

E-Poster

Classical nodular sclerosis type of Hodgkin lymphoma complicating pregnancy- a successful pregnancy outcome, reported from Sri Lanka

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Introduction

Pregnancy complicating with hematological malignancies are very rare. Obstetrics and newborn management are a challenge to obstetrician, oncologist and neonatologist. However modern treatment modalities and monitoring facilities could achieve favorable outcome to fetus and mother. Clinical features of Hodgkin Lymphoma (HL) are overlapped during early pregnancy and it made hard for appropriate diagnosis. Pregnancy outcome depends on timely diagnosis, staging and early treatment with avoiding possible fetal toxic drugs.

Case report

26-year woman presented with bilateral supra clavicular lymphadenopathy more towards right side on her 16 weeks of POA. Her blood picture showed hypochromic microcytic anemia, neutrophilic leukocytosis without atypical cells. Obstetric and neck ultrasound showed appropriately grown live foetus and pathological nodal enlargement with increased vascularity respectively. MRI shows prominent soft tissue at thoracic outlet possibly due to thymic enlargement, lymphadenopathy in bilateral paratracheal, supra-clavicular and deep cervical region without abdominal lymphadenopathy. Excision biopsy of cervical lymph nodes shows cells resembling classical mononuclear, multi-nucleated and lacuna type Reed-Sternberg cells (Stage II HL). Multidisciplinary team management was initiated with obstetrician, Hematologist, oncologist and neonatologist and chemotherapy was planned soon after the delivery. Pregnancy period has been decided to manage expectantly with close observation of maternal hematological parameters and fetal wellbeing with routine ante natal care. A healthy baby girl was delivered by caesarian section due to failed induction. Birth weight of the baby was 2.4 kg without abnormal clinical finding or abnormal investigations. Following delivery mother was started on chemotherapy with doxorubicin, bleomycin, vinblastine and dacarbazine. Breast milk was suppressed and formula feeding started for newborn. Currently she is in remission and infant wellbeing also good. Discussion and

Conclusion

Hodgkin lymphoma is the most common hematological malignancy in worldwide during pregnancy. Key elements of management are multidisciplinary approach and proper patient and relative education. Balanced risk and benefit stratification is essential to manage pregnant mothers with chemotherapy, due to high fetal toxicity and side effects. According to the available literature, management of Hodgkin lymphoma during pregnancy is controversial and need further evaluation with expert opinions and previous case series. Chemotherapy is one of the best options during pregnancy, but for stage I/ II disease watchful waiting till the end of pregnancy is suffice and advanced stages need quick management. Hodgkin lymphoma is a potentially curable, however it needs early diagnosis and appropriate staging.