Classical Hodgkin's lymphoma mixed cellularity type

Teiko Kawahigashi¹

¹Shonan Kamakura General Hospital

December 13, 2021

Abstract

An 81-year-old man presented to our hospital with a 6-month history of weight loss and lymphadenopathy. On examination, he had high fever and right axillary lymphadenopathy. A right axillary lymph-node excisional biopsy showed findings of mixed cellularity Hodgkin's lymphoma. However, he died before the results of the biopsy were obtained.

Classical Hodgkin's lymphoma mixed cellularity type

Teiko Kawahigashi, MD

Department of Internal Medicine, Ishigakijima Tokushukai Hospital

Corresponding author:

Teiko Kawahigashi

Department of Internal Medicine, Ishigakijima Tokushukai Hospital

446-1 Ohama, Ishigaki, Okinawa, 907-0001, Japan.

Telephone: +81-980-88-0123

Fax: +81-980-82-9511

E-mail address: teikokawahigashi@gmail.com

CASE PRESENTATION

An 81-year-old Japanese man with appetite and weight loss of unknown etiology was admitted to the emergency department. Over 6 months he lost 10 kg, which was equivalent to 17% of his total body weight. Physical examination revealed fever (temperature, 38°C) and multiple, firm, non-tender lymphadenopathies in the right axilla. Contrast-enhanced computed tomography showed mild splenomegaly and para-aortic lymphadenopathy (Figure 1). An excision biopsy of the axillary nodes showed Reed–Sternberg cells, confirming Hodgkin's lymphoma (HL) of the mixed cellularity type. Unfortunately, the patient died before a definite diagnosis could be made.

HL is a known curable lymphoid malignancy with high cure rates observed with multi-agent chemotherapy and often, radiation therapy.¹ However, diagnosing HL in Japan is difficult because of its low incidence and nonspecific symptoms.¹ Advanced age is a strong risk factor for malignancy in patients presenting with lymphadenopathy. The risk of malignancy in those aged > 40 years is 10 times higher than that of those younger.² This case is a reminder that malignancy should always be considered in elderly patients presenting with lymphadenopathy and B symptoms. A high index of suspicion for lymphoid malignancy can lead to prompt diagnosis, timely treatment, and better outcomes.

CONFLICT OF INTEREST

No conflicts of interest in connection with this article.

ACKNOWLEDGMENTS

We would like to thank Editage (www.editage.jp) for English language editing.

CONSENT

Written informed consent was obtained from the patient's husband for publication of this case report and any accompanying images.

REFERENCES

Swerdlow, S. H., Campo, E., Harris, N. L., et al., editors. World Health Organization Classification of Tumours of Haematopoietic and Lymphoid Tissues. Lyon: IARC Press, 2008.

Emery, J. D., Gray, V., Walter, F. M., et al. 2017. The Improving Rural Cancer Outcomes Trial: a cluster-randomised controlled trial of a complex intervention to reduce time to diagnosis in rural cancer patients in Western Australia. *British Journal of Cancer*. 117(10):1459-1469.

Figure 1

Computed tomography showing multiple lymphadenopathies in the A) right axilla (arrow) and B) para-aortic area (arrow).