

HODGKIN LYMPHOMA

- Thomas Hodgkin
- Curator of Guy's Hospital Pathology Museum.
- Six cases
- Medical – Chirurgical Society 1832
- ‘On some morbid appearances of the absorbent glands and spleen’.

Sir Samuel Wilks

- Physician at Guy's Hospital.
- 'Hodgkin's Disease'

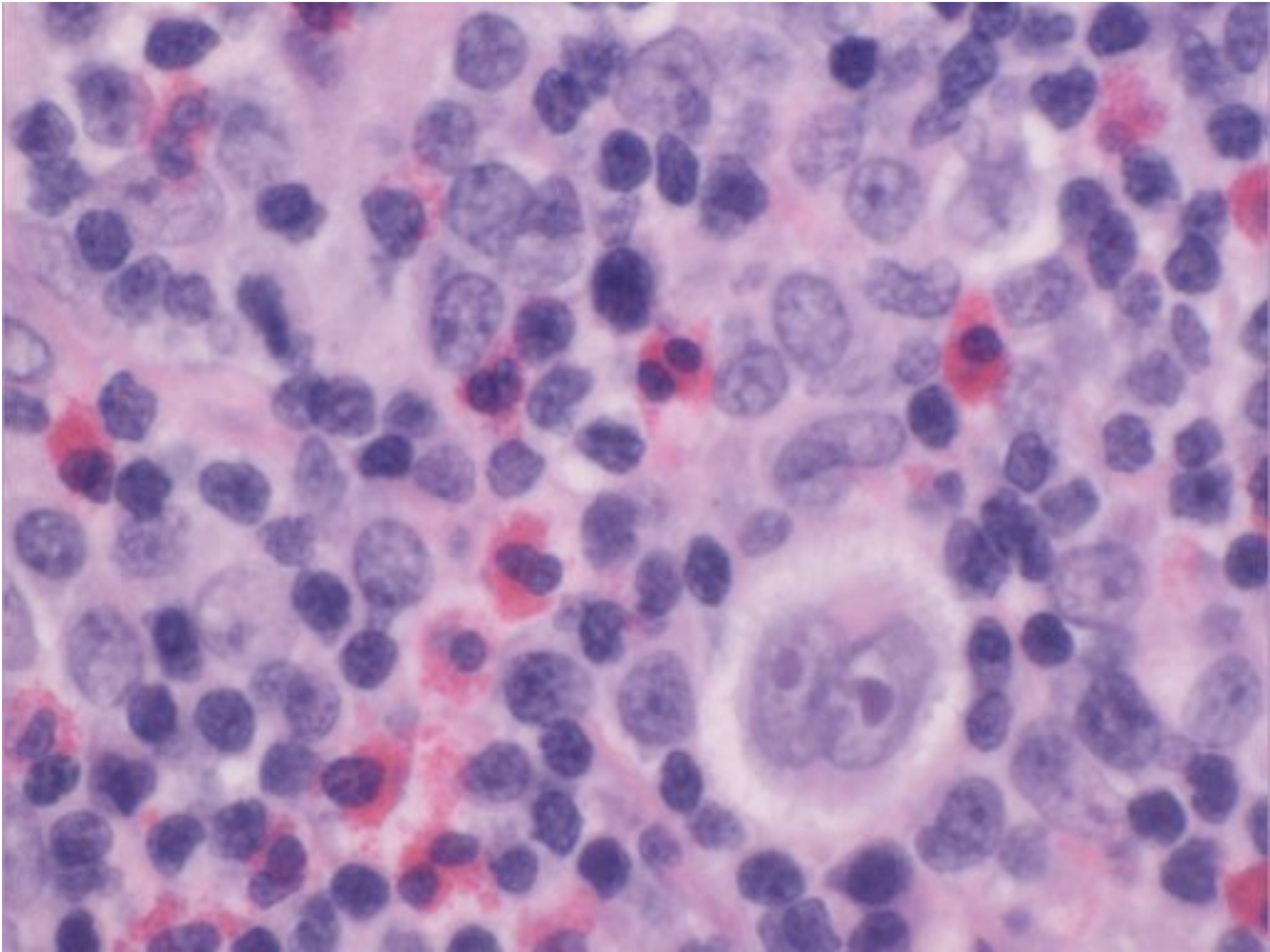
WHO Classification of Hodgkin Lymphoma

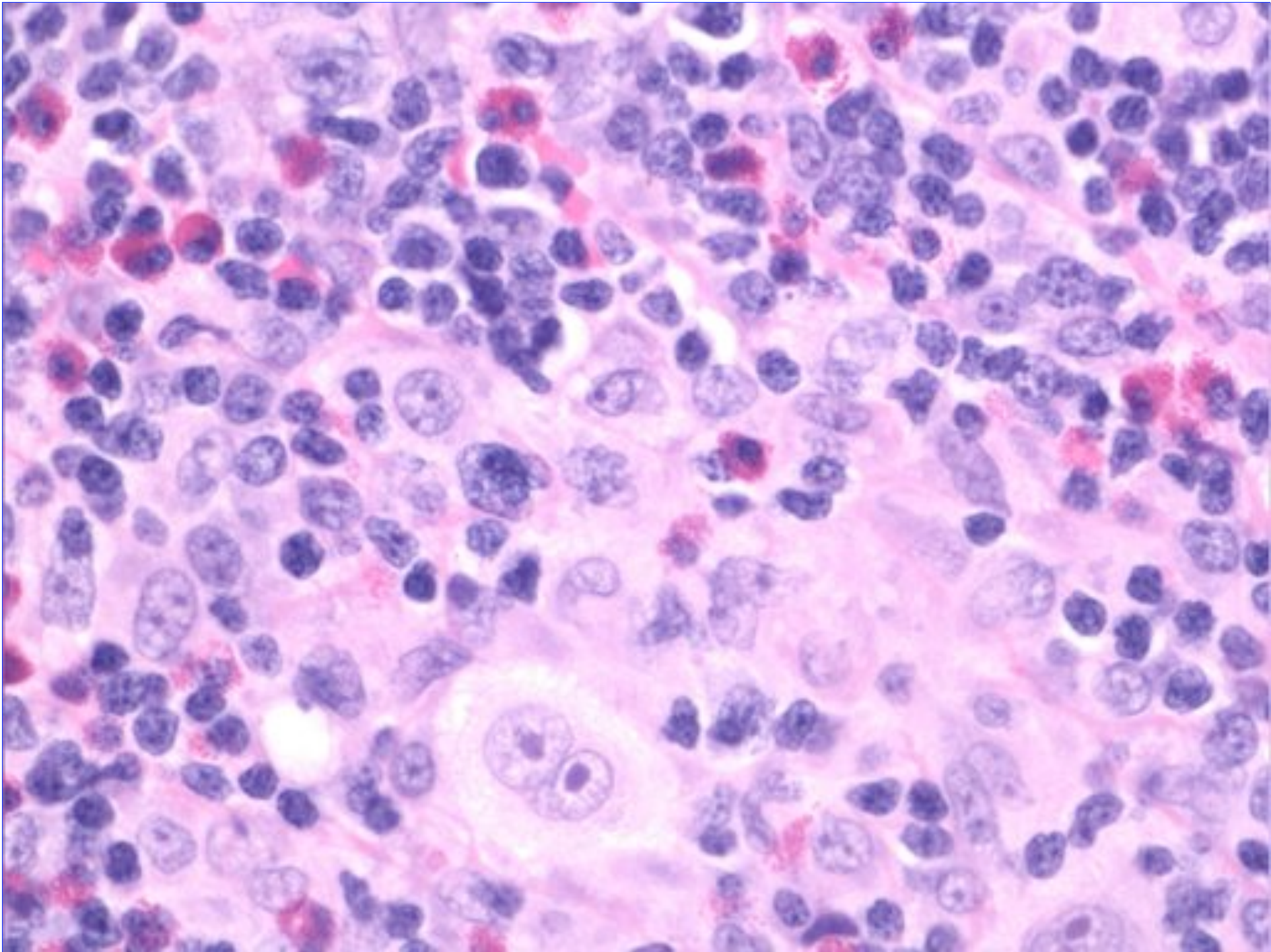
- Classical Hodgkin lymphoma
- Nodular lymphocyte predominant Hodgkin lymphoma

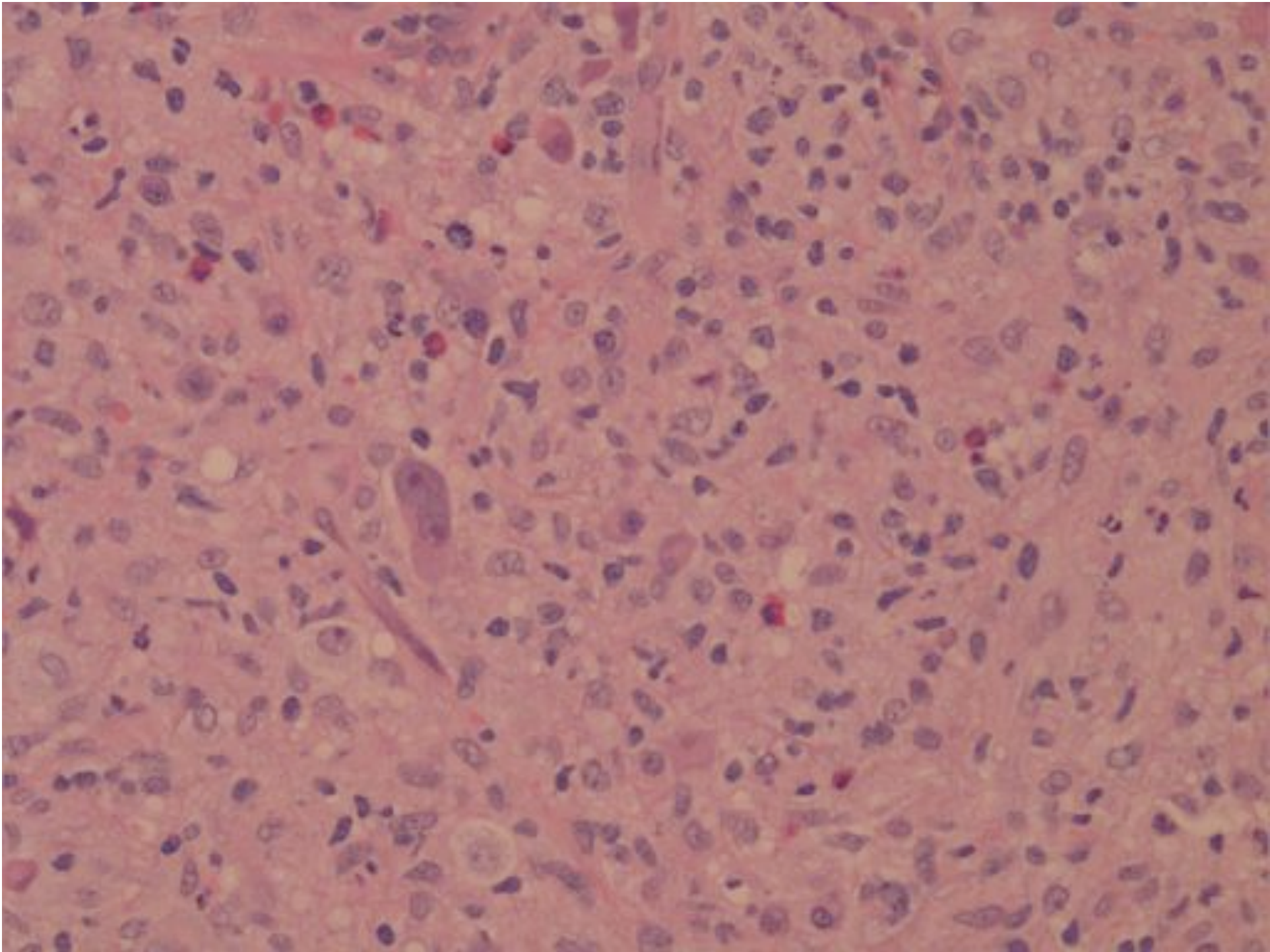
HODGKIN LYMPHOMA

- Youngish adults
- Cervical lymphadenopathy – common
- Mesenteric node and primary extranodal disease – rare.
- Admixture
 - Large multinucleated/multilobated cells
 - Greater number of stromal cells

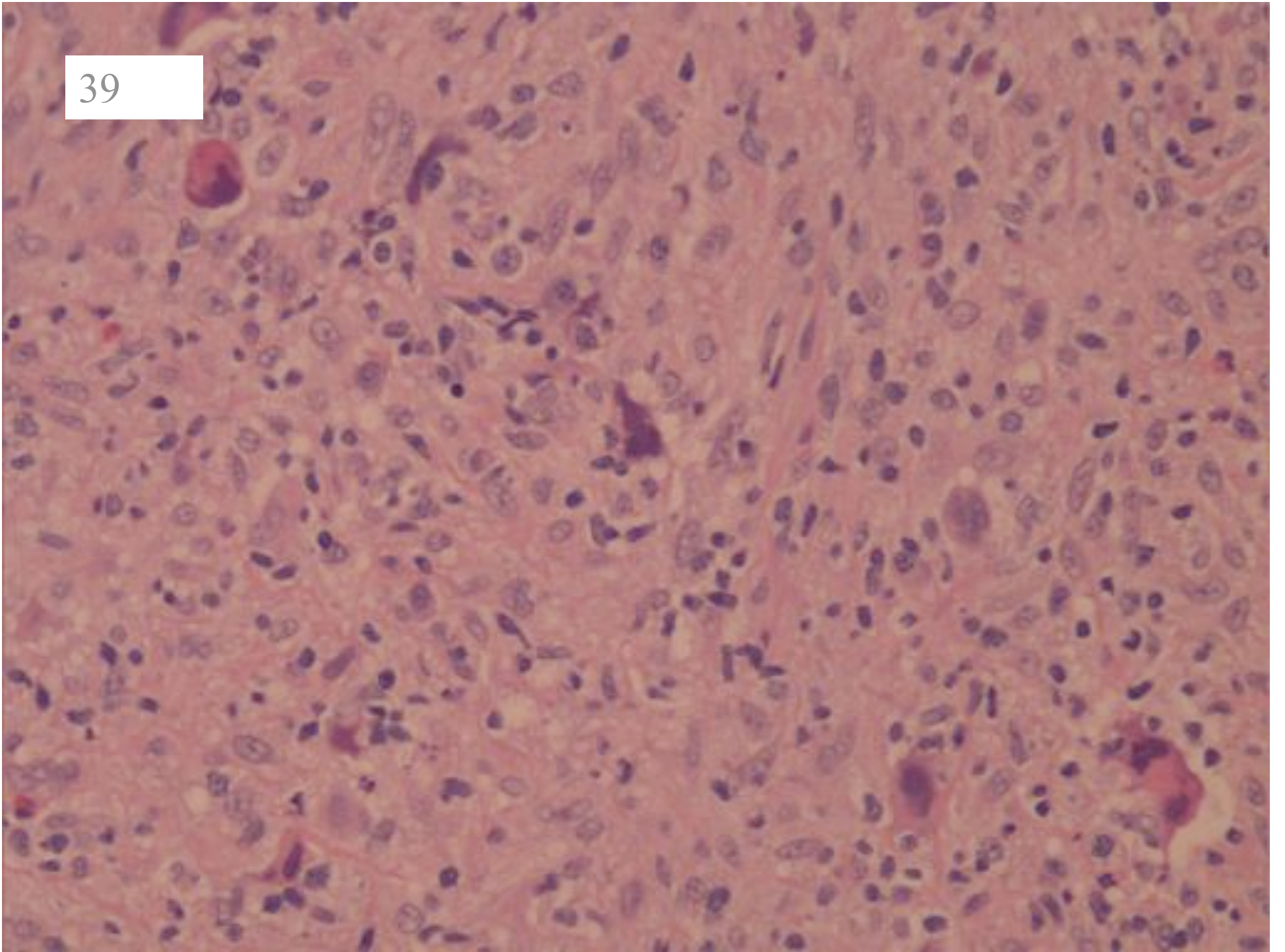
Classical Hodgkin Lymphoma

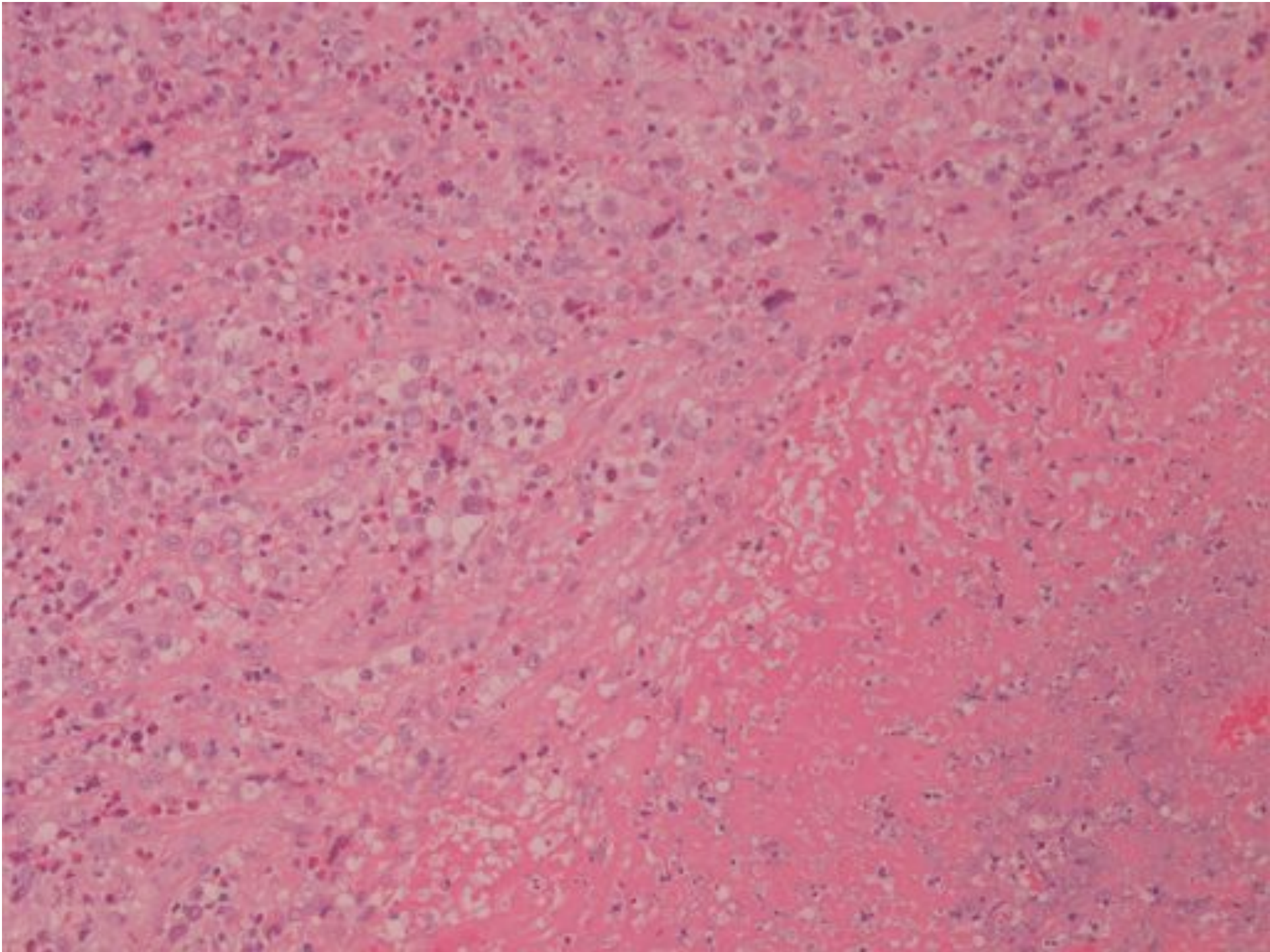


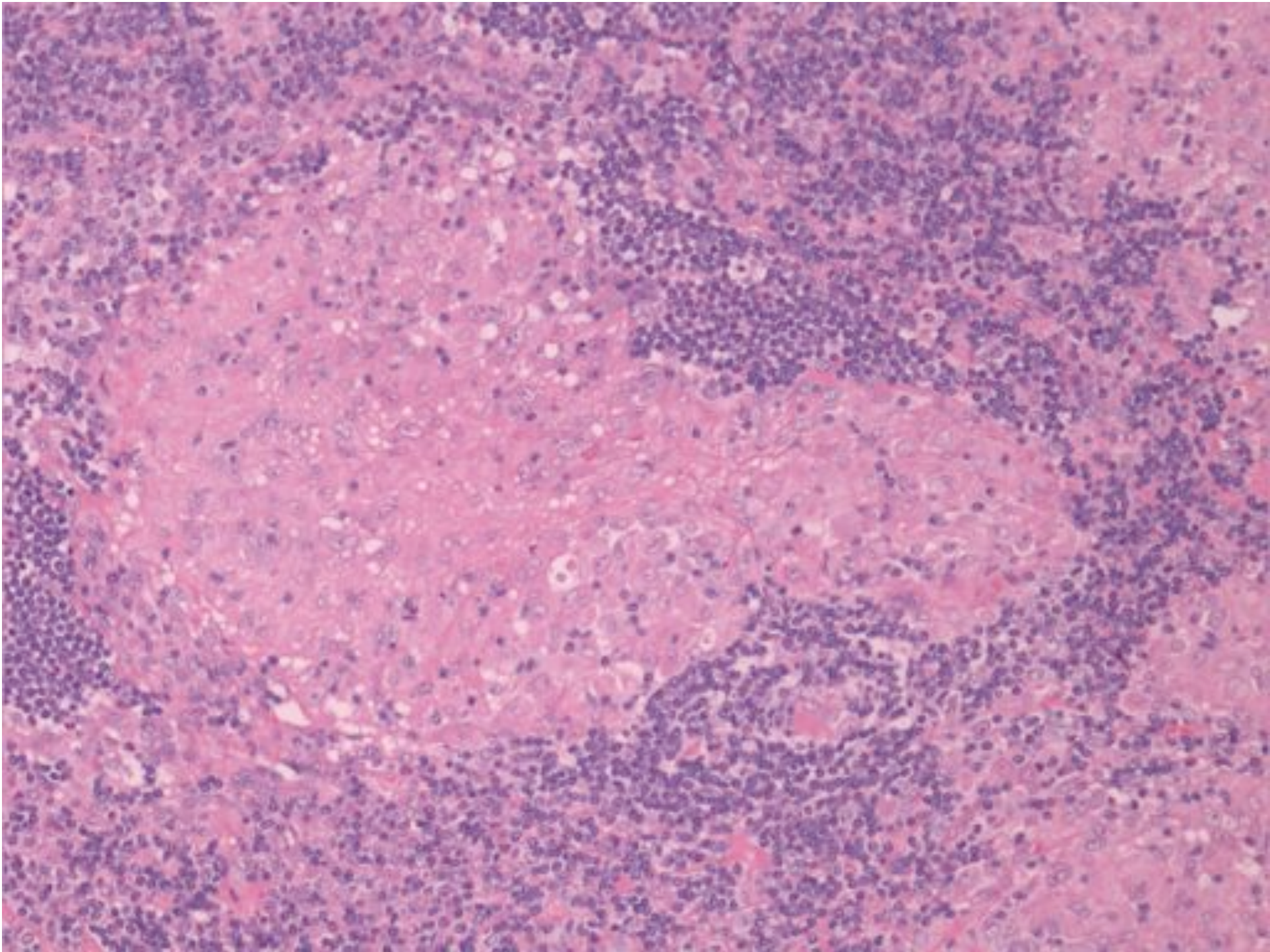




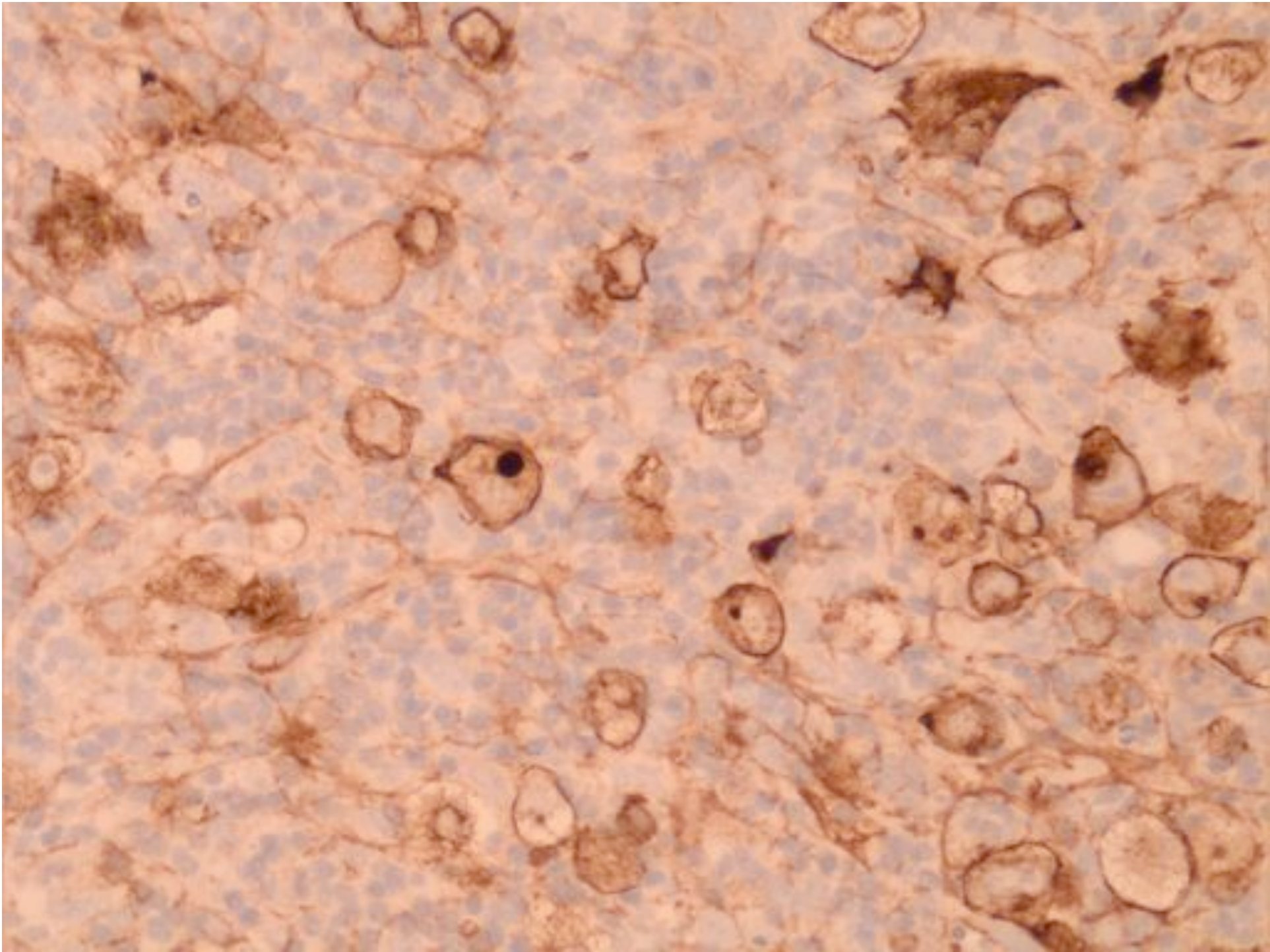
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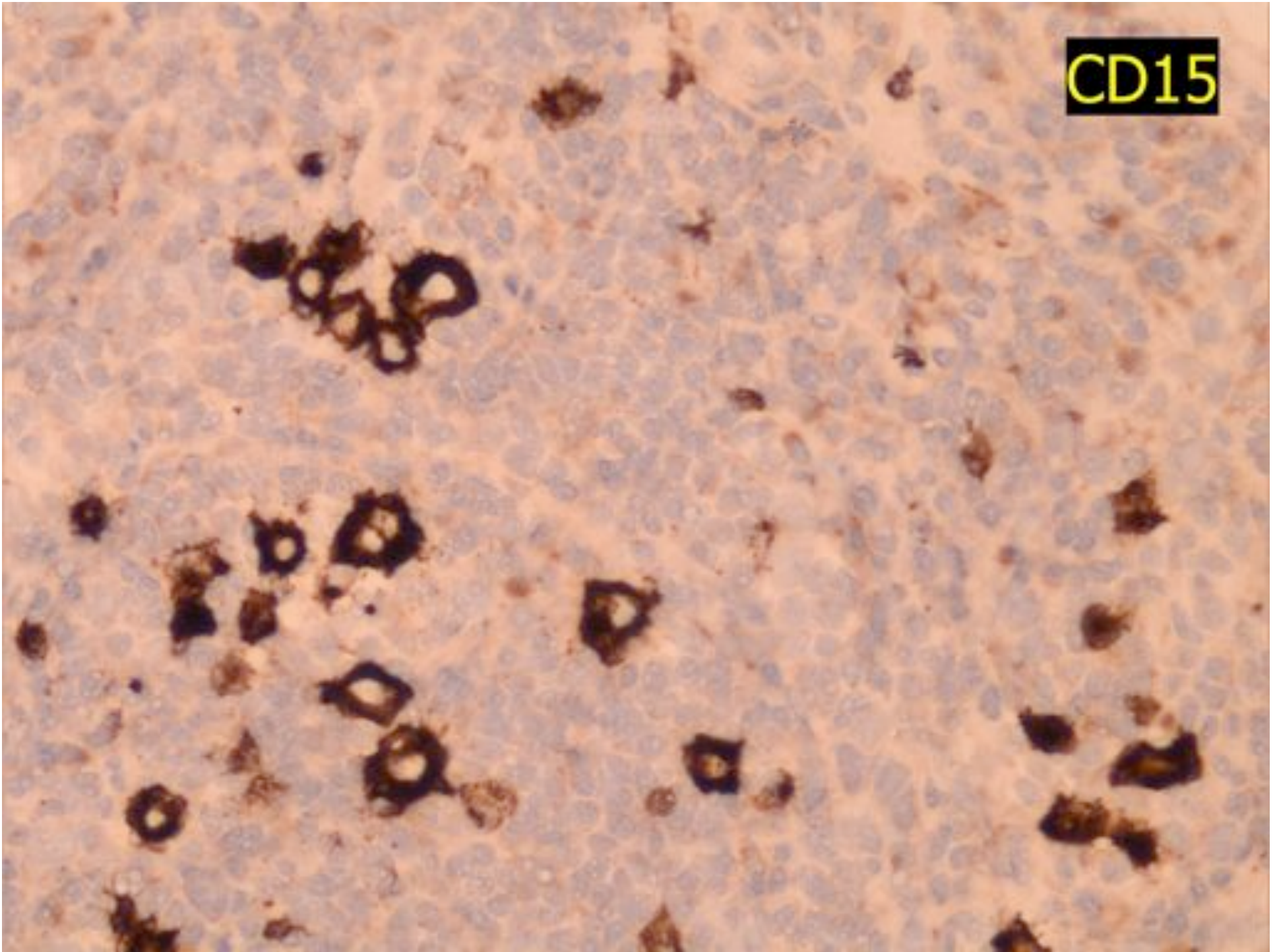




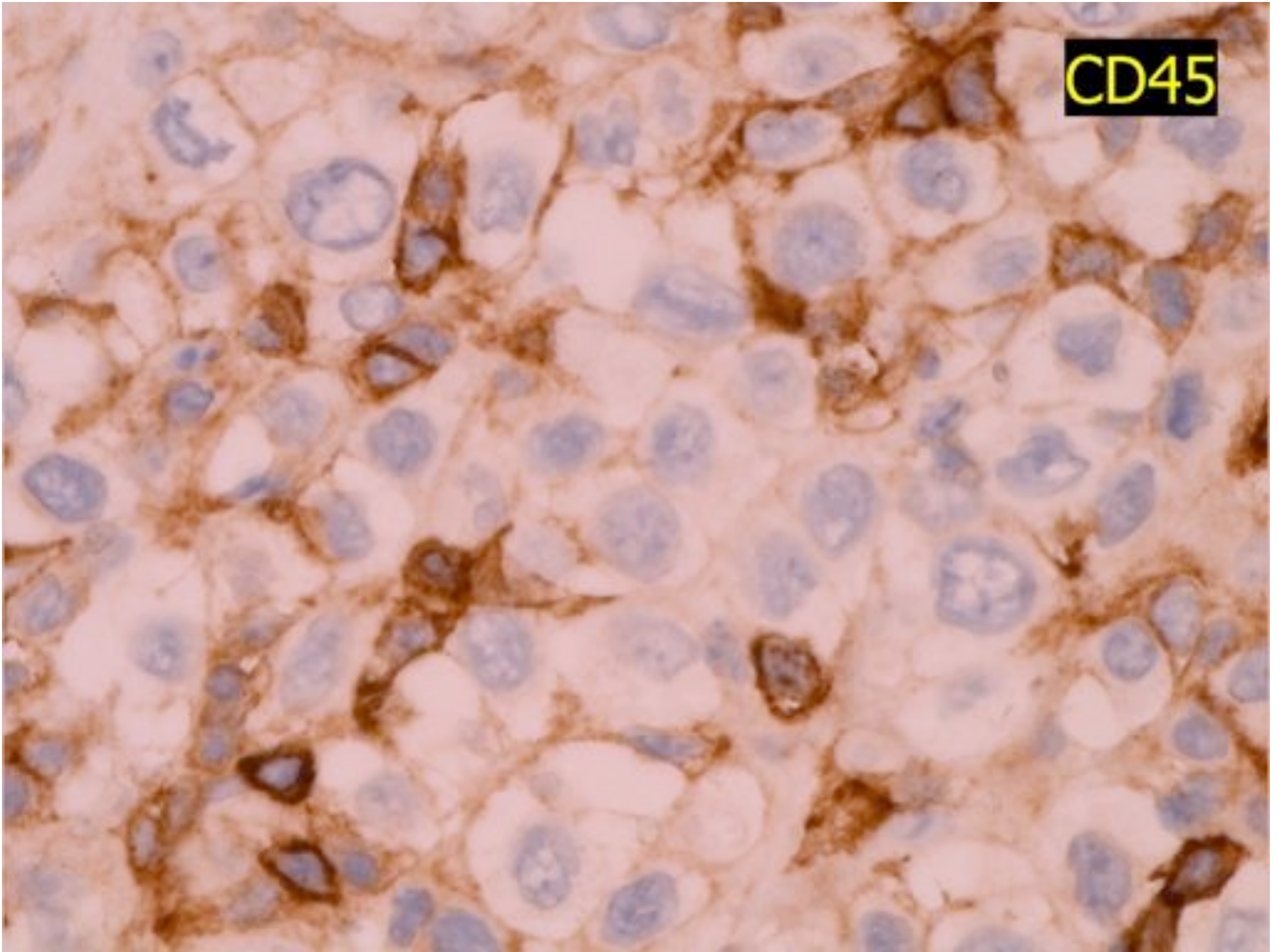
HRS Phenotype



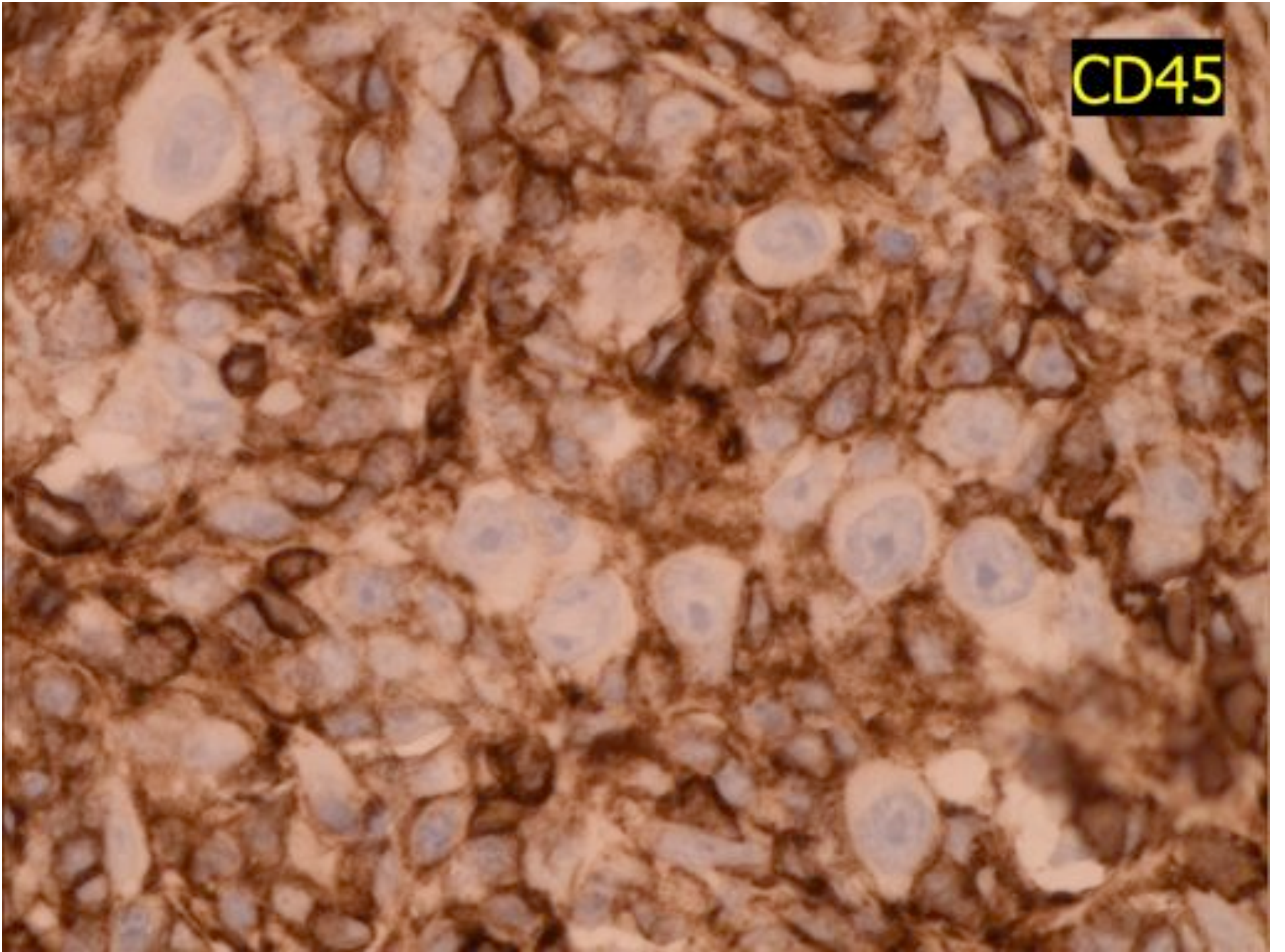
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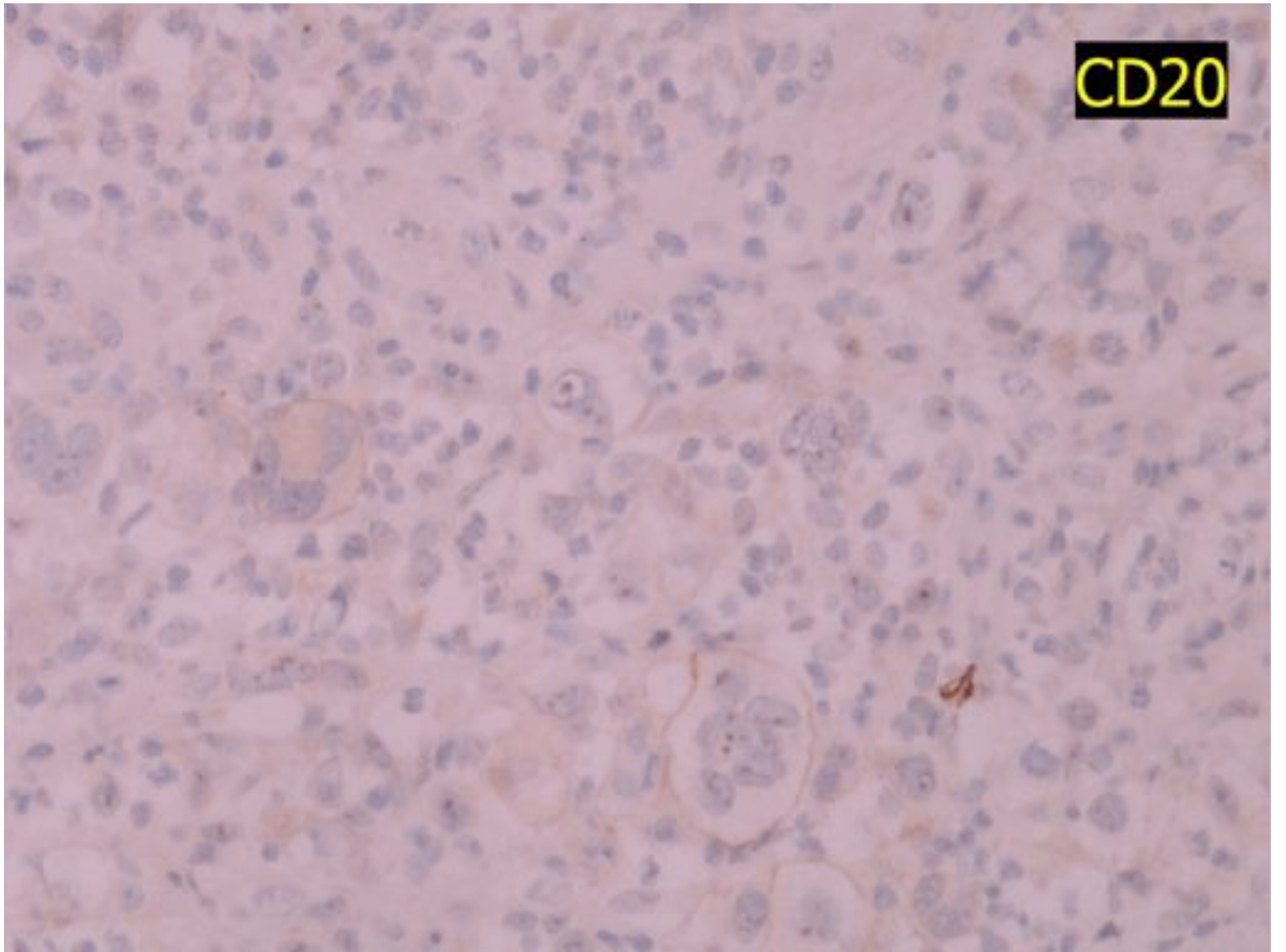
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What type of cell is the HRS
cell?

ANN ARBOR STAGING

- Stage I: Single LN group/structure
- Stage II: Two or more LN groups/structures, on same side of diaphragm.
- Stage III: LN groups/structures on both sides of diaphragm.
- Stage IV: Extranodal site(s) (liver, bone marrow).

CLASSICAL HODGKIN LYMPHOMA

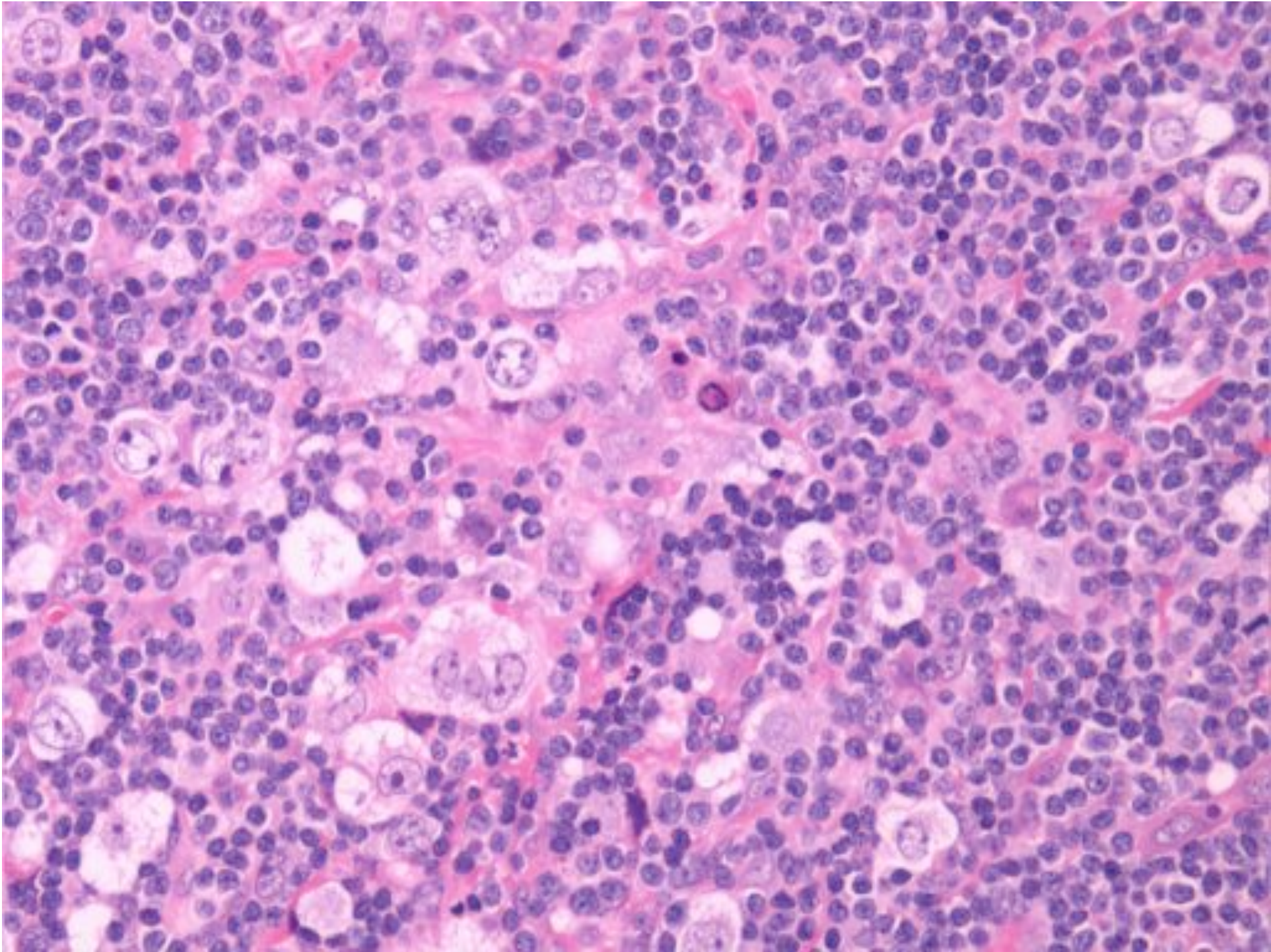
- Nodular sclerosis
- Mixed cellularity
- Lymphocyte rich
- Lymphocyte depleted

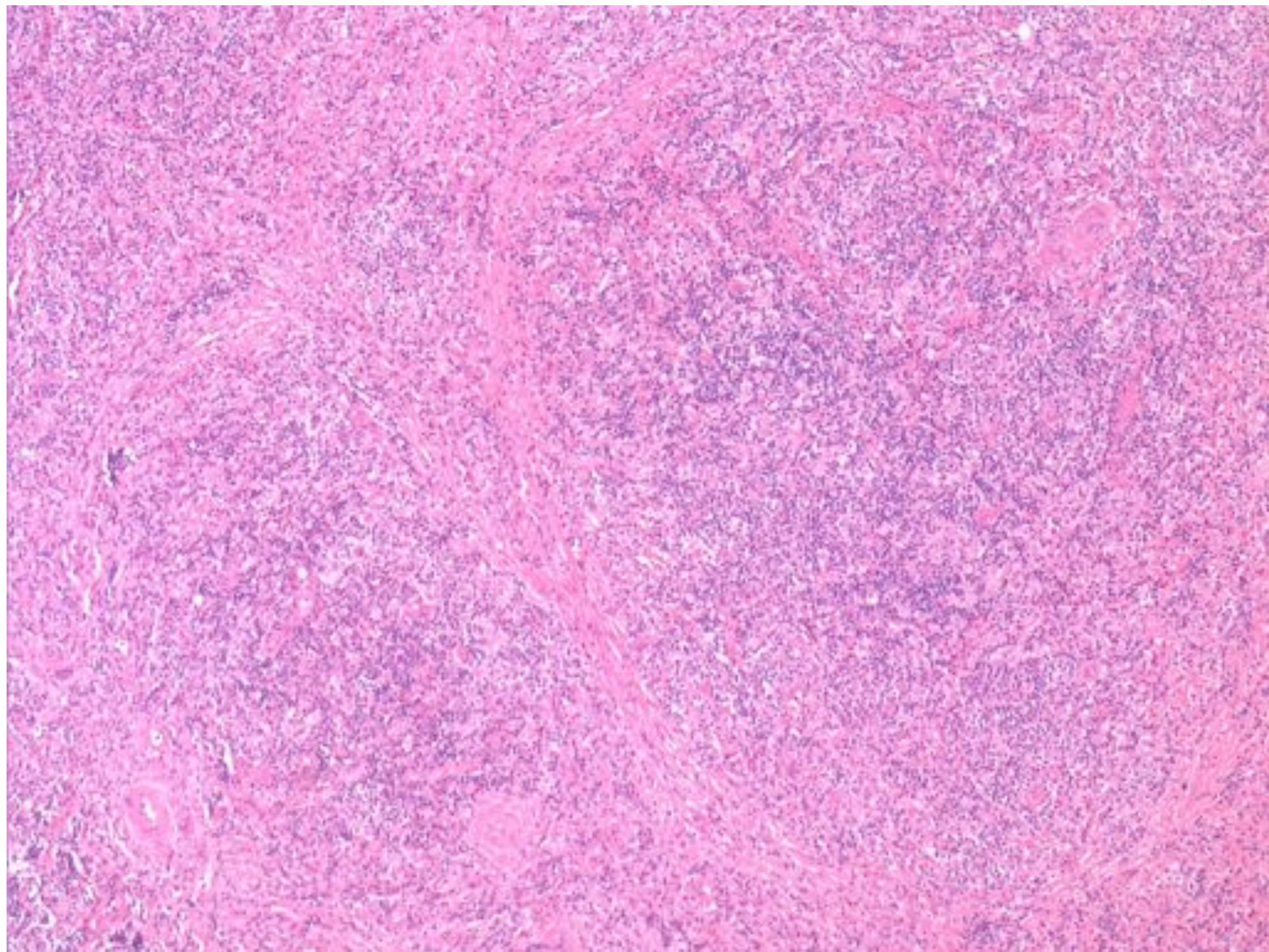
CLASSICAL HODGKIN LYMPHOMA

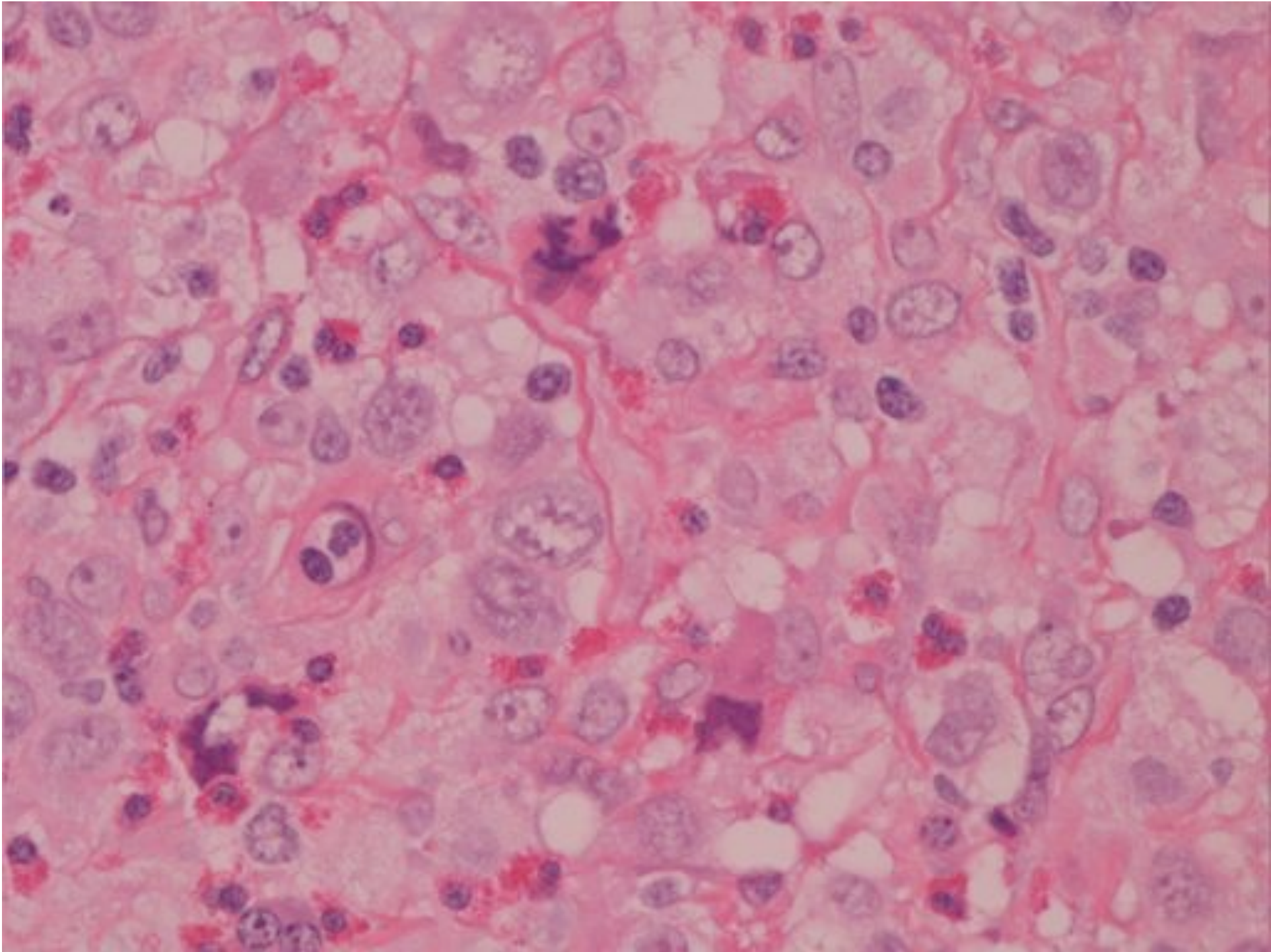
- Nodular sclerosis 70%
- Mixed cellularity 25%
- Lymphocyte rich 5%
- Lymphocyte depleted ?

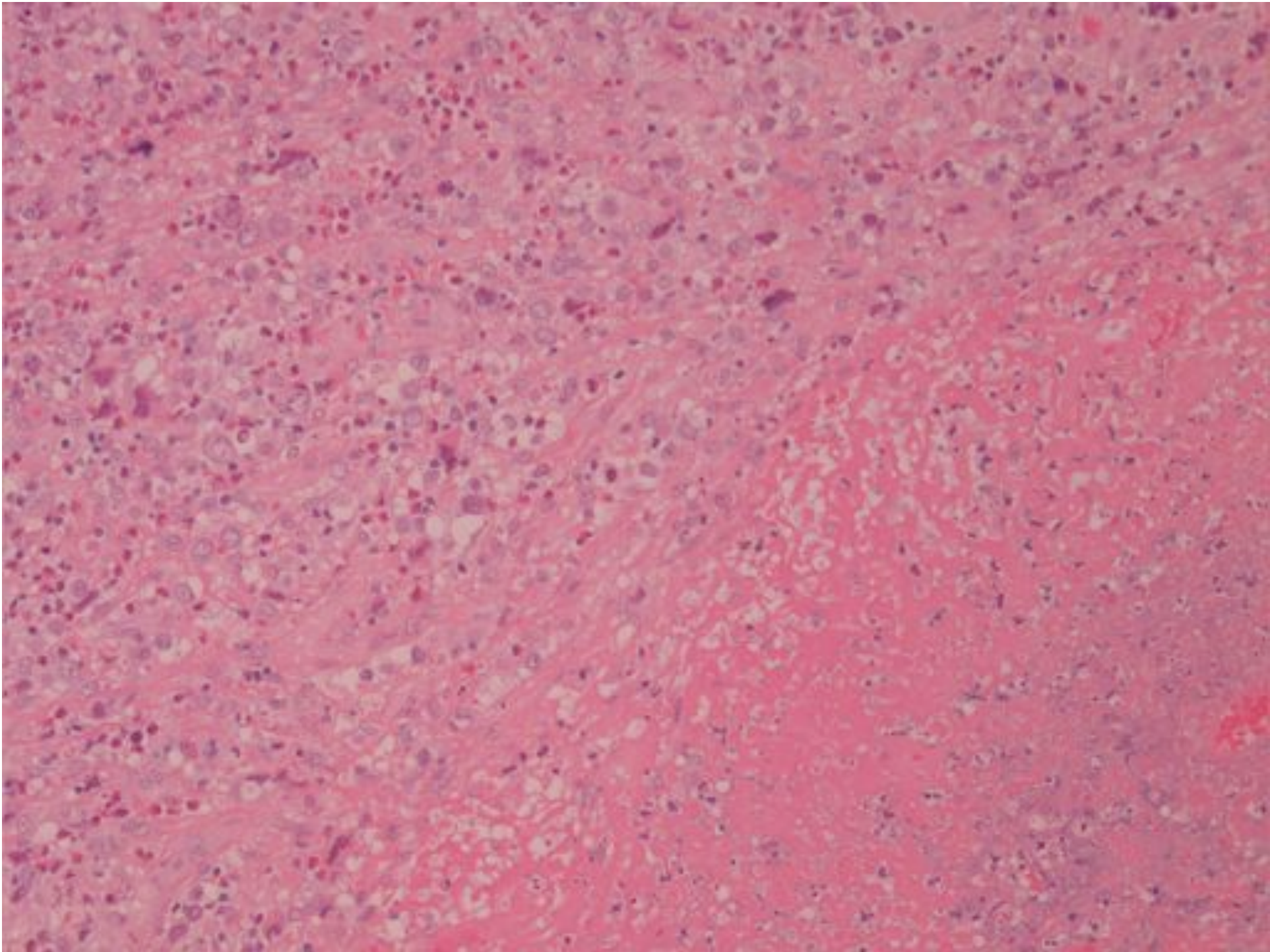
NODULAR SCLEROSIS HL

- Definition
 - Classic HL
 - Collagen bands forming at least one nodule
 - Lacunar-type HRS cells









BNL I Grading NSHL

- Grade 1
- Grade 2 - 25% or more nodules show HRS cells in sheets

NODULAR SCLEROSIS HL

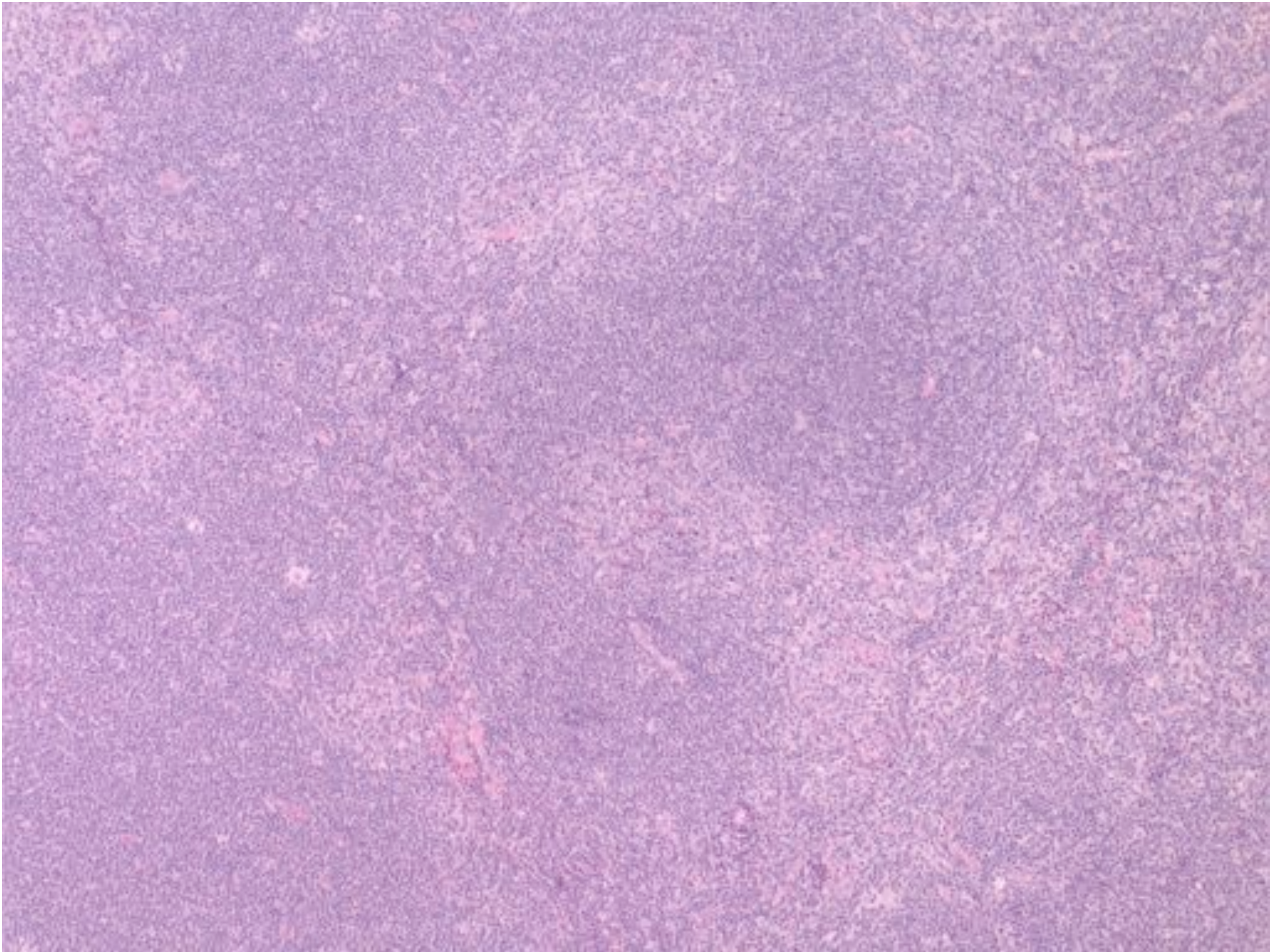
- 70% of classical HL
- Male = female
- Median age 28
- Stage II disease most common
- Mediastinal disease 80%
- Spleen and/or lung 10% - Bone marrow 3%

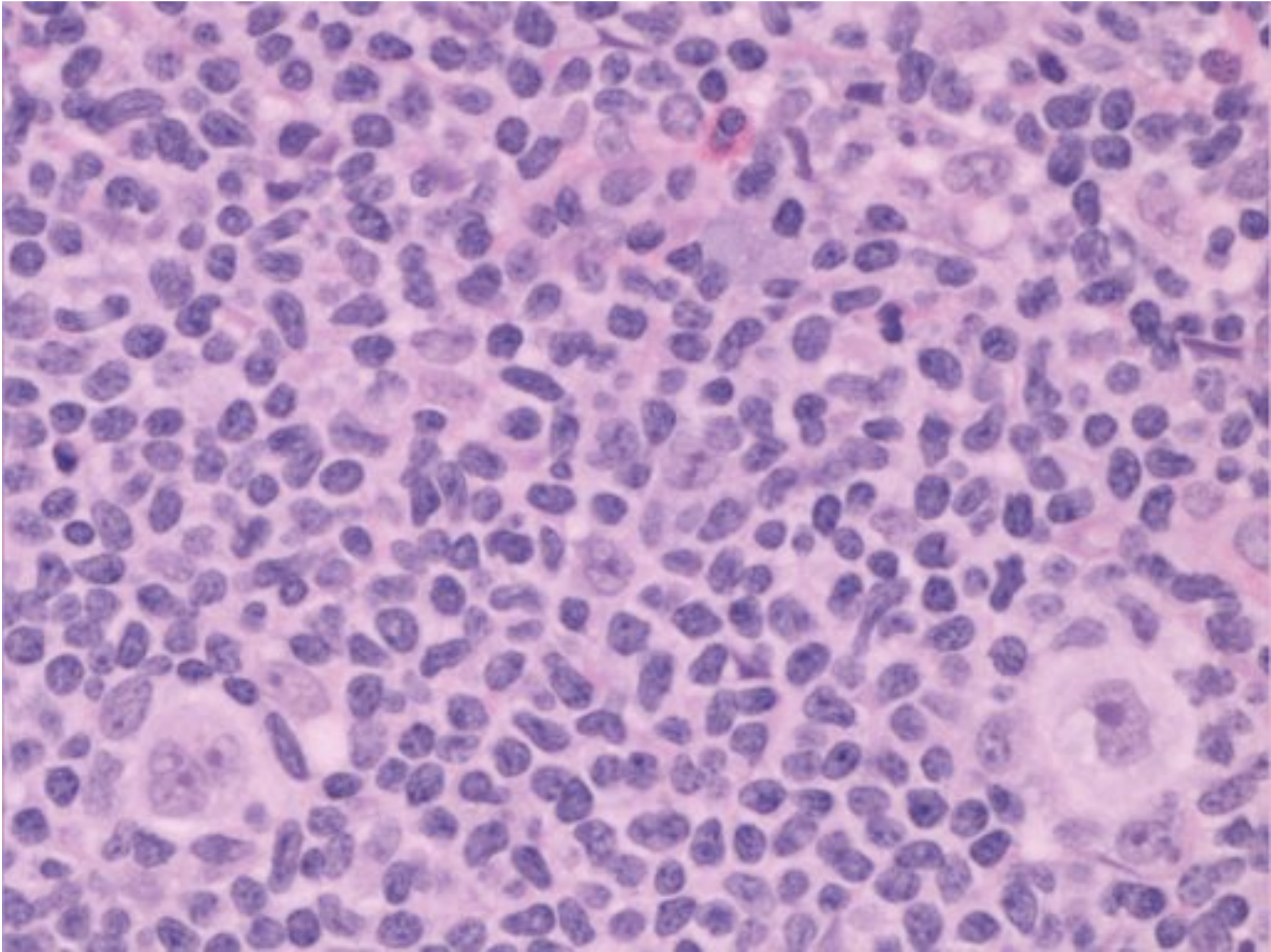
MIXED CELLULARITY HL

- 25% of classical HL
- 70% male
- Median age 37
- Associated with HIV
- More frequent in developing countries
- Often Stage III or IV. B symptoms frequent
- Peripheral nodes usually involved
- Mediastinal involvement rare
- Spleen 30% - Bone marrow 10%

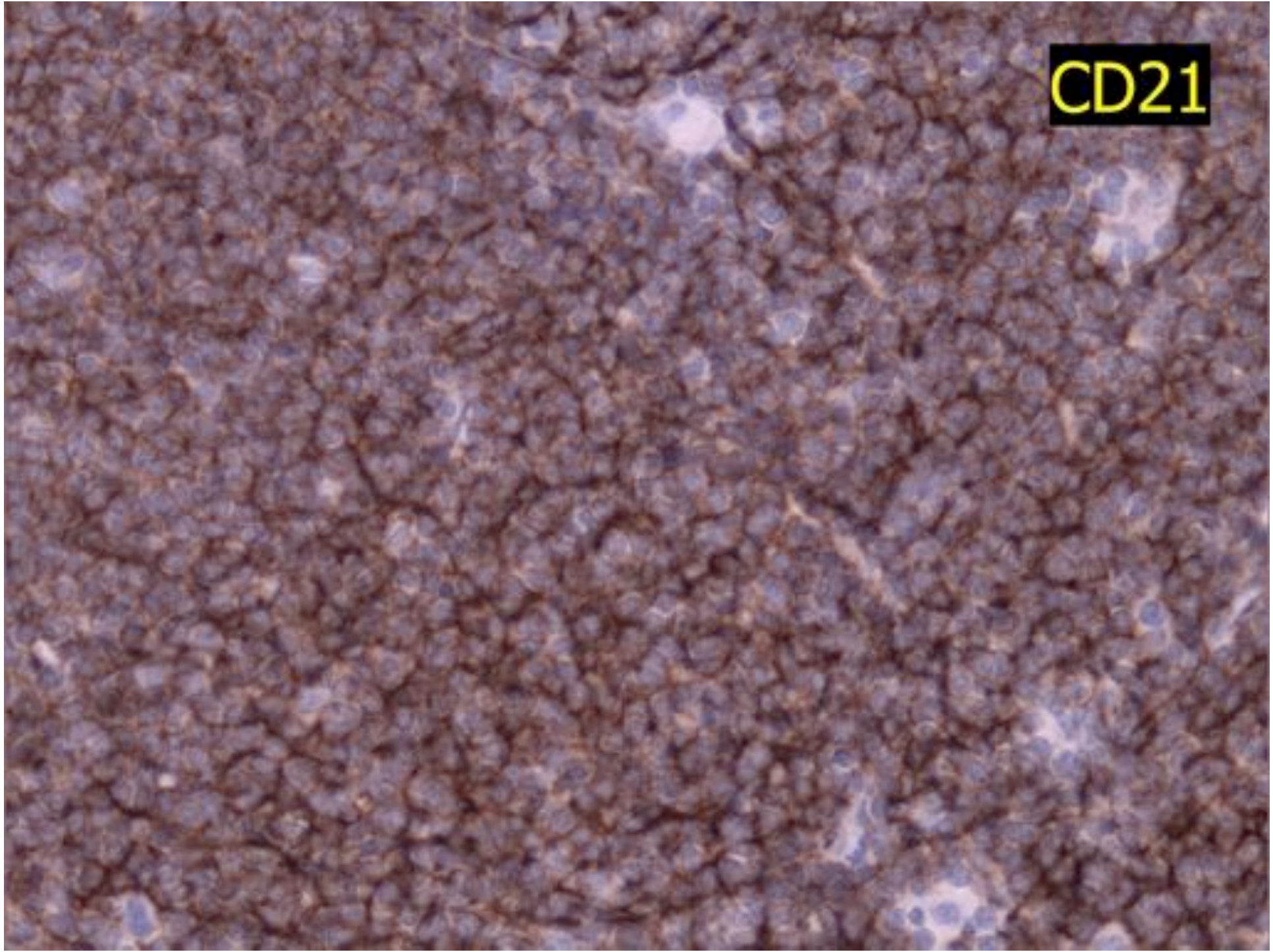
INTERFOLLICULAR HL

A subset of Mixed Cellularity HL

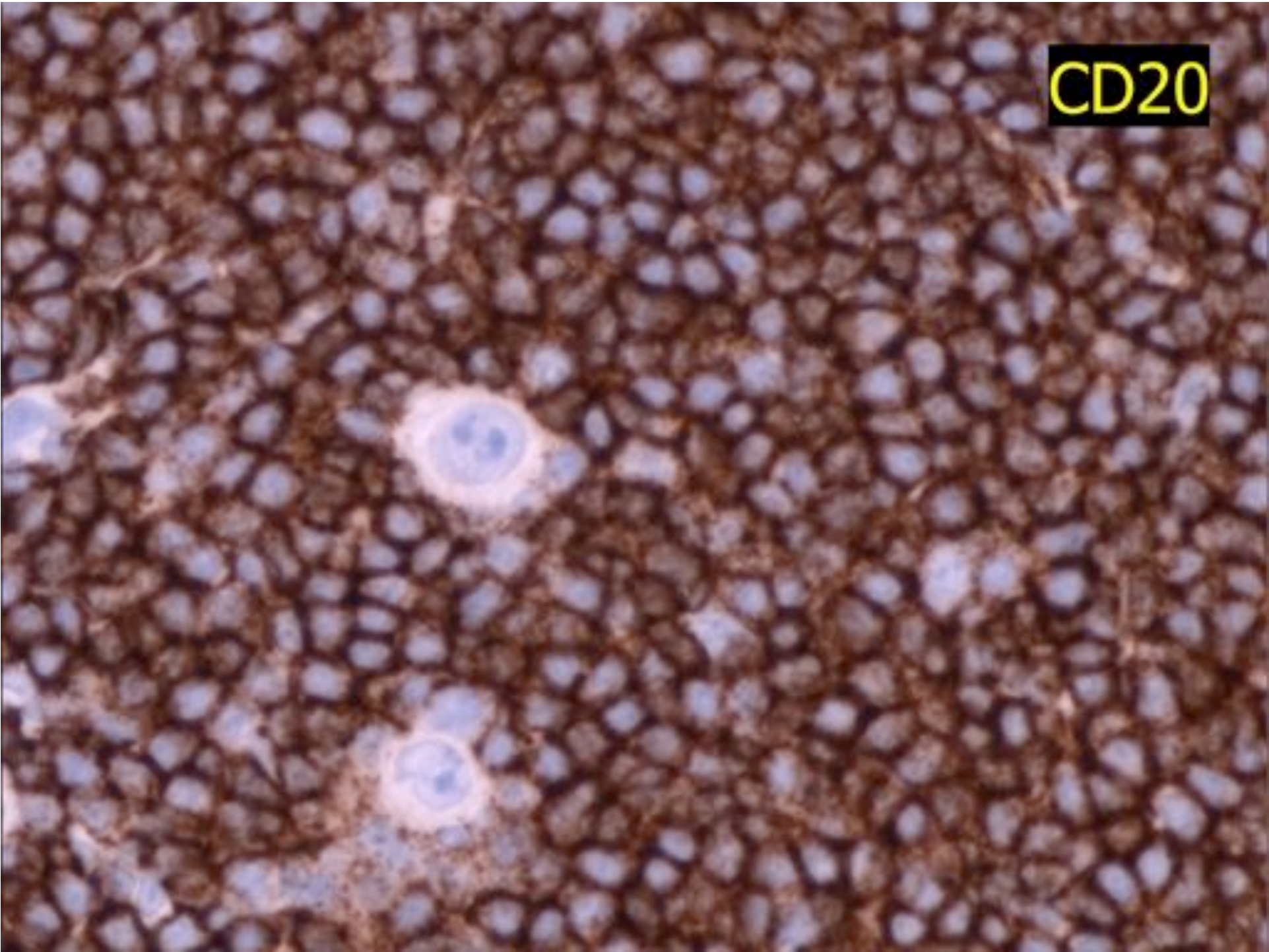


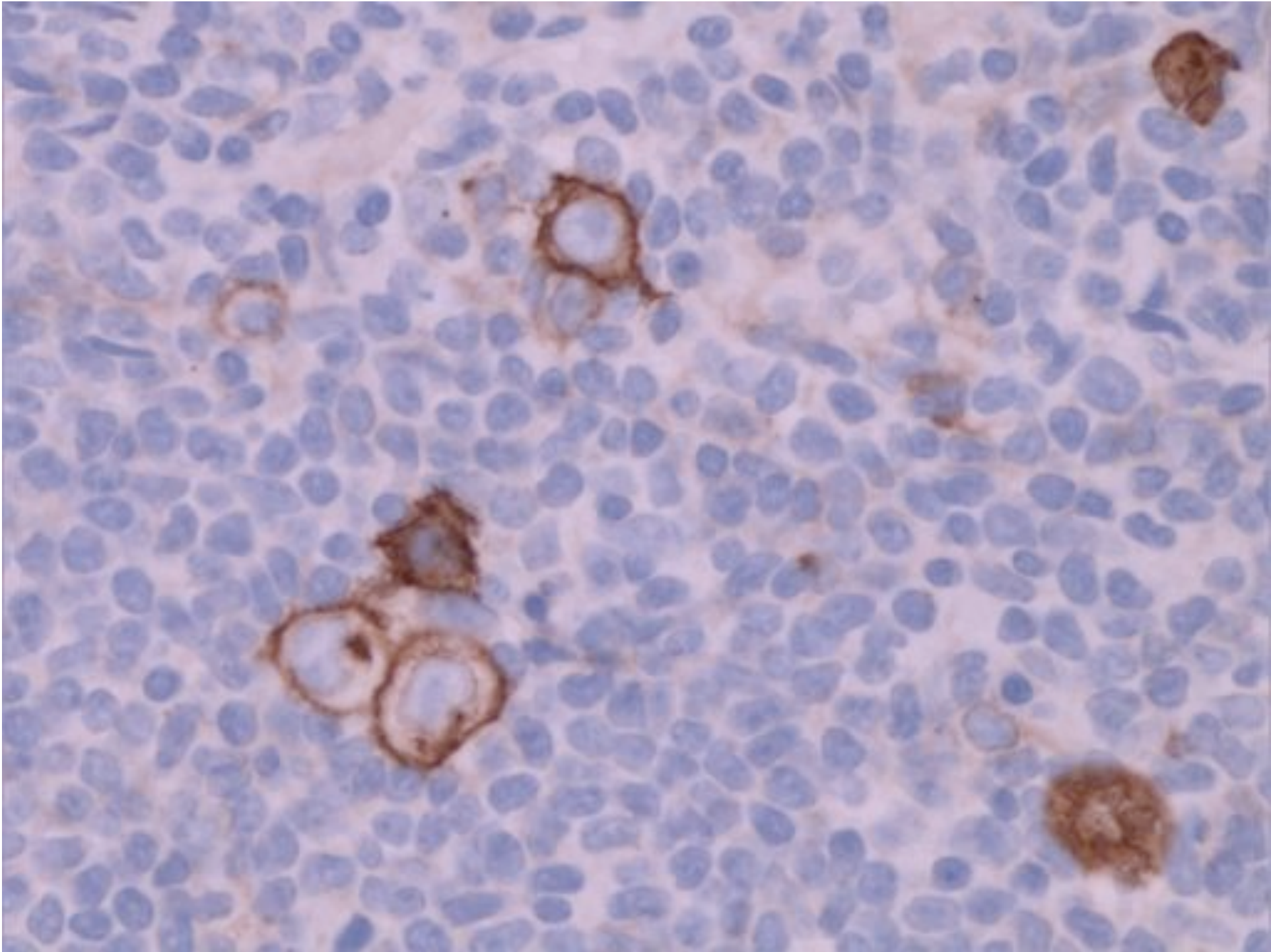


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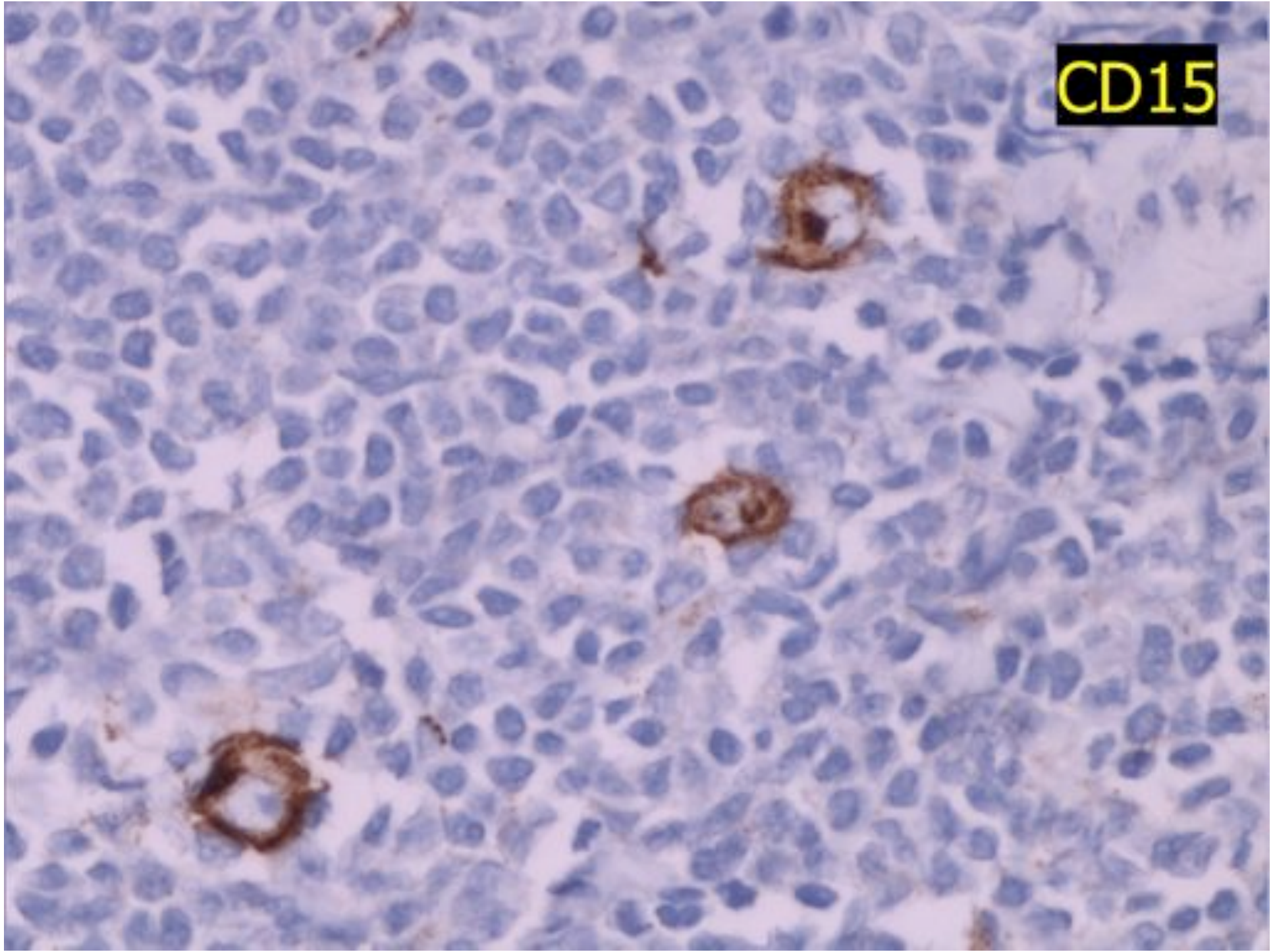


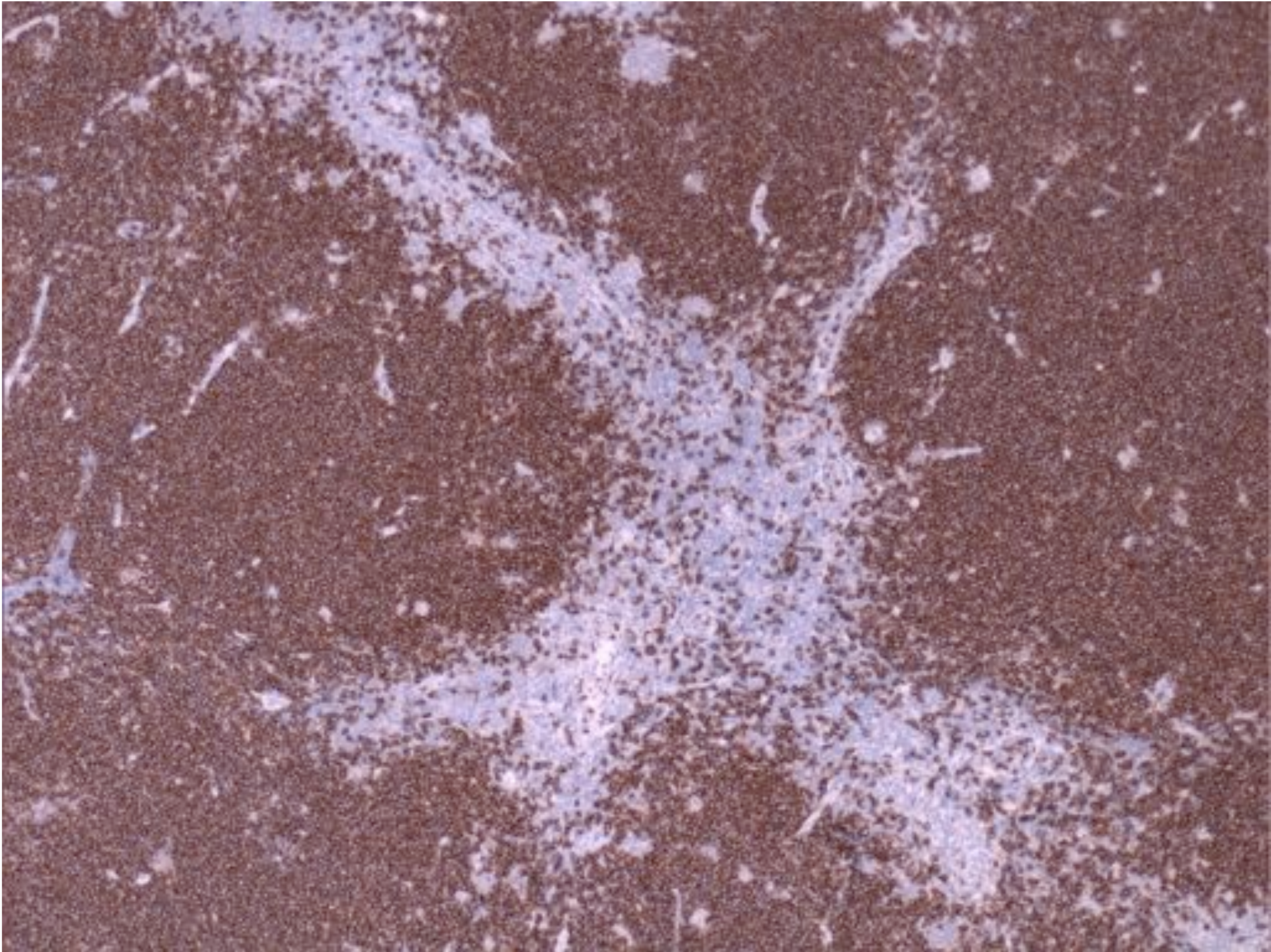
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LYMPHOCYTE RICH HL

- 5% of HL
- Usually Stage I or II
- Mediastinal involvement rare

LYMPHOCYTE DEPLETED HL

- Very rare
- Diffuse growth pattern
- 75% male predominance
- Associated with HIV
- Superficial LNs often spared
- Abdominal and BM involvement frequent
- Usually advanced stage disease
- Usually B symptoms

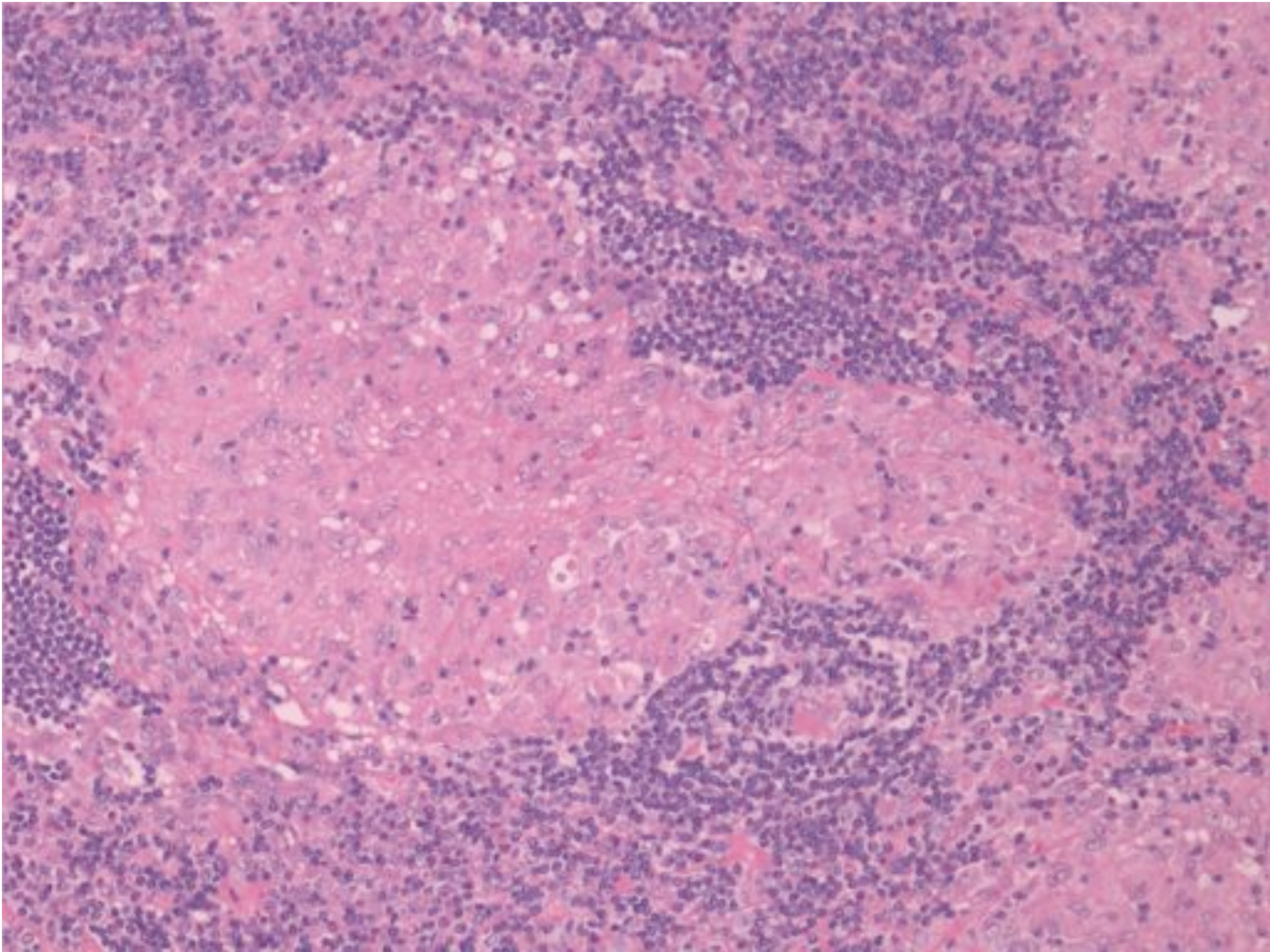
CLASSICAL HL

DIFFERENTIAL DIAGNOSIS

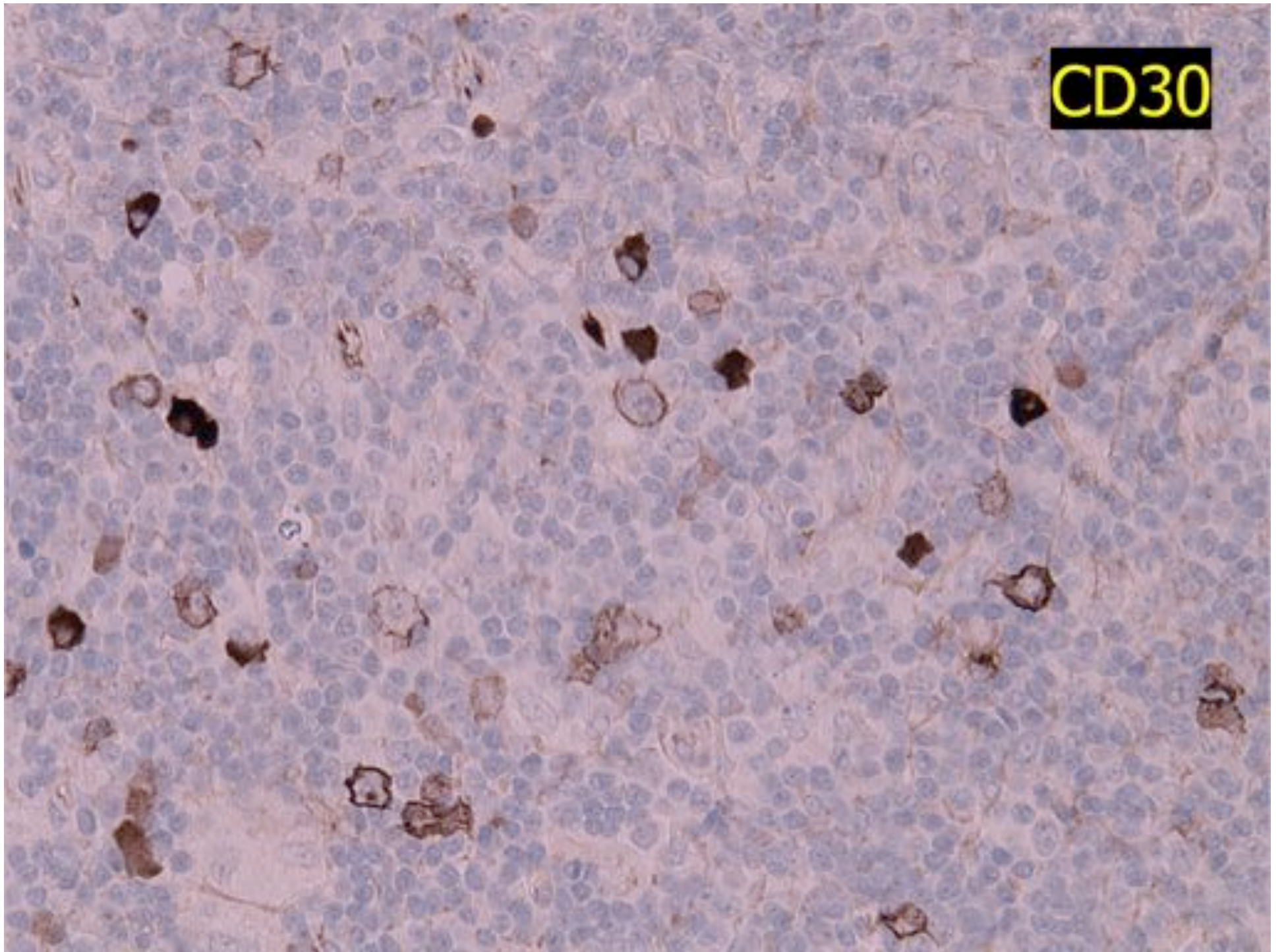
HRS-like cells

CD30 Positive Proliferations

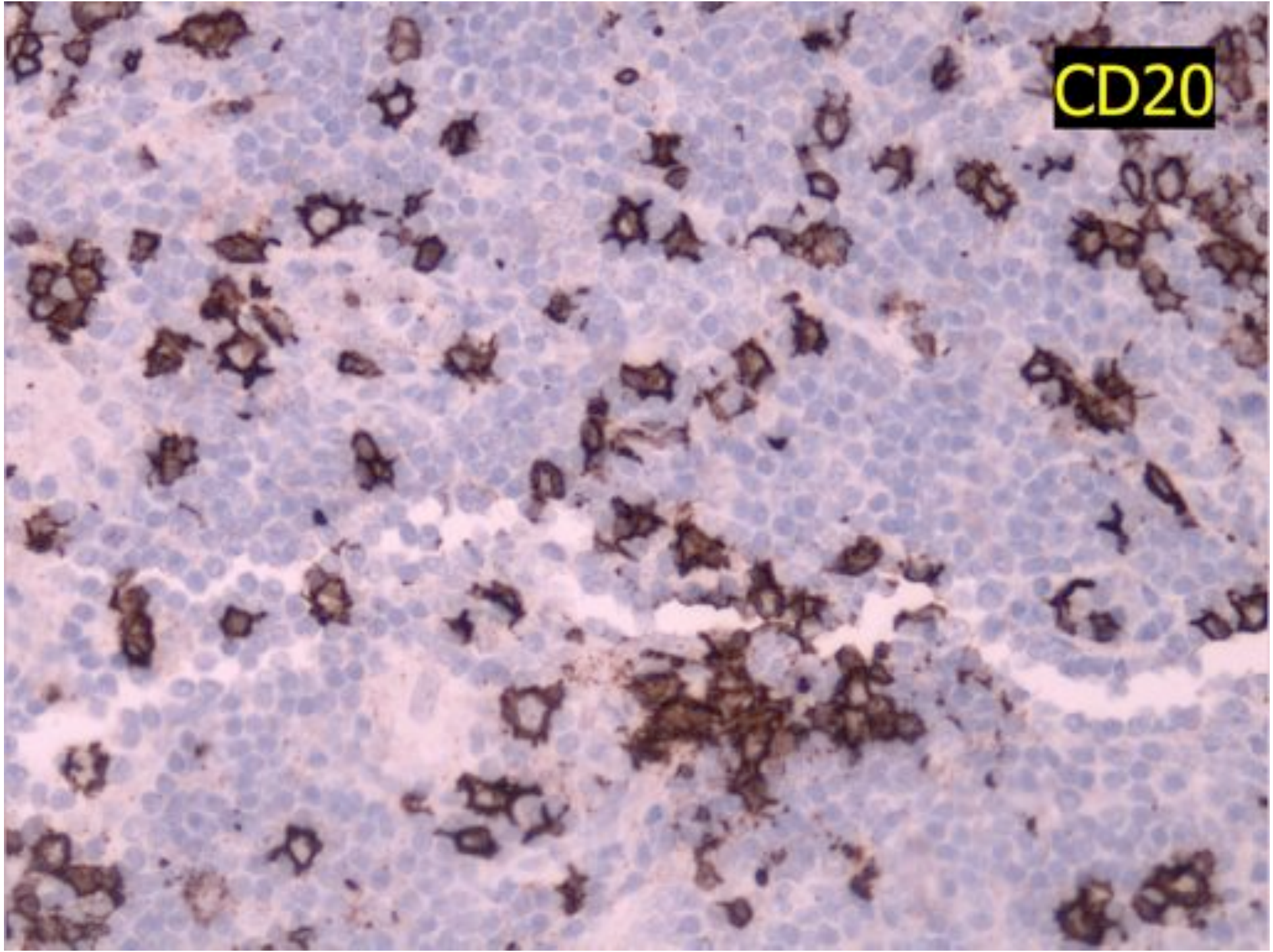
- Reactive blasts
- HRS cells
- Anaplastic large cell lymphoma
- Lymphomatoid papulosis
- Some DLBCL
- Some peripheral T NHL
- Some mastocytosis
- A rare case of FL
- Non-lymphoid (embryonal carcinoma)



CD30



CD20



Reactive