

Letter to the Editor

Hodgkin's lymphoma involving extranodal sites: potential association with HIV infection and the implications for clinical management

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We commend Li *et al.* [1] for their article "Clinical characteristics of the patients with Hodgkin's lymphoma involving extranodal sites" (published in the *Chinese Journal of Cancer* in July 2012). We agree that in comparison with extranodal non-Hodgkin's lymphoma (NHL), the incidence of extranodal Hodgkin's lymphoma (HL) is much rarer and thus described much less frequently in the literature. We would like to add a few points to complement the above mentioned article.

Patients with extranodal lymphoma (either NHL or HL) have a higher risk of being infected with the human immunodeficiency virus (HIV) than do those with lymphoma confined to the lymphoreticular system. As a corollary, HIV-infected patients who develop lymphomas are more likely to manifest extranodal disease compared with the non-HIV-infected population. Indeed, various series consistently showed that more than 50% of HIV-associated lymphomas present with extranodal disease [2-5].

HL patients with HIV infection, especially those carrying a high risk of extranodal involvement, are nearly always co-infected with the Epstein-Barr virus and often have other high risk features, such as (but not limited to) B symptoms, high stage at presentation, and poor outcome to standard therapy [3-5].

Bearing the above points in mind, we suggest that every patient with extranodal HL should be evaluated to assess the HIV status and also to ascertain the CD4⁺ T cell count. If done, the highly active anti-retroviral therapy could be initiated to improve CD4⁺ T cell counts, which in turn could improve patient survival by reducing the risk of infection-related deaths and indirectly improving patient tolerance for chemotherapy [6,7].

Lastly, we also suggest the routine use of whole body 18-fluorodeoxyglucose positron emission tomography scan among all HIV-positive individuals who develop lymphomas to detect foci of extranodal involvement that would otherwise be missed.

Received: 2012-09-01; revised: 2012-10-23;
accepted: 2012-11-10.

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doi: 10.5732/cjc.012.10220