

SPECIAL REVIEW

Marathon of eponyms: 8 Hodgkin disease or lymphoma

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The use of eponyms has long been contentious, but many remain in common use, as discussed elsewhere (Editorial: Oral Diseases. 2009; 15; 185). The use of eponyms in diseases of the head and neck is found mainly in specialties dealing with medically compromised individuals (paediatric dentistry, special care dentistry, oral and maxillofacial medicine, oral and maxillofacial pathology, oral and maxillofacial radiology and oral and maxillofacial surgery) and particularly by hospital-centred practitioners. This series has selected some of the more recognized relevant eponymous conditions and presents them alphabetically. The information is based largely on data available from MEDLINE and a number of internet websites as noted below: the authors would welcome any corrections. This document summarizes data about Hodgkin disease.

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Also known as

Bonfils disease
Bonfils syndrome
Hodgkin granuloma
Hodgkin paraganuloma
Hodgkin syndrome
Hodgkin–Paltauf–Sternberg disease
Hodgkin–Paltauf–Sternberg syndrome
Paltauf–Sternberg disease
Pel–Ebstein fever
Sternberg disease

The condition

Hodgkin lymphoma (HL) is a malignant neoplasm arising from lymphocytes. The WHO classification (2001, updated 2008) based on the 'Revised European-American Lymphoma (REAL) classification', lists 43 different lymphomas divided into three broad groups

(B, T or natural killer cell types) plus other less common groups, which includes HL.

Lymphomas are rare but, with the increase in HIV disease, are becoming more common. They are seen mainly in young adults.

Hodgkin lymphoma presents with enlarged rubbery lymph nodes, often in the neck and bilateral, with fever, pruritus, weight loss and night sweats and, in advanced disease, also with hepatosplenomegaly. Infections and other neoplasms are commonly associated. The painless enlargement of one or more lymph nodes, pain following alcohol consumption, non-specific back pain and drenching night sweats also characterize the disease.

Neck lymph node involvement mimics reactive immunoblastic processes and infections (e.g. Kikuchi lymphadenitis, mononucleosis).

Some 2–10% of lymphomas present first in the oral cavity usually on the pharynx or palate, but occasionally on the tongue, gingivae or lips; they may appear as oral swellings, which sometimes ulcerate and may cause pain or sensory disturbance. Of these oral lymphomas, 80% are composed of follicular centre cells or postfollicular cells. Rarely HL presents as true salivary extranodal lymphoma usually in the parotid gland.

The definitive diagnosis of HL is by lymph node biopsy, with microscopic and immunohistochemical examination. Some forms of lymphoma are indolent and compatible with a long life even without treatment, whereas other forms are aggressive; therefore, lymphomas should be correctly classified by histopathology and immunochemistry, and staged for the most appropriate therapy and prognostication.

Blood tests are performed to assess the function of major organs, and ESR which helps prognosis is also performed. CT scanning with PET or gallium scan detects small deposits that do not show on CT and MRI.

Hodgkin lymphoma early stage disease is effectively treated with radiotherapy or chemotherapy. Patients with later stage disease are treated with combination chemotherapy alone. HL now has up to 90% 5-year survival.

Background to eponym

Hodgkin described the disease that bears his name in 1832. His original paper described seven cases, one of

which was a patient of Richard Bright. In 1865 another British physician, Samuel Wilks, described the same disease picture, independently of Hodgkin but, as he later became acquainted with the work of Hodgkin, he recognized the latter's priority and named the condition after Hodgkin, in an article in Guy's Hospital Reports titled 'Cases of enlargement of the lymphatic glands and spleen (or, Hodgkin's disease) with remarks'.

Descriptions of the condition were also made by Emile Adolphe Bonfils (French physician), and Wilhelm Ebstein (German physician) who, in 1887, described the chronic, recurrent febrile condition in Hodgkin's disease now called Pel–Ebstein fever.

The main person

Thomas Hodgkin was born on 17 August 1798, in Pentonville, London, the third of four sons. Two brothers died in childhood. The surviving Hodgkin brothers were interested in mechanics, chemistry and electricity, but in 1819, Thomas entered as a student of Medicine at Guy's Hospital. One year later, he went to Edinburgh to continue his studies at the University of Edinburgh and, in 1821, went to Italy and France, mainly working in Paris hospitals including with René Théophile Hyacinthe Laënnec, the inventor of the stethoscope. Hodgkin brought a stethoscope back to England and delivered a lecture on it at a meeting of the Guy's Hospital Physical Society. Hodgkin's friend and later collaborator, William Stroud, recognized its importance and subsequently developed the flexible stethoscope. Hodgkin obtained his doctorate (MD) in Edinburgh in 1823.

In 1825, Hodgkin was elected a member of the Royal College of Physicians of London, and was appointed as physician to The London Dispensary, where he worked for just over 2 years. He was also lecturer in morbid anatomy and curator of the Pathology Museum at Guy's Hospital Medical School, when he began his career as a pathologist and, as early as 1829, Hodgkin published a catalogue of the museum's preparations. In 1827, Thomas Hodgkin became the first Reader in England lecturing on pathological anatomy, the lectures being published in 1836 and 1840 as *Lectures on Morbid Anatomy*. Hodgkin described the disease that bears his name in 1832, in a paper titled 'On some morbid appearances of the absorbent glands and

spleen', published in *Medico-Chirurgical Transactions*, the journal of the Medical and Chirurgical Society in London.

In 1836, Hodgkin was offered fellowship of The Royal College of Physicians but he turned down the invitation. As a committed Quaker, when he failed to be appointed Physician at Guy's, he gave up Medicine and became a missionary. During the last years of his life, Hodgkin spent much time with businessman and philanthropist Moses Montefiore, visiting him in Palestine in 1866, where Hodgkin died of dysentery, on 5 April in Jaffa.

Associated persons

Emile Adolphe Bonfils
Wilhelm Ebstein
Thomas Hodgkin
Richard Paltauf
Pieter Klaases Pel
Carl Sternberg

Source internet sites (accessed 21 February 2009) and further reading

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