

Rare Location of Hodgkin's Lymphoma: A Case Report

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Abstract

Case Report

Hodgkin's disease or Hodgkin's lymphoma is a rare malignant hemopathy characterized by the presence of Reed-Sternberg cells, of lymphoid origin but whose cause remains unknown. Subdiaphragmatic localized forms are rare and represent 6 to 13% [4,6]. Their revelation by acute intestinal intussusception is exceptional, which means that there are very few data published in the literature. We report the case of a 70-year-old patient, admitted with a picture of intestinal obstruction. Abdominal CT scan revealed intestinal intussusception, with several deep adenopathies. The patient underwent surgery and benefited from ileocecal resection removing the intussusception. Histological examination of the mass returned in favor of Hodgkin's lymphoma. In this case, we provide an overview of the presentation of a rare case of subdiaphragmatic Hodgkin's lymphoma revealed by acute intestinal intussusception.

Keywords : CT, intestinal intussusception, Hodgkin's lymphoma.

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INTRODUCTION

The history of Hodgkin's lymphoma dates back to 1832 with Thomas Hodgkin's macroscopic anatomical description of a painless enlargement of the lymph nodes and spleen in six patients [1]. Two of the six cases described by him are what we now call Hodgkin's lymphoma (HL). The characteristic cells were described in detail by Carl Sternberg in 1898 and Dorothy Reed in 1902, hence their current name, Sternberg or Reed-Sternberg (SRS) cells. It is a cancer of the lymph nodes characterized by the disappearance of their normal architecture and the presence of very few Sternberg or Reed-Sternberg (SRS) cells (1 to 3%) in the middle of inflammatory cells. This cell is the basis of the diagnosis. The anatomopathological examination allows the diagnosis to be confirmed most often with a simple panoptic staining and also allows the histological type to be specified.

Clinical and biological studies have demonstrated that it is a lymphoid disease grouping together two very different entities from the 2008 WHO classification of malignant hematological diseases ; classical Hodgkin lymphoma (CHL), by far the most frequent, and nodular lymphocyte-predominant Hodgkin lymphoma (NPLH), or Poppema and Lennert paraganuloma, a rare disease which represents less than 5% of cases of Hodgkin lymphoma [2; 3].

Therapeutically, Hodgkin's disease was the first curable malignant disease, although it had been almost always fatal until the 1960s. The goal of treating affected patients is cure without sequelae and maintaining optimal quality of life. Cures have been achieved after radiotherapy in localized forms. However, during successive therapeutic trials, the role of radiotherapy has been restricted in favor of a combination of chemo-radiotherapy, the modalities of which are still debated. However, chemotherapy modalities are now adapted to the early response assessed by PET. Efforts are still needed to reduce treatment toxicity and improve the prognosis of forms that relapse or are resistant to standard treatment. Currently, provided an adequate initial classification and an appropriate therapeutic strategy, Hodgkin's lymphoma can be cured in the vast majority of cases, with a rate of 90% [12;13 ;14;15].

Intussusception is defined as the penetration or telescoping of an intestinal segment into the one immediately downstream. Although intussusception is a common cause of severe intestinal obstruction in pediatrics, it is rare in adults and accounts for approximately 1 to 5% of all cases of severe intestinal obstruction in adults [16]. While this condition is very rarely observed in developed countries, it is relatively common in Africa, particularly in intertropical areas. The reasons for these geographical differences are unknown, and factors such as diet and parasites have been

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suggested [17]. In adults, an organic cause is found in 70 to 90% of cases of intussusception, while approximately 8 to 20% of cases are idiopathic. Conversely, in children, intussusception is predominantly primary in 90% of cases [18]. The main causes of intussusception in adults include neoplasms, adhesions, surgical anastomoses, and foreign bodies. Rarely, metastases in the small intestine, such as those from melanoma, may be the starting point [19].

The clinical presentation of intussusception is variable and can be either chronic or acute. It presents a picture of mechanical intestinal obstruction of the small intestine. The symptoms and the context of occurrence help guide the diagnosis and indicate surgical exploration, sometimes urgently. However, due to the high location of the lesions, the picture can be subtle and confusing. Hydroelectrolytic disorders make it all the more serious in an emergency. Early diagnosis requires abdominal CT scan and high clinical suspicion, because the symptoms of intussusception are often nonspecific [20]. It can be enteroenteric, ileocecal or colocolic. If there is doubt about the etiology of intussusception, surgical resection is recommended [21].

OBSERVATION

This is a 70-year-old patient with no known pathological history who presented with epigastric pain

that had been developing for 7 days, almost permanent, accompanied by bilious vomiting that became secondarily fecaloid and a cessation of waste and gas estimated at 3 days. The clinical examination found in a patient with clear consciousness, blood pressure at 10 / 06 cm of mercury, a pulse at 84 beats per minute, a temperature at 37°2, clinical dehydration, a slightly distended and tympanic abdomen without palpable mass. The abdominal CT showed small intestine-type air-fluid levels, a small intestine mass with a concentric wall with incarceration of the mesenteric segment within the lesion strongly suggestive of intestinal intussusception, with several deep aorto-mesenteric and porto-caval lymphadenopathies. Laparotomy revealed a 10 cm long intussusception of the last ileal loop [Figure 1]. Exploration of the rest of the abdomen showed the presence of multiple adenopathies, an absence of ischemia and a small bowel tumor was suspected. He underwent ileocecal resection with a few nodules and an ileocecal anastomosis. The tumor on the open specimen measured 3 cm in long axis with a wide, smooth and firm implantation base without signs of parietal infiltration [Figure 2]. The postoperative course was simple. Histological examination of the surgical specimen showed a malignant Hodgkin lymphoma. He was transferred to the clinical hematology department for further management.



Figure 1 : Axial CT scan : image of the ileocecal invagination sausage



Figure 2 : Intraoperative image of the invagination sausage

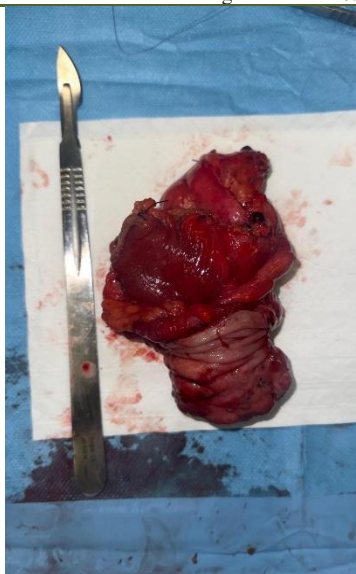


Figure 3 : Image of the resection specimen

DISCUSSION

We report the case of subdiaphragmatic Hodgkin's lymphoma revealed by acute intestinal intussusception in a 70-year-old patient. Two rare pathologies in adults, including still. Indeed, intussusception of the small intestine, common in infants, is rare in adults where it causes occlusion of the small intestine, of which it constitutes 1% of the causes and 5% of all intussusceptions [22]. It can occur at any age due to its diverse etiologies and in both sexes [23].

As for Hodgkin's lymphoma, Colonna in France found that it mainly affects adults, with two peaks of frequency observed in industrialized countries, but not elsewhere, one around 30 years and the other after 60 years, a slight female predominance (sex ratio: 0.92) and the incidence in children is low in developed countries, higher in developing countries with a strong male predominance, of the order of 4 boys for one girl [15]. In the United States, in a sample of 80,500 patients, Shanbhag found that Hodgkin's lymphoma represented 10% of lymphomas (90% non-Hodgkin's lymphomas) or 0.2% of all cancers, a male predominance of 56% and a median age of 39 years [11]. Kahn, for his part, found an incidence of approximately 85,000 patients per year and a predilection for adolescents and young adults aged between 15 and 39 years [14].

The association of the two pathologies, although rare, has been reported by other authors such as Amal Bennami in Morocco [24] and KAS in Senegal [25] who both presented cases of Hodgkin's lymphoma revealed by acute intestinal intussusception in elderly men as in our case. If this association of Hodgkin's lymphoma and intestinal intussusception is rare and very little documented, this is not the case for the association of non-Hodgkin's lymphoma and intestinal intussusception, which has been the subject of several publications in the literature, as attested by AKBULUT,

who presented the case of a 62-year-old woman and found in the literature 34 cases of association of non-Hodgkin's lymphoma and intestinal intussusception, and two cases of association of Hodgkin's lymphoma and intestinal intussusception [26]. Similarly, several other cases of non-Hodgkin's lymphoma - intestinal intussusception have been described in the literature [27,28].

Hodgkin's disease is revealed in most cases by the discovery of painless, firm, non-fixed superficial adenopathies, preferentially affecting the lower cervical or supraclavicular areas [29]. In our case it was a subdiaphragmatic form which is rare.

Regarding intestinal intussusception, the clinical examination is not often suggestive of the diagnosis, hence the interest in using imaging, of which CT is the most sensitive examination for the small intestine [22]. The radiological image is very suggestive. It is a rosette image made up of a hyperdense area alternating with a hypodense area. The site is most often ileo-ileal as in our case. There are also ileo-colic and staged cases in the literature [30]. In the literature, the rare cases described were of inflammatory origin [31], although tumor causes are dominant [32].

The surgical approach is either by laparotomy or by coelioscopy. A resection of the intussusception is performed if the tumor cause is immediately recognized for oncological reasons and due to the frequency of necrosis [33]. In all cases, the analysis of the surgical specimen must be carried out even if it does not find an occult tumor [34]. Depending on the conditions, a temporary ileostomy or an immediate anastomosis may be opted for. The postoperative course is generally simple but can be burdened by a high mortality rate in poor conditions [35].

CONCLUSION

Acute intussusception due to a tumor of the small intestine in adults is a rare condition. Its severity is due to acute upper intestinal obstruction and its hydroelectrolytic consequences. CT scans play a crucial role in diagnosis and management, primarily through surgery ; the results are satisfactory. The revelation of digestive lymphoma by intussusception allows for its early diagnosis. Emergency chemotherapy offers hope for a complete cure.

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