NHL: the diagnostic suspect

Lymph node Enlargement

B symptoms (systemic)

- fever > 38 °C
- drenching sweats
- unexplained pruritus
- weight loss
  > 10% body weight

Splenomegaly
- Palpable b.c.m.
- ultrasonography

Abnormal blood count

- lymphocytosis
- anemia
- thombocytopenia

Frequent — Unfrequent

Initial stage — Advanced stage

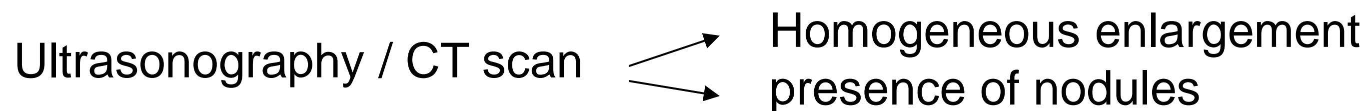
Isolated splenomegaly: an infrequent cause of presentation of malignancy

Causes

Hematologic
Splenic or portal circulation
Infections
Intra/extracellular deposition (Dysmetabolism)
Neoplastic

First consider the commonest causes

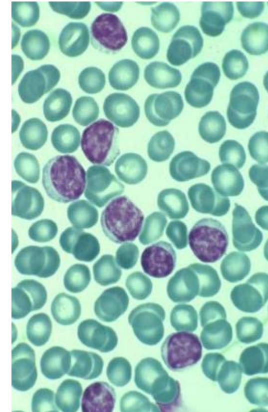
Diagnosis of lymphoma or malignancy is one of exclusion and requires splenectomy

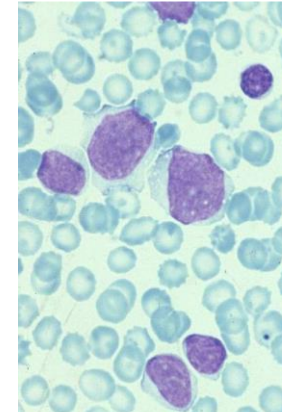


Lymphocytosis in the PB and BM is the typical presentationm feature of chronic lymphoproliferative disorders (CLL, SLVL)

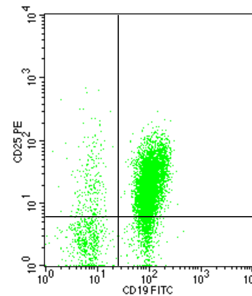
An abnormal blood count is rarely the presentation picture of NHL (primary BM localization, rare forms of primary leukemic NHL)

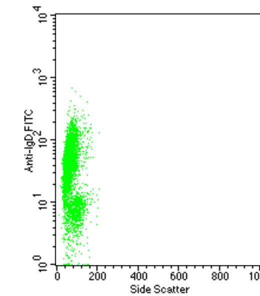
- lymphocytosis
- anemia
- thombocytopenia





- Morphology of lymphs
- Immunophenotype (monoclonality)
- BM aspiration
- Bone biopsy





proliferation of CD5/CD19+ cells

Ig Light chain restiction

PATIENTS WITH SYSTEMIC SYMPTOMS ARE FREQUENTLY ENCOUNTERED IN MEDICAL PRACTICE

B symptoms (systemic)

- fever > 38 °C
- drenching sweats
- unexplained pruritus
- weight loss > 10% body weight

Search NHL!!

See textbook

Differential diagnosis

- fever → infection
- drenching sweats → infection
- unexplained pruritus → Cutaneous diseases, Allergic disease, Liver disease, polycythemia
- weight loss → Diet, Psycological stress, Depression, Gastroenterologic disease

Physical examination (lymph nodes)!!
Chest X-ray film + abdomen ultrasonography
Whole body CT scan
Peripheral blood + Bone biopsy

LYMPHADENOPATHY IS
A VERY FREQUENT FINDING

Causes of lymphadenopathy

Reactive

Infections

Virus
- EBV
- CMV
- Rub
- HHV6
- measles
- HIV

Bacteria
- strepto
- staphylo
- brucella
- cat-scratch
- TBC
- syphilis

Immunologic abnormalities
- AR, SLE, Sjogren
- sarcoidosis
- Drug hyprsensitivity (phenytoine, allopurinol carbamazepine, gold)
- Silicone-associated

Neoplastic

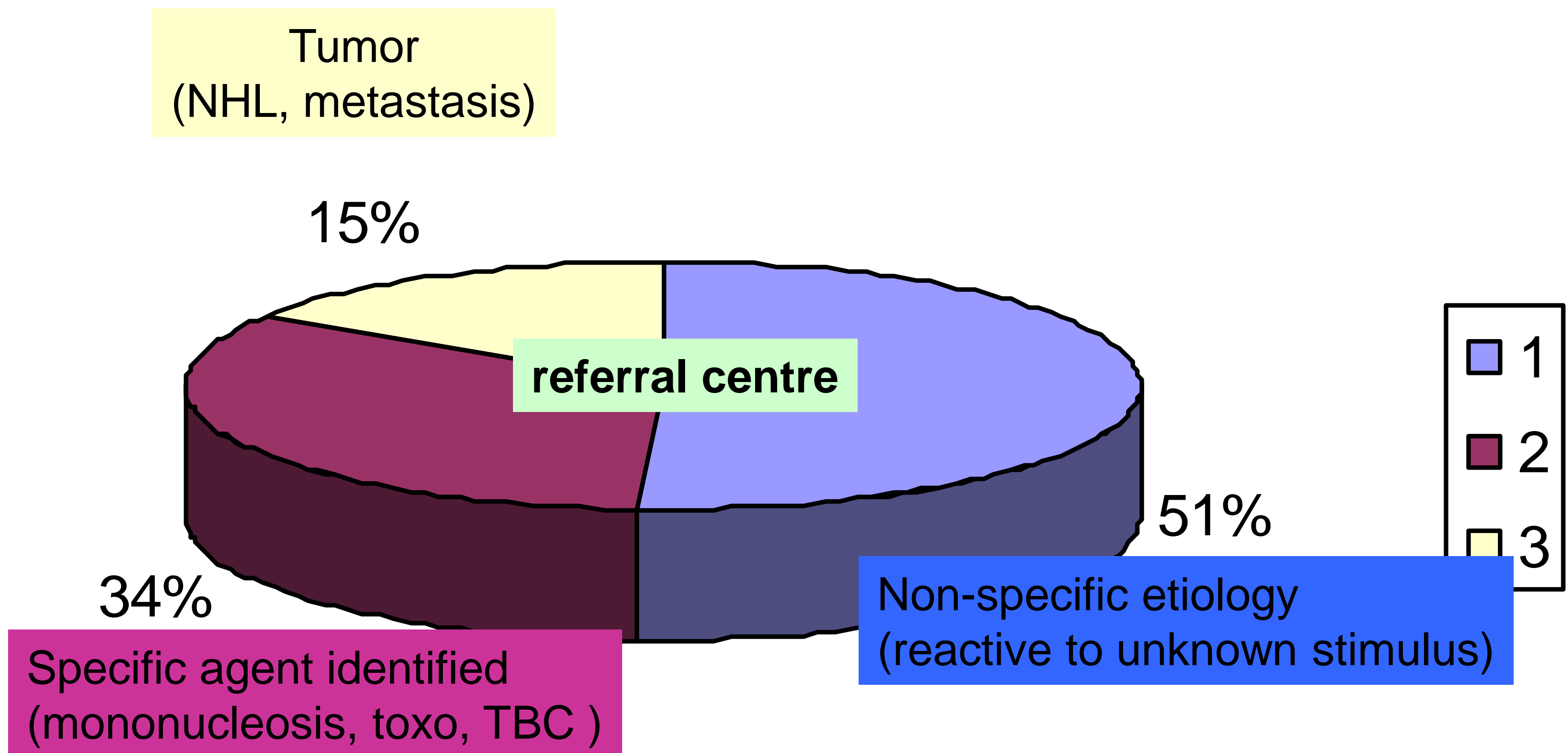
Hematologic

Lymphoma or related conditions
- Castelman's disease
- Histiocytosis

Solid tumors

Metastatic cancer

More than 95% of adenopathies seen by the general practioner are benign



NHL: the diagnostic suspect

Lymph node enlargement
> 1 cm in the neck –
> 1-2 cm in the inguinal region

Consider

- **extension (local o generalized)**
- **site (supraclavicular !!)**
- **size**
- **texture**
  (soft, rubbery, firm, hard, movable, fixed)
- **inflamation signs (tenderness, pain)**
- **time of appearance**

CONSIDER THAT

Biopsy is diagnostic
Fine needle aspiration is useful only in selected cases

NHL: the diagnostic suspect

Biopsy?

Surgery (general or local anesthesia)

Diagnostic accuracy

- any suspect lymph node enlargement persisting > 4-8 weeks without an obvious explanation should be biopsied

Features of malignancy making immediate biopsy mandatory are:

- size > 2-3 cm + if no obvious explanation
- hard +
- nonmovable

- LN in the supraclavicular region are always suspect

Immediate biopsy if

- No obvious explanation
- > 2-3 cm
- supraclavicular region
- firm, hard, fixed

Fine needle aspiration (?)

- Cervical region
- distant from vessels
- do not delay biopsy

Watchful waiting (2-4 wks) if

- 1-2 cm
- “possible” explanation
- cervical or inguinal region
- soft, rubbery
- tender or pain

Other useful diagnostic procedures

Chest X-ray film

Abdomen ultrasonography

Routine chemistry

Mono-test

Toxo-test

ENT assessment if cervical node