

14. CLINICAL ASPECTS OF NON-HODGKIN LYMPHOMAS WITH PRIMARY MEDIASTINAL INVOLVEMENT

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Introduction. Non-Hodgkin's lymphoma (NHL) is a totality of lymphoproliferative diseases that differ in clinical evolution, morphology and response to various treatment regimens. NHL can develop in various organs and tissues. One of the primary locations of NHL is the mediastinum, with an involvement rate of 2.5-5.7%, and due to the topographic-anatomical features, it makes it difficult to diagnose the disease early. Thus, the study of the clinical - morphological aspects of NHL with primary mediastinal involvements is current.

Aim of study. Evaluation of the clinical and morphological features of NHL with primary mediastinal involvement

Methods and materials. The clinical and morphological characteristics were studied in (on) 49 patients, aged between 20-74 years with NHL primary mediastinal involvement, who were treated and recorded in the Department of Haematology of Oncological Institute of the Republic of Moldova. In all cases, the diagnosis was morphologically confirmed. The degree of the tumoral process spreading was determined by the International Clinical Classification received in Ann - Arbor in 1971 (USA). It was performed as a retrospective descriptive study.

Results. Studying the NHL with primary mediastinal involvement determined that, the onset of the disease more frequently occurred 40-59 (40.8%) years old, followed by 20-39 (36.8%) years, and less frequently in those over 61 (22.4%) years old, mainly in women (69.4%). Following the morphological examination, it was found that in most patients (40 out of 49 - 81.6%) were determined aggressive variants of NHL and only in 9 (18.4%) cases - indolent variants. In stage I of the disease were diagnosed 7 (14.3%) patients, in stage II - 4 (8.2%), stage III - 6 (12.2%) and in stage IV - 32 (65.3%) patients. Extranodal metastases were most commonly identified in lung tissue - 19 (59.4%) cases, pleura - 9 (28.1%), bone marrow - 9 (28.1%) cases. Less frequently, extranodal metastases were detected in the liver - 6 (18.8%), and thoracic soft tissue - 5 (15.6%) cases.

Conclusion. NHL with primary mediastinal involvement developed more frequently in the age group of 40-59 years old, mostly women. The aggressive variants of the NHL predominated. Extranodal metastases have been reported more frequently in lung tissue, pleura, and bone marrow