SOHO ANNUAL MEETING 2024

SIMULTANEOUS HODGKIN LYMPHOMA DIAGNOSIS IN 2 SISTERS—IS THIS A COINCIDENCE?

Manal Atef MSc[1]

1. Clinical Hematology Specialist, Dar El-Salam Cancer Center, Cairo, Egypt.



INTRODUCTION

The genetic predisposition to lymphoma is not fully understood. The precise incidence of familial Hodgkin disease (HD) in first-degree relatives is not well studied. Familial cases do not represent the majority of lymphoma cases.

AIM

Here, we present case report of 2 sisters diagnosed with classical HL (cHL) at Dar El Salam Cancer Center in the same year, their clinical course, and their differing outcomes.

INTERVENTION

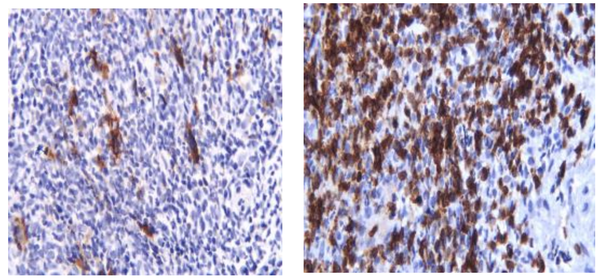
Two sisters, 20 and 23 years old, presented with lymphadenopathy, 5 months apart from each other. The younger sister was diagnosed first by a tru-cut biopsy from the right axillary lymph node (LN, 2.8 x 2 cm). The elder sister was diagnosed by a tru-cut biopsy from the left upper deep cervical LN (2 x 2.3cm).

Pathology reports for both revealed CD3+ in reactive cells, CD20- in large cells and focally positive in reactive cells, CD15+ in large cells and background reactive cells, and CD30+ in large cells. The younger sister who was diagnosed first had Ann Arbor stage IIIs, and the other sister was stage II.

Both received 6 cycles of ABVD upfront.

PET/CT scan of the younger woman showed complete resolution of her LNs except for a pre-vascular mediastinal LN (2 x 0.9 cm) with SUV max 3.9. She received 10 sessions IFRT. Complete remission was achieved, and now she is on follow-up. However, this was not the same case for her elder sister. Her PET/CT scan showed progression of the active FDG avid mediastinal large nodal amalgam, extending to extra thoracic subcutaneous region of the lower neck and upper chest (8.2 x 9x 9.3cm) with SUV 10.5 and thyroid gland involvement. She received salvage chemotherapy: 3 DHAP, then 3 ICE.

Unfortunately, the mass was resistant and clinically progressed. Palliative radiotherapy also failed to control her disease. She was given 2 cycles of bendamustine but clinically progressed; she received brentuximab vedotin and then died.



True cut biopsy from axillary node showing Reed-sternberg (RS) cells were positive for CD30 , CD3 Highlight the reactive T-lymphocytes in the background

CONCLUSIONS

Familial predisposition to HL is not well evaluated. Our report suggests that HL in first-degree relatives increases lymphoma risks in other siblings, not only in identical twins.

CONTACT INFORMATION

Dr.manaatif@hotmail.com