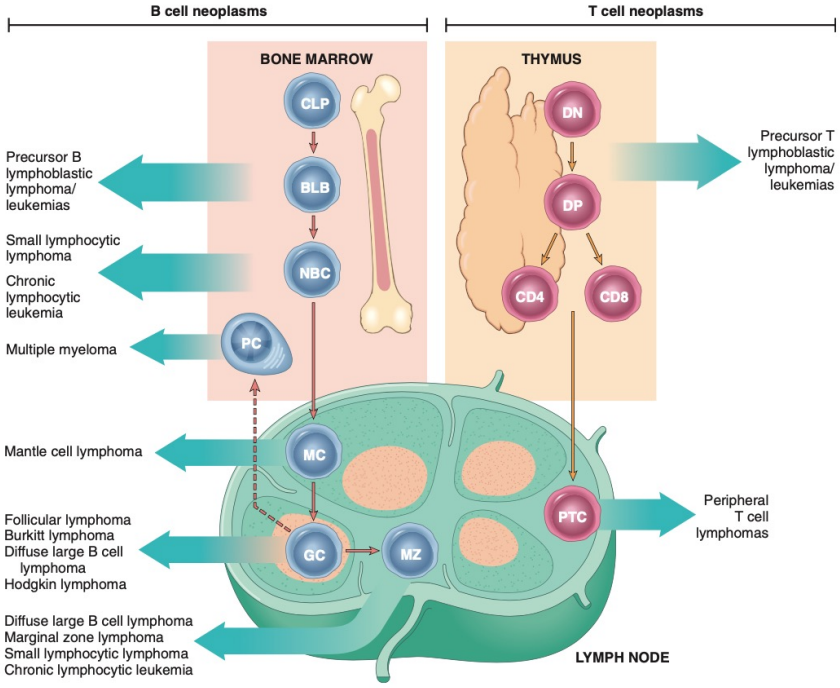
HODGKIN'S LYMPHOMA

- Monoclonal lymphoid neoplasm
- Origin : Germinal center B cell
- Histological hallmark - Reed Sternberg cells

  Large malignant lymphoid cells





25.54 WHO pathological classification of Hodgkin lymphoma (HL)

Type	Histology classification	Proportion of HL
Nodular lymphocyte-predominant HL		5%
Classical HL	Nodular sclerosing	70%
	Mixed cellularity	20%
	Lymphocyte-rich	5%
	Lymphocyte-depleted	Rare

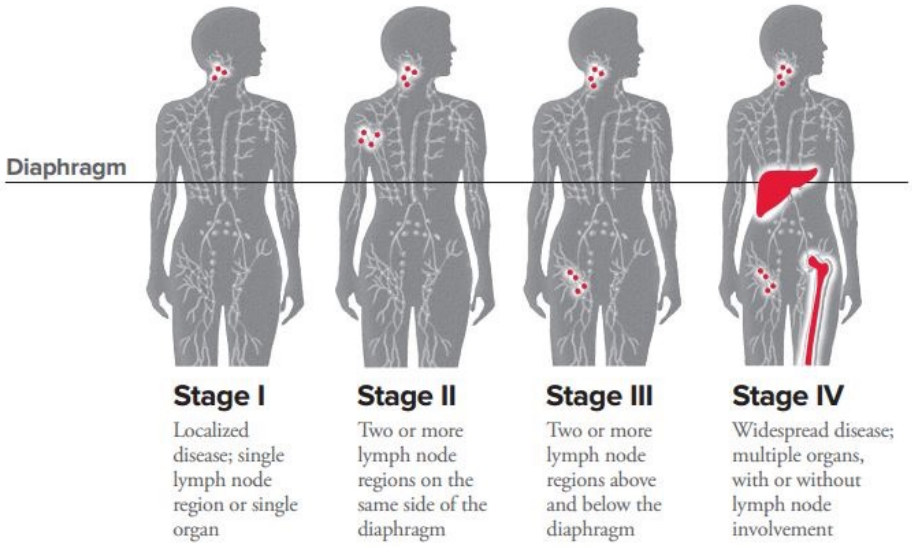
- Classical HL : CD20- , CD45-, CD30+, CD15+
- Nodular Lymphocyte Predominant HL : CD20+, CD45+, CD30-, CD15-

25.55 Clinical stages of Hodgkin lymphoma (Ann Arbor classification)

Stage	Definition
I	Involvement of a single lymph node region (I) or extralymphatic* site (I_E)
II	Involvement of two or more lymph node regions (II) or an extralymphatic site and lymph node regions on the same side of (above or below) the diaphragm (II_E)
III	Involvement of lymph node regions on both sides of the diaphragm with (III_E) or without (III) localised extralymphatic involvement or involvement of the spleen (III_S), or both (III_{SE})
IV	Diffuse involvement of one or more extralymphatic tissues, e.g. liver or bone marrow
Each stage is subclassified	
A	No systemic symptoms
B	Weight loss >10%, drenching sweats, fever

*The lymphatic structures are defined as the lymph nodes, spleen, thymus, Waldeyer's ring, appendix and Peyer's patches.

- Extranodal sites include the lungs, liver, blood, bone marrow, kidneys, brain and spinal cord



CLINICAL FEATURES

- Age group : Bimodal. 20-30 years. Over 50 years

- Asymptomatic lymphadenopathy
  - cervical and supraclavicular
  - mediastinal
  - retroperitoneal
  - axillary
  - inguinal

- 40% B symptoms

- Hepatosplenomegaly

INVESTIGATIONS

- Blood routines
- Lymph node biopsy
- PET-CT : Highly sensitive

  If positive do CT scan of the involved area

TREATMENT

- Classical Hodgkin's Lymphoma - managed based on Stage

  ABVD - Adriamycin (Doxorubicin), Bleomycin, Vinblastine, Dacarbazine

  Stages I & II

  Favorable prognosis group - ABVD 2 cycles followed by ISRT

  Unfavorable prognosis group - ABVD 4 cycles followed by ISRT

  Stages III & IV

  ABVD 6 cycles

  Relapse - High dose chemotherapy, HSCT

- NLPHL - R-CHOP regimen 6 cycles

  Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone