

CASE REPORT

Wait And Watch Approach for Nodular Sclerosis Hodgkin Lymphoma

Majdi H. Al-Jadayeh¹, Ali Al-Swailmeen¹, Anees Al-Halalmeh¹, Abdulmajeed Arabeiat¹, Mohammad Zreegat¹, Mohammad Obeidat¹

Authors' affiliation: ¹Medical oncologist, Dept. of Medicine, KHMH, Amman, Jordan

Correspondence: Mohammad Obeidat, Email: mohamadobedat@gmail.com, Mobile No.:009621500628

ABSTRACT

This case report presents a 37 years old lady, was diagnosed to have stage II nodular sclerosis Hodgkin lymphoma, given full 6 cycles ABVD, followed by remission, serial PET scan and investigations. Serial follow up showed above and below diaphragm hyper metabolic lymph nodes with no B symptoms nor chemical abnormality. Further studies are required to prove that clinical progression is more reliable than radiological one.

Keywords: Nodular Sclerosis Hodgkin Lymphoma, ABVD, PET Scan

INTRODUCTION

Watch and wait approach is most likely offered to patient who have asymptomatic low-grade lymphoma but not for high grade lymphoma.¹ Nodular sclerosing Hodgkin lymphoma is the most common and most curable type of Hodgkin lymphoma, it is usually present with enlarged lymph nodes, and B symptoms.² Treatment options usually includes chemotherapy with or without radiotherapy, while monoclonal antibody or a bone marrow transplant may be needed in the advanced stages or with a relapse.³

CASE PRESENTATION

A 37 years old married lady, was diagnosed in June 2013 to have stage II nodular sclerosis Hodgkin lymphoma, given full 6 cycles ABVD, followed by remission, serial PET scan and investigations assure remission until November, 2017 when PET showed hypermetabolic lymph nodes above and below diaphragm. clinically, the patient was completely asymptomatic without any documented B symptoms, lymph node biopsy was difficult as all were deep, the issue was discussed to get surgical guided biopsy to clarify lymph node enlargement but patient refused as she is not symptomatic as memorized before when she had active disease, so refused surgical biopsy and the idea of chemotherapy unless she has malignant symptoms, all blood tests: CBC, CHEMISTRY and LDH were normal, thereafter we decided to do strict follow up clinically for any B symptoms, radiologically for any progression and chemically for any evidence of progression. Serial follow up until end of Jan, 2019 showed same stable above and below diaphragm hyper metabolic lymph nodes with no B symptoms nor chemical abnormality.

DISCUSSION

This radiologically active, clinically and chemically in-

active Hodgkin lymphoma, was to be considered progressive disease, that necessitated chemotherapy, but the patient refusal necessitated close follow up and postponed chemotherapy until clinical picture and investigations support active disease, may 15 months follow up without any clinical progression support that the patient is still having stable disease that has not necessitated active treatment except wait and watch.⁴

CONCLUSION

Given the lack of proof from a prospective trials that all criteria of radiological, clinical and chemical progression are totally in need to confirm progression in Hodgkin lymphoma to start next line treatment.⁵ A policy for watch and wait without therapy in the setting of just radiological progression should be proved in order to delay treatment side effects which are often significant, waiting for more meta analysis to prove that clinical progression is more reliable than radiological one.

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