

A Comprehensive Look at Hodgkin Lymphoma: Symptoms, Diagnosis, and Treatment Modalities

Maryam Aertsz*

Department of Medicine, Pontifical Catholic University of Campinas, Sau Paulo, Brazil

Opinion Article

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***For Correspondence:**

Maryam Aertsz, Department of
Medicine, Pontifical Catholic
University of Campinas, Sau Paulo,
Brazil

E-mail: Aertsz.deg345@gmail.com

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DESCRIPTION

Hodgkin lymphoma, formerly known as Hodgkin's disease, is a type of cancer that originates in the lymphatic system. The lymphatic system is a vital part of the immune system, responsible for fighting infections and maintaining fluid balance in the body.

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Hodgkin lymphoma is broadly classified into two main types based on microscopic characteristics and clinical features:

Classical Hodgkin Lymphoma (CHL)

Classical Hodgkin lymphoma accounts for the majority of Hodgkin lymphoma cases, approximately 95%.

It is further categorized into four subtypes:

Nodular Sclerosis Hodgkin Lymphoma (NSHL): This is the most common subtype, typically affecting young adults. The lymph nodes show nodular sclerosis (fibrosis), and Reed-Sternberg cells are present.

Mixed Cellularity Hodgkin Lymphoma (MCHL): This subtype is more common in older adults and is often associated with the Epstein-Barr virus (EBV). Reed-Sternberg cells are mixed with other inflammatory cells.

Lymphocyte-Rich Hodgkin Lymphoma (LRHL): This subtype is less common and often has a better prognosis. The lymphoid cells in the affected nodes are predominantly normal lymphocytes, and Reed-Sternberg cells are present.

Lymphocyte-Depleted Hodgkin Lymphoma (LDHL): This is the least common subtype and is often diagnosed in older individuals. It tends to have a more aggressive course. The lymph nodes show few lymphocytes and more Reed-Sternberg cells.

Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL)

Nodular lymphocyte-predominant Hodgkin lymphoma is a rarer form, accounting for about 5% of cases.

Unlike classical Hodgkin lymphoma, it is characterized by the presence of "popcorn cells," which are large, multilobed cells. These cells are different from the Reed-Sternberg cells seen in classical Hodgkin lymphoma.

NLPHL tends to have a more indolent (slow-growing) course and a generally better prognosis than classical Hodgkin lymphoma. Each subtype of Hodgkin lymphoma has distinct features that influence treatment decisions and overall prognosis. Treatment strategies may include chemotherapy, radiation therapy, immunotherapy, and, in some cases, stem cell transplantation.

Causes and risk factors

The exact cause of Hodgkin lymphoma is unknown. However, certain risk factors may increase the likelihood of developing this cancer, including:

Age: Hodgkin lymphoma is most common in two age groups: early adulthood (15-40 years old) and late adulthood (after 55).

Gender: It is slightly more common in males than females.

Family history: Individuals with a family history of Hodgkin lymphoma may have a higher risk.

Epstein-Barr Virus (EBV): Infection with EBV, the virus responsible for mononucleosis, has been linked to an increased risk.

Symptoms

Common symptoms of Hodgkin lymphoma include:

Enlarged lymph nodes: Often painless and found in the neck, armpits, or groin.

Fever and chills: Persistent or recurrent fever.

Night sweats: Profuse sweating during the night.

Fatigue: Persistent lack of energy.

Unexplained weight loss: Significant weight loss without apparent cause.

Itchy skin: Pruritus (itchiness) is sometimes associated with Hodgkin lymphoma.

Diagnosis

Diagnosing Hodgkin lymphoma involves a combination of medical history, physical examination, and various tests, including:

Biopsy: Removal and examination of a small piece of affected lymph node tissue.

Imaging studies: CT scans, PET scans, and X-rays help determine the extent and location of the disease.

Blood tests: Checking for abnormalities in blood cell counts and other markers.

Treatment

Treatment options for Hodgkin lymphoma include

Chemotherapy: Use of drugs to kill cancer cells.

Radiation therapy: High-dose X-rays to target and destroy cancer cells.

Immunotherapy: Boosting the body's immune system to fight cancer.

Stem cell transplant: Replacement of damaged or destroyed bone marrow with healthy stem cells.

CONCLUSION

Hodgkin lymphoma is a type of cancer originating in the lymphatic system, a crucial component of the immune system. The two main types are Classical Hodgkin Lymphoma (CHL) and Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL), each with distinct subtypes and characteristics. While the exact cause remains unknown, certain risk factors, including age, gender, family history, and Epstein-Barr Virus (EBV) infection, may increase susceptibility.

Common symptoms encompass enlarged painless lymph nodes, fever, night sweats, fatigue, unexplained weight loss, and itchy skin. Diagnosis involves a combination of medical history, physical examination, biopsy, imaging studies, and blood tests. Staging helps determine the extent of the disease, ranging from localized (Stage I) to spread (Stage IV).

Treatment options include chemotherapy, radiation therapy, immunotherapy, and stem cell transplantation, with the prognosis generally favorable, especially in early-stage cases. Regular follow-up appointments are essential post-treatment to monitor for recurrence and address potential long-term side effects. It is imperative for individuals with suspected or diagnosed Hodgkin lymphoma to seek guidance from healthcare professionals for accurate diagnosis and personalized treatment planning.