

ATYPICAL COURSE OF HODGKIN'S LYMPHOMA: DIFFICULTIES IN DIAGNOSIS

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Abstract

Hodgkin's lymphoma (HL) is a malignancy of B-cell origin that mainly affects the tissue of the lymph nodes, spleen, disease and bone marrow. In majority of patients the diagnosis is made in the age between 15 and 30 years, followed by another peak at age ≥ 55 years. The cause is not known for certain, but there are various risk factors such as: genetic disease (family history); environmental associations (woodworking industry, etc.); history of phenytoin treatment, altered therapy, or chemotherapy. An important is a role of infection: Epstein-Barr virus (EBV), mycobacterium tuberculosis, herpesvirus type 6, and human immunodeficiency virus (HIV — human immunodeficiency virus). Immunosuppression (post-transplant patients who take immunosuppressants), congenital immunodeficiency disorders (Klinefelter syndrome, Chediak-Higashi syndrome, Wiskott-Aldrich syndrome), some autoimmune diseases (rheumatoid arthritis, celiac disease, Sjogren's syndrome, systemic lupus erythematosus) increase the risk of the disease.

The WHO (World Health Organization) classification divides LC into two main types: classic (which accounts for about 95% of cases) and nodular — with a predominance of lymphocytes (occurs in 5 % of patients).

Typically diagnosis is not to complicated, when routine methods of examination are used.

In 2022, approximately 8,540 LC cases were diagnosed in the United States, and 920 patients died from the disease. Primary lesions of the lungs are rare and account for 0.5 % of all primary lung neoplasms. Lung involvement usually indicates the stage IV of the disease. About 85-90% of patients with limited-stage classical Hodgkin lymphoma are treated, compared with 75-80 % of advanced-stage disease. Patients who do not achieve complete remission after treatment or who relapse within 12 months have a poor prognosis.

Current report presents atypical clinical case of Hodgkin's lymphoma causing difficulties in diagnosis.

Conclusions. The initial manifestations of Hodgkin's lymphoma as the primary lung disease is an extremely rare, therefore, in order to shorten the time from the moment the patient enters the clinic to the verification of the diagnosis, it is better to use mini-invasive diagnostic methods (videothoracoscopic biopsy of the mass, transthoracic needle biopsy), which allows obtaining a diagnosis and choose the safest and most optimal type of treatment.

Key words: Hodgkin's lymphoma, transthoracic needle biopsy of the lung, computed tomography, young age, lungs.

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