Immunologically these cells are also classified as T cells; B cells (an example of which is Burkitt lymphoma); or non-T, non-B cells, which lack specific immunologic properties.

The clinical staging system used in Hodgkin disease is of little value in NHL, although that system has been modified for NHL and other systems have been developed. A favorable prognosis is defined by young age, low stage without mediastinal involvement, low tumor burden, and good response to initial therapy (Allen, Kamdar, Bollard, et al, 2016). Box 25-3 presents the most commonly used staging system.

Box 25-3

Staging of Non-Hodgkin Lymphoma

Stage I: Disease limited to one lymph node area or only one additional extralymphatic site (I-E)

Stage II: Two or more lymph node regions on the same side of the diaphragm or one additional extralymphatic site or organ (II-E) on the same side of the diaphragm

Stage III: Tumor on both sides of abdomen and may have spread to an area or organ next to the lymph nodes (IIIE), spleen (IIIS), or both (IIISE)

Stage IV: Tumor has spread into any organ that is not right next to an involved node, and/or the tumor has spread to the central nervous system (CNS) or bone marrow

The use of aggressive combination chemotherapy has had a major impact on the survival rates of children with NHL. The most effective treatment regimens result in cure in 85% to 95% of children with limited disease involvement, and 70% to 90% of children with extensive disease are cured (Allen, Kamdar, Bollard, et al, 2016).

Clinical Manifestations

Clinical manifestations depend on the anatomic site and extent of involvement. Many of the manifestations seen in Hodgkin disease