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ELEVENTH ANNUAL MEETING

DISSEMINATED PEDIATRIC HODGKIN LYMPHOMA (HL): CONCENTRIC STUDY WITHIN THE HEMATOLOGY DEPARTMENT AT IBN ROCHD UNIVERSITY HOSPITAL

H. MAATAOUI-BELABBES [1]. I. BEJJAJ [1]. A. BENMOUSSA [1]. M. QACHOUH [1]. M. LAMCHAHAB [1]. S. CHERKAOUI [1]. M.RACHID [1]. A. MADANI [1]. N. KHOUBILA [1].
1. Department of Hematology and Pediatric Oncology- Hospital August 20th1953- IBN ROCHD, Casablanca, Morocco

INTRODUCTION

HL represents 7% of childhood cancers, with long-term survival > 90%. 30% of patients with advanced-stage disease experience relapse.

AIM

Determine the incidence, epidemiological, clinical and paraclinical characteristics of disseminated stage Hodgkin Lymphoma in pediatric population in Casablanca.

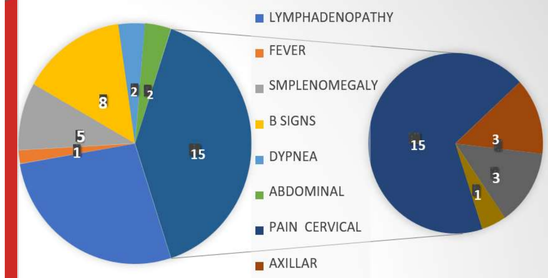
METHOD

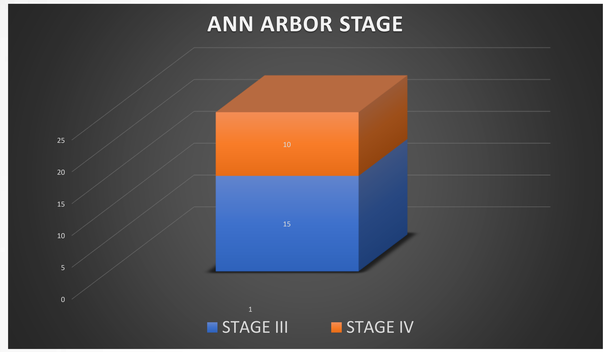
Descriptive retrospective study carried out at the August 20th 1953 Hospital , Hematology Department in Casablanca.
From January 2016 to December 2021, 25 patients under the age of 18 with newly diagnosticated disseminated stage Hodgkin Lymphoma.
We recorded epidemiological data, clinical, histological and therapeutic.
The score used was Ann Arbor (III and IV)

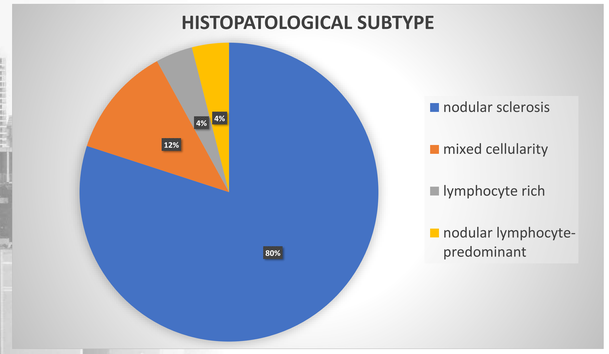
RESULTS

STUDY RESULTS	
PATIENT INCLUDED	25/42
AVERAGE AGE	11 [3-16]
SEX- RATIO M/F	1,5
DIAGNOSIS MEDIAN TIME	8,2 MONTHS [1-48]
PS	1 [0-3]
LDH	332 [108-656]
UNFAVORABLE GROUP	20
BULKY	8
PROTOCOL OF FIRST LINE	EURONET-PHL (25/25)
RADIOTHERAPY	11

SYMPTOMATOLOGY









THERAPEUTIC RESPONSE	COMPLETE REMISSION	PARTIAL REMISSION	THERAPEUTIC FAILURE	DEATH
PET SCAN 2	12	10	2	1 (febrile neutropenia)
PET SCAN 4	17	3	4	0
FINAL PET SCAN	18	0	6 - 2 lost in follow-up - 1 concomitant tuberculosis - 3 refractory diseases after 3 lines of salvage chemotherapy (ICE, BGev, DHAOx, IGEV).	

CONCLUSION

Prognostic factors will continue to change because of risk stratification and choice of therapy, with parameters such as disease stage, bulk, systemic symptomatology, and early response to chemotherapy used to stratify therapeutic assignment.

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