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7. TREATMENT OF HODGKIN'S LYMPHOMA IN ADVANCED STAGES

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Introduction. Hodgkin's lymphoma is a relatively frequent neoplasm of the lymphatic system representing one of the most common types of cancer in young adults. Hodgkin's lymphoma is an aggressive, clinico-pathologically heterogenous group of lymphomas arising from the germinal center B cells. The last decades have seen significant progress in the management of patients with Hodgkin Lymphoma; it is now curable in at least 80% of patients. The therapeutic approach to each patient depends on clinical prognostic factors, comorbidities, and toxicity profile. Therefore, finding ways to reduce treatment-related morbidity and mortality is now a major goal of scientific research and clinical trials.

Aim of study. Studying the treatment options in the advanced stages of Hodgkin's lymphoma.

Methods and materials. We studied the medical records of patients diagnosed and treated in the Oncological Institute with the confirmed diagnosis of Hodgkin's lymphoma in the advanced stages.

Results. According to the results of the performed study, women comprised 62% of all cases with Hodgkin's lymphoma. The predominant age group was 40-50 years with a rate of 36%, followed by the age group of 50-60 years (23% of cases). The time elapsed from the first symptoms to a confirmed diagnosis of Hodgkin's lymphoma was 2-4 months in 43% of cases. There were 6% of cases diagnosed within one year after the appearance of the first symptoms. According to the histopathological results, most of the lymphoma cases were attributed to nodular sclerosis type (87%). The main symptoms were: an increase in the size of peripheral lymph nodes (100% of cases), cough and breath shortness (78% of cases with mediastinal involvement). The stage of the disease at diagnosis was IIIB in 68% of the patients. The patients were treated with combined chemotherapy according to the schemes: ABVD and BEACOPP. Complete remissions were obtained in 35% of cases, partial remissions - in 38% of cases. Treatment failure or relapse were registered in 27% of cases. 62% of patients obtained partial or complete remissions after 8 courses of combined chemotherapy. The following post-chemotherapy complications were recorded: agranulocytosis in 78% of cases, toxic liver disease in 42% of cases and gastrointestinal disturbances in 98% of cases.

Conclusion. The patients with Hodgkin's lymphoma are treated in Moldova and abroad with combined chemotherapy schemes such as BEACOPP and ABVD. Radiotherapy is performed in cases with residual tumor masses and in bulky diseases. Current treatment options allow to achieve the complete and partial remission rate of 73% in the advanced stages of Hodgkin lymphoma.