

NHL: the diagnostic suspect

**Lymph node
Enlargement**

B symptoms (systemic)

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

Other: unexplained pruritus

Splenomegaly

- Palpable b.c.m.
- ultrasonography

Abnormal blood count

- lymphocytosis
- anemia
- thrombocytopenia

Frequent

Initial stage

Unfrequent

Advanced stage

Isolated splenomegaly: an infrequent cause of presentation of malignancy

Causes

Hematologic (myeloproliferative syndrome

-Myelofibrosis, CML, PV, ET, hairy cell leukemia, polymphocytic leukemia, lymphoma

Splenic or portal circulation (cirrhosis)


Infections (i.e. leishmania)

Intra/extracellular deposition (Dysmetabolism: Gaucher)

Neoplastic

First consider the commonest causes

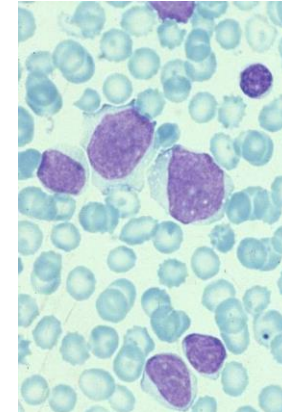
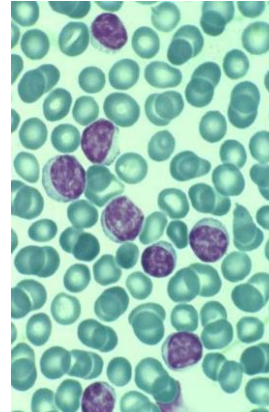
Diagnosis of lymphoma or malignancy is one of exclusion and requires splenectomy

Ultrasonography / CT scan  Homogeneous enlargement
presence of nodules

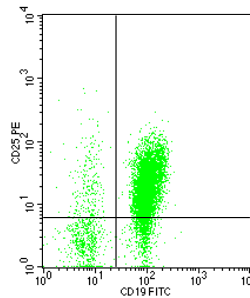
Lymphocytosis in the PB and BM is the typical presentation feature of chronic lymphoproliferative disorders (CLL, SLVL)

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

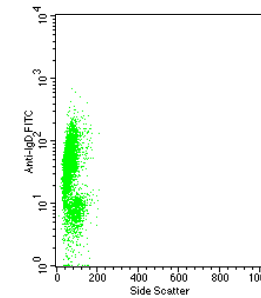
- lymphocytosis
- anemia
- thrombocytopenia



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



proliferation of CD5/CD19+ cells



Ig Light chain restriction

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

infection

Cutaneous diseases
Allergic disease
Liver disease
polycythemia

Diet
Psychological 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**

Infections

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

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

Reactive

Immunologic
abnormalities

- AR, SLE, Sjogren
- sarcoidosis
- Drug hypersensitivity
(phenytoine, allopurinol
carbamazepine, gold)
- Silicone-associated

Hematologic

- Lymphoma or related conditions
- Castelman's disease
 - Histiocytosis

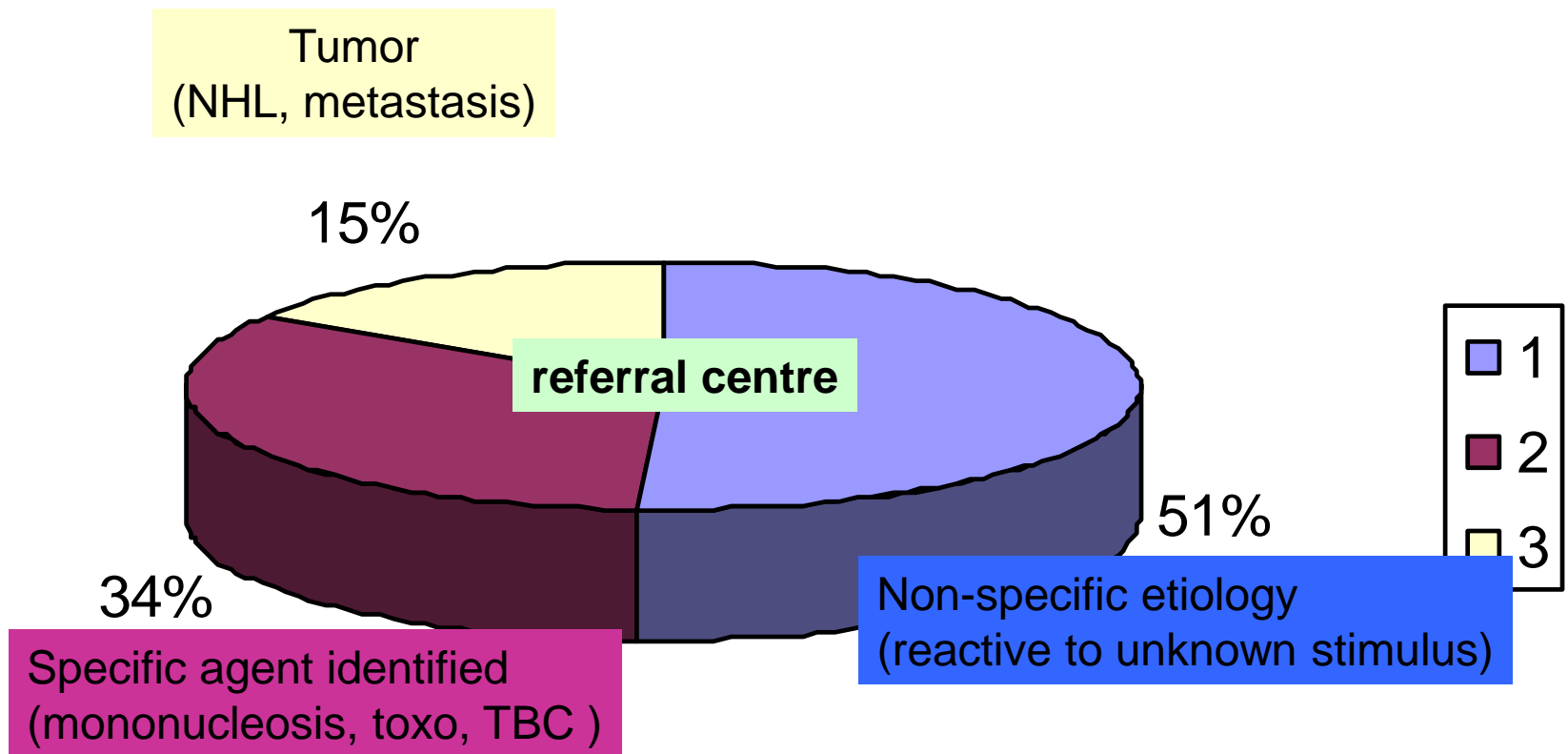
Neoplastic

Solid tumors

Metastatic cancer

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

diseases associated with adenopathy in 220 pts.



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)
- **inflammation 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