

PRIMARY PULMONARY HODGKIN'S DISEASE IN CHILDREN

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Neoplastic diseases in children are relatively rare. In the Polish population approximately 1,000 new cases of neoplastic diseases in children aged under 15 years are recorded annually. Hodgkin's disease accounts for about 5.7 % of all cancers in children, and the annual incidence is 5 per 100,000 people aged under 15 years. The most common clinical manifestation of Hodgkin's disease concerns slow unilateral or bilateral, asymmetric, painless enlargement of the cervical lymphatic nodes. Less frequently the enlargement concerns the axillary and inguinal lymphatic nodes. However, Hodgkin's disease is a neoplastic hyperplasia which may develop in each site of the lymphatic tissue, but also in extralymphatic organs such as skin, bones, lungs, pleura, gastrointestinal tract or central nervous system. The atypical extranodular location of neoplastic lesions in Hodgkin's disease is sometimes responsible for a delay in correct diagnosis. Pneumonia or sarcoidosis are frequent preliminary diagnoses if lesions are located in the pulmonary tissue without the coexisting peripheral enlargement of lymphatic nodes. This paper presents the case of patient treated at the Clinic of Paediatrics, Haematology and Children's Oncology of the Pomeranian Medical University in Szczecin, in 2007-2010, with relatively uncommon clinical manifestations of pulmonary Hodgkin's disease. It should be remembered that in cases of dispersed bilateral apneumatic lesions in the lungs, especially those not responding to antibacterial treatment, the pulmonary type of Hodgkin's disease should be considered.