

**CASE REPORT:
HODGKIN'S LYMPHOMA
SYNDROME**

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Abstract: Goal: to follow a patient with Hodgkin's Lymphoma syndrome admitted to a teaching hospital. **Method:** Case report. **Results:** patient aggravated by the condition of the disease was admitted to the Intensive Care Unit, due to the low of the immune system. **Final considerations:** the study demonstrated professional and personal growth on the part of the researchers. And for the patient, it improves the quality of life of Hodgkin's Lymphoma carrier.

Keywords: Case report; Hodgkin's Lymphoma; cancer.

INTRODUCTION

The systematization of nursing care (SAE) is a tool used to make the practice of nurses more objective and effective, also to generate professional autonomy and standardize actions, continuity of care, clinical research, computerization, registration, communication between professionals, among others⁵. In patients with Hodgkin's Lymphoma, SAE is extremely important, since the nursing professional provides direct care to the patient, seeking to maintain comfort, perform venous therapy safely, assist the family and not just the patient, maintain safety of the patient, keeping control of adverse reactions, among many other duties of the nurse. Hodgkin's Lymphoma is a rare cancer of the lymphatic system with no identified cause, but a viral etiology is suspected, and is more common in men.⁸. According to the National Cancer Institute¹ it is estimated that for the year 2020 there will be 2640 new cases of Hodgkin's Lymphoma in Brazil, among them 1050 in women and 1590 in men. Also according to INCA, Rio Grande do Sul (RS) has an estimated rate of 0.85 cases per 100,000 men and 0.60 cases per 100,000 women. This data shows a better level of RS in relation to Brazil, since the estimate in the country for each year of the three-year period 2020-2022

was 1.52 new cases per 100,000 men and 0.95 per 100,000 women. As for the deaths, 532 deaths were estimated in the years 2019 related to this pathology, where 307 of them were male. This pathology can affect both children and adults, being more common in the age group of 20 years old, but in general the age at which the diagnosis is made is around 39 years old¹. The five-year survival rate is 88% and 92% in individuals younger than 45 years of age. This lymphoma starts in a single lymph node (unicentric origin) and spreads throughout the lymphatic system. The diagnosis is confirmed by biopsy with findings of the Reed-Sternberg cell which only exists in patients with Hodgkin's lymphoma. The main types of this lymphoma are Mixed Cellularity and Nodular Sclerosis, the latter being more common in young women with a more reserved prognosis. This work aims to improve knowledge about the pathology through patient follow-up and theoretical deepening with research in the literature, in addition to developing the systematization of nursing care for patients with classic Hodgkin Lymphoma of the nodular sclerosis type. The interest is justified by the rarity of the condition and the receptivity of the patient. The objective of this case was to accompany a patient with Hodgkin's Lymphoma admitted to a public teaching hospital.

METHODOLOGY

A case report study with a descriptive design that allows the authors to write narrative and reflective texts, where the data come from everyday cases of professional activity. His inferences, however, are for cases like the one mentioned here. It also allows the authors to expand their knowledge by generating hypotheses for further studies.

The study was carried out through an interview, carried out by academics of the 4th semester of a public nursing college. Data

were collected in two face-to-face meetings on September 1st and 2nd, 2021. The study was carried out within the ethical precepts in accordance with articles 57 and 58 of COFEN resolution 564/2017 and Circular Letter No. 166/2018-CONEP/ SECNS/MS. Was authorized for the case study by the user through signature. The case began to be studied based on the diagnosis of Hodgkin's Lymphoma in a patient who was admitted to the Internal Medicine Unit of a Teaching Hospital, located in a municipality in the south of the state of Rio Grande do Sul. The user was hospitalized from September 1 to 2, 2021. Upon confirmation of the diagnosis, an interview was prepared containing variables related to identification data, the user's previous life, current history and evolution of the disease. The use of medications, hospitalizations, signs and symptoms, cases in the family and, finally, evaluation and follow-up of the physical examination.

RESULTS AND DISCUSSION

The patient declared herself to be black, 30 years old, administrative assistant, Christian, married and mother of one child. The patient denied the use of tobacco, alcohol and illicit drugs, had no comorbidities and reported having uterine myoma. She has a history of recurrent tonsillitis, since 2016 she has been investigating lymphadenopathy. In January 2021, she presented with enlarged cervical lymph nodes and the appearance of axillary, thoracic and abdominal lymph nodes associated with hepatomegaly and probable splenomegaly. In July of the same year, she was admitted to the "Santa Casa de Misericórdia" in Pelotas for removal of a lymph node in the abdominal region due to pain and changes in bowel habits. After recovery, she was discharged from the hospital for a cervical lymph node biopsy. During the short period from July 4th to July 6th that she was at home,

she started with symptoms of a respiratory infection, which led her to seek emergency care in the municipality. The rapid test and the C-Reactive Protein test were performed to diagnose COVID-19, with a positive result, the patient was referred to the reference hospital for COVID-19. From the hospital she was again referred to a reference Covid19 ICU at the time. In the ICU, she acquired nosocomial pneumonia on the right. In August 2021, the patient was discharged from the hospital, however, a few days later, she had a fever spike during the night that led her to a new hospitalization, where laboratory tests, imaging and bone marrow biopsy requested by the hematologist were performed. responsible for initiating chemotherapy treatment. However, the oncologist in charge deemed it necessary to be discharged from the hospital to perform a PET scan in order to establish the staging of the pathology and thus carry out the treatment in the best way, so they agreed and the patient was discharged on the 4th of September 2021. Physical examination becomes a fundamental part of patient care. When we got to know the patient and found out about her pathology, we performed a physical examination where some important aspects were observed. No lesions, bruises or color change were found on the face; in the eyes, isochoric and photo-reactive pupils; on palpation of the retroauricular, occipital, tonsil and submaxillary lymph nodes, an increase was detected on both sides; through cardiac auscultation it was possible to identify normophonetic sounds, in regular rhythm in 2 times and normal auscultation; in the anterior and posterior pulmonary auscultation, the presence of vesicular murmurs and absence of adventitious sounds were detected; on palpation of the abdomen, no palpable mass was identified. Measured vital signs: Blood Pressure 100x70 mmHg; heart rate: 95 bpm; respiratory rate: 22 mm; axillary temperature:

36.8%; oxygen saturation: 99%.

Hodgkin's Lymphoma is a malignant disease that is characterized by the enlargement of the lymph nodes, which is one of the subdivisions of cancers. Disease diagnosed in the user of the case in question and that the discovery of the same for having felt respiratory signs and symptoms, was what made her seek the urgency and emergency service. Preventive measures for cancer in general are diverse, ranging from adopting healthy lifestyle habits: healthy eating, regular physical activity, reducing stressors, carrying out exams and consultations at least once a year are some of these that make a difference in survival of individuals when some types of cancer are diagnosed in routine exams. Increasing the chances of survival when discovered in the early stages. COSTA, VIB. MELLO, MSC. FRIEDRICH, K.2017). Understand that there are a variety of cancers, which can affect different parts of the human body. There are two subdivisions of oncology that are cancerous and solid tumors with breast, lung, prostate and intestinal tumors. While in hematology we have leukemias and lymphomas, these are subdivided into Hodgkin's and non-Hodgkin's lymphoma.

Patients affected by lymphomas are more sensitive and need care from a multidisciplinary team. From nursing that provides direct care to the patient, from pharmacy to handling and dispensing specific medications, from medicine to prescribing medications, diagnostic exams and evaluation of planned treatment, from psychology to mental health care, from nutrition to control and balance diet during treatment. And also the hygiene professionals, maintenance of a clean place due to the risk of low immunity and the administration of the health service. Among the health team, we emphasize nursing for being involved in this case. We describe below some nursing attributions in

the care of patients with different pathologies and here, in the care of Hodgkin's lymphoma; however, it is up to the nursing professional to provide direct care to the patient, seeking to maintain comfort, perform venous therapy safely, provide assistance to the family and not just the patient, maintain patient safety, maintain control of adverse reactions, among others. many other duties of the nurse. Knowing about the pathologies is a necessary condition for all of the health team in order to provide quality care assistance. For this reason, the characteristics of lymphoma are described below, which were studied and discussed by us academics to offer humanized and quality care to the patient in the case. Therefore, the stem cell, a cell formed in the bone marrow that matured first in the lymphoid division and then in the myeloid division until reaching the category of B and T lymphocytes, where lymphomas differentiate into B cell lymphomas or of T cell ². Having as clinical manifestations of lymphomas in lymphadenopathy, and splenomegaly and hepatomegaly, followed by fever, night sweats, weight loss and other ⁶.

Therefore, the physical examination is an important part of one of the stages of the nursing process, the nursing history. Through it, it is possible to evaluate the patient according to the signs and symptoms, investigating abnormalities that may be referred, or suspicions of the disease for evaluation and treatment. The physical examination is part of the nursing history and must be performed in the cephalocaudal direction, seeking to thoroughly assess all body segments⁷ in search of abnormal findings to direct the nursing diagnosis. The user was being investigated for hepatosplenomegaly and underwent tests that corroborated the suspicion with the result of altered Gamma Glutamyl Transferase (GGT), showing levels considered abnormal. GGT is an enzyme produced mainly by the liver and

its alteration indicates probable impairment of the organ. In the physical examination that was identified the palpable lymph nodes in the cervical region, where it is usually barely visible and more apparent on inspection and palpation. We were able to see that the lymph nodes were clearly visible and palpable, a fact that portrays the pathology's progress.

The patient had palpable lymph nodes as described in the physical examination, and it is important to emphasize that the lymphatic system responds to immunity, which is why the patient was admitted to the ICU, as she is vulnerable to other pathologies according to the presence of the user's nosocomial pneumonia.

According to Marques e Silva (2020) the lymphatic system is characterized by a set of tissues and organs that will be responsible for the immune responses of our body, in addition to the drainage of excess interstitial fluids. Within this system there are the lymph nodes that are the ones who defend and are connected to the lymphatic vessels. Lymphoma, in turn, is cancer of this system and its cause is still very mysterious, but it is known that people with a compromised immune system and a family history of lymphoma, exposure to solvents and excessive radiation, are more likely to develop the disease¹.

There is a staging of the lymphoma to show the degree of involvement of the lymph nodes and the progression of the disease. In stage I, the patient has involvement of a single lymph node chain, for example in the armpit or neck. In stage II, there is involvement of two chains, but still on the same side of the diaphragm (above or below), for example head and neck. In stage III there is involvement of lymph nodes above and below the diaphragm for example neck and groin. Finally, in stage IV, the bone marrow or some other organ such as the liver or lung is compromised (ABRALE, 2019). According to the staging,

our patient fits into stage III, where there is involvement of lymph nodes above and below the diaphragm. However, it is likely that the doctors are carrying out a stage 4 investigation, since while she was still hospitalized in the H.E., the patient underwent a bone marrow biopsy which, until the last day we had access (09/16/21), had not yet been lauded.

When the patient arrives with a complaint of a nodule, often visible, data collection and physical examination are carried out, in addition to palpation of the abdomen, seeking to identify an enlarged spleen or liver, as well as the presence of infection near the enlarged lymph nodes. When lymphoma is suspected, a biopsy of a small part of the affected lymph node tissue is performed, confirming the diagnosis in addition to presenting the type. Immunohistochemical examination is also performed in order to differentiate the affected cells (B or T) to proceed with the respective treatment.

FINAL CONSIDERATIONS

The study enabled new knowledge where we were able to deepen theoretically about the patient's pathology, albeit succinctly due to time. Hodgkin's Lymphoma is an extremely interesting disease that has aroused interest in new knowledge among academics. As negative points, we present mainly the short period of time to carry out the theoretical deepening regarding the pathology and clinical alterations of the patient, in addition to the short time of contact with the patient (2 days), due to the hospital discharge, which were used to raise all the possible data. Furthermore, the difficulty in accessing the imaging tests performed at the Teaching Hospital, which can only be accessed by physicians and residents, delayed the understanding of the clinical case. Few exams were released for access, only laboratory exams were observed and studied. Furthermore, we found it

difficult to understand why the patient was using some medications, such as enoxoparin. It is necessary, however, because it is broad, further theoretical deepening serving as a basis for other cases with the same diagnosis.

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