

CASE STUDY

60-YEAR-OLD WOMAN WITH NON-HODGKIN'S LYMPHOMA WITH TONSILLAR GROWTH

BACKGROUND

A 60-year-old female presented to an outpatient clinic with a diagnosis of non-Hodgkin's lymphoma with tonsillar growth. She had palpable axillary lymphadenopathy bilaterally before mistletoe extract therapy. She did not take any chemotherapy before mistletoe extract referral. She was suffering from pain due to tonsillar growth and was started on fluid diet.

WORKUP

The laboratory results shows white blood cell count, 9300 cells/mm³; hemoglobin, 10.7 g/dL; hematocrit, 31.8 %; platelet count, 323 000/mm³; red blood cell count, 3.93 x10⁶/uL; albumin, 3.1 g/dL; lactate dehydrogenase, 490 IU/L; blood urea nitrogen, 20 mg/dL; creatinine, 1 mg/dL; sodium, 136 mEq/L; potassium, 3.8 mEq/L; glucose, 132 mg/dL; magnesium, 1.8 mEq/L; calcium, 8 mg/dL; total bilirubin, 0.9 μmol/L. Multiple detector computed tomography (MDCT) scan of neck was performed and sagittal and coronal images were obtained and shows inguinal, axillary, retroperitoneal, and mediastinal cervical lymphadenopathy. All other organs are within normal limits.s

MEDICAL HISTORY

The patient does not have any medical history. She had done with tubal ligation at the age of 32 years.

FAMILY HISTORY

She mentions that her eldest daughter had pre term labour and one hydatid cyst, but has no significant family history.

SOCIAL HISTORY

The patient married at age of 15 years. Her husband is a school principal. They have four female children and one male child. Her husband passed out after 17 years due to chronic renal failure. She describes herself as in excellent health and exercises four times a week.

PHYSICAL EXAMINATION

On examination, the patient appears to be a well-developed and well-nourished, West Indian female in no acute distress. Karnofsky performance status is 90%. Vital signs are as follows: blood pressure, 136/88 mm Hg; pulse, 82 beats/minute; respiratory rate, 20 breaths/minute; temperature, 37.2°C; and oxygen saturation, 98% on room air. On physical examination, sclera anicteric, oral mucosa intact, extraocular movements intact and pupils are round and responsive to light and accommodation. Her lungs are clear to auscultation bilaterally. On cardiac investigation, her heart rate and rhythm reveals no murmurs. On abdominal examination, the abdomen is soft, nontender and nondistended. Musculoskeletal examination showed a strength of 4/5 and symmetry in all major muscle groups of the upper and lower extremities.

TREATMENT

Initially treatment of mistletoe extract started via subcutaneous route in an ascending dose, due to tonsillar growth the treatment schedule for this patient changed to intra tumoral infusion. The patient is treated in the outpatient setting and has an uneventful administration. The patient is started on intra-venous (IV) fluids due to pain.

DISCUSSION

Non-hodgkins lymphoma is a varied type of neoplasm, which occurs commonly in both sexes. It is most familiar disease in developed countries. The incidence rates have risen radically in the last 30 years, particularly in developed countries, including Western Europe, North America and Australia (Parkin et al., 2005). The rising trends in incidence and mortality from Non-Hodgkin's Lymphoma were reported across the world by various scientists. (Hill et al, 1990; Plesko et al., 1991; Devesa et al., 1987; Doll, 1989). A statistical significant incidence rate was observed by Yeole, 2008 in various Indian populations in both sexes.

After the treatment, the sagittal and coronal images of MDCT of the neck was performed and shows significant regression in cervical lymphadenopathy. Small subcentimeter sized lymph nodes seen at bilateral level II. A relatively homogenous and moderate development evidenced larger lesion in right tonsillar fossa extending to right parapharyngeal space. Lesion mildly compromises right posterior choana and involves soft palate. Inferiorly lesion extends to involve glosso-epiglottic fold on right side and right vallecula.

Mistletoe extract depicted a significant effect on tumor regression in non-hodgkins lymphoma with tonsillar growth. It has been suggested that studies should be planned to scrutinize the efficacy of mistletoe extract in enormous number of patients.

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