Lymphoma of Childhood (Hodgkin's Disease)

Lymphomas are common *tumors* (lumps) in childhood. They are divided into Hodgkin's disease and non-Hodgkin's lymphoma.

Hodgkin's disease in childhood is similar to Hodgkin's disease in the adult. Hodgkin's disease in childhood carries a very good *prognosis* (likely outcome). It may be caused by an infection but it is not definitely known. This disease usually shows itself as a painless enlargement of the lymph nodes. This is commonly referred to as “swollen glands in your neck” although they are not glands. This is often confined to a small area in the neck (*cervical nodes*) or in the area above the collarbones. It can also show up as enlarged lymph nodes in the chest. It often presents itself with fever, night sweats, and weight loss. Laboratory studies will sometimes show abnormalities in the blood.

DIAGNOSIS (LEARNING WHAT IS WRONG)

The diagnosis is made by taking a tissue sample (*biopsy*) that can be looked at under a microscope. It is necessary to know the stage Hodgkin's disease is in for proper treatment. Staging the disease is done by clinical and surgical evaluation.

TREATMENT

The less involved or fewer locations with Hodgkin's disease usually means a better prognosis. 80 to 90% of patients survive five years with appropriate treatment. The disease is often treated with medications (*chemotherapy*) and *radiation* (x-ray therapy). Often it is necessary to remove the spleen.

COMPLICATIONS

Children who have had their spleen removed are at increased risk for infections. It is necessary to immunize all patients with polyvalent pneumococcal vaccine, meningococcal vaccine, and H. influenzae vaccine if the spleen is removed. This will prevent these infections. Growth retardation and restrictive lung disease may occur from radiation. Your caregiver will discuss all of your treatment options with you.

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