Clinical Section

President Harold Ellis MCh

Meeting October 9 1970

Cases

Hodgkin's Disease with Sarcoid Features

T A M Stoker MD FRCS
(for Professor Harold Ellis MCh)
(*Surgical Unit, Westminster Hospital, London SW1*)

Mr C S, aged 36. Company director

Presented in 1964 with a swelling of the right side of the neck which he had noticed for six years. Three lymph nodes were excised from the posterior triangle. Histology showed features of sarcoidosis and no evidence of Hodgkin's disease. Kveim's test was positive at this time, but there was no evidence of sarcoidosis of the lungs or elsewhere. He was next seen in February 1970 with a recurrence of the swelling of the right side of the neck enlarging for the past three years. A mass of lymph nodes weighing 65 g was excised from the neck. Histology of these showed multiple foci of sarcoid proliferation and in addition Hodgkin's disease of well-differentiated histiocytic type (Lukes *et al.* 1966). Lymphography showed no abnormality of other lymph node groups and there was no clinical or radiological evidence of systemic sarcoidosis. He was treated with radiotherapy to both sides of the neck and mediastinum and is now quite well.

Discussion

This patient is of interest as a probable example of unusual dual pathology. Hodgkin's disease and sarcoidosis are both conditions of unknown etiology. Sarcoidosis may be regarded either as a syndrome of unknown and possibly multiple causes giving rise to hypersensitivity, or as a more specific disease entity. Most clinicians agree, however, that a diagnosis of sarcoidosis should not be made from histology alone but that every aspect of the clinical picture must be taken into account. Kveim's test is regarded as specific for sarcoidosis by many authorities (Anderson *et al.* 1963). Hodgkin's disease ranges from a relatively benign granulomatous process to a frankly malignant sarcoma and most pathologists regard it as a reticulum cell malignancy.

Atwood *et al.* (1966) reported a patient with reticulosarcoma and a false positive Kveim reaction. They also reviewed 14 cases from the literature in which sarcoidosis was said to coexist with a reticuloendothelial malignancy, concluding that in only one case was there well-documented evidence that this occurred. They reported a further case of reticulosarcoma with generalized sarcoidosis, and Goldfarb & Cohen (1970) published 2 further cases with Hodgkin's disease.

Sarcoid-like reactions in lymph nodes in Hodgkin's disease were noted by Nickerson (1937), and they frequently occur in the regional lymph nodes in the presence of other neoplasms (Gresham & Ackerley 1958).

There is insufficient evidence in our patient to make a diagnosis of Hodgkin's disease arising with, or perhaps secondary to, generalized sarcoidosis. It seems more probable that the Kveim's reaction was falsely positive for sarcoidosis, and that this case represents a profuse sarcoid reaction to Hodgkin's disease that was unrecognized in the original biopsy. The need for repeated lymph node biopsies in patients with this histological picture is stressed, so that they may be correctly assessed.

REFERENCES

Anderson R, Brett G Z, James D G, Peters P M & Thomson A D (1963) *Lancet* ii, 650
Atwood W G, Miller R C & Nelson C T (1966) *Arch. Derm.* **94**, 144
Goldfarb B L & Cohen S S (1970) *J. Amer. med. Ass.* **211**, 1525
Gresham G A & Ackerley A G (1958) *J. clin. Path.* **11**, 244
Lukes R J, Butler J J & Hicks E B (1966) *Cancer (Philad.)* **19**, 317
Nickerson D A (1937) *Arch. Path.* **24**, 19