

and Lucraft, 2013). Even in those with disseminated disease, long-term remissions are possible in more than half the patients. For relapses, complete remission may occur in 30% to 60% of patients undergoing autologous BMT (Metzger, Krasin, Choi, et al, 2016).

Clinical Manifestations

Hodgkin disease is characterized by painless enlargement of lymph nodes. The most common finding is enlarged, firm, nontender, movable nodes in the supraclavicular or cervical area. In children, the sentinel node located near the left clavicle may be the first enlarged node. Enlargement of axillary and inguinal lymph nodes is less frequent (see Fig. 25-4).

Other signs and symptoms depend on the extent and location of involvement. Mediastinal lymphadenopathy may cause a persistent, nonproductive cough. Enlarged retroperitoneal nodes may produce unexplained abdominal pain. Systemic symptoms include low-grade or intermittent fever (Pel-Ebstein disease), anorexia, nausea, weight loss, night sweats, and pruritus. Generally, such symptoms indicate advanced lymph node and extra lymphatic involvement.

Diagnostic Evaluation

The history and physical examination often yield important clues to the disease, such as fevers; night sweats; weight loss; and enlarged lymph nodes, spleen, or liver. Because of the multiple organs that can become involved, diagnosis consists of several tests to confirm the presence of Hodgkin disease and to assess the extent of involvement for accurate staging. Tests include complete blood count, uric acid levels, liver function tests, erythrocyte sedimentation rate or C-reactive protein, alkaline phosphatase, and urinalysis. Radiographic tests include CT scans of the neck, chest, abdomen, and pelvis; a gallium or PET scan (to identify metastatic or recurrent disease); a chest x-ray film; and, if clinically indicated, a bone scan to detect metastasis.

A lymph node biopsy is essential to establish histologic diagnosis and staging. The presence of Sternberg-Reed cell is considered diagnostic of Hodgkin disease because it is absent in the other lymphomas; however, it may occur in infectious mononucleosis. A bone marrow aspiration or biopsy is also usually performed.