

# AN ADOLESCENT WITH HODGKIN LYMPHOMA

## HEALTH SEEKING BEHAVIOR AND THE PRIMARY HEALTH CARE RESPONSE

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### Introduction

Hodgkin lymphoma (HL) is a unique, aggressive lymphoma that arises from germinal centre B-cells and is one of the most curable hematological cancers affects and approximately 7% of childhood cancer In children, lymphadenopathy, systemic complaints, and a mediastinal mass are common presenting symptoms and signs of HL. (1) The advanced-stage disease is more common among patients from developing countries, several factors contribute to this including lack of awareness, logistic issues and financial constraints in our population may lead to delay in diagnoses. (2)

### Case Report

This case study illustrates how a 17-year-old adolescent and his family battled a sickness that they had never heard of before. He presented with **severe cough** and **systemic symptoms** including night sweats, weight loss, or fever after one month been referred from health clinic.

On his physical examination, he had **difficulty breathing and engaged accessory muscles**. The respiratory evaluation was trachea deviated to the right and has a reduction in breath sounds on the left side, and an increase in vocal resonance on the same side. He has remarkable lung crackles at the left lower zone. There was no palpable peripheral lymphadenopathy.

The biochemical results showed increased c-reactive protein and **neutrophilic leucocytosis** of approximately 15,500 leukocytes per microliter. Chest radiograph revealed a significant **left-sided pleural effusion and a large mediastinal mass** measuring 10 cm.

He was **screened for tuberculosis** at the health clinic and found to be normal findings, thus referred to tertiary center for further investigation. Unfortunately, he **presented to hospital after one month** in view of his cough was not resolved and his shortness of breath had gotten worse, he was experiencing easily fatigue when doing daily activities at home. He was seen at casualty, and to accelerate diagnostic procedures he was admitted to the internal medicine department.



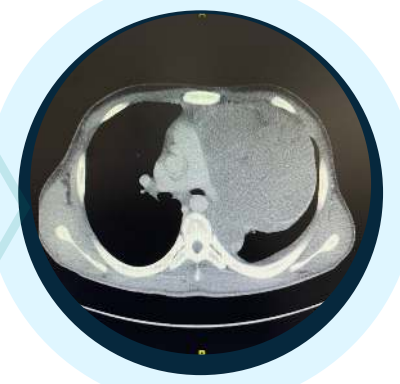
**Figure 1:**

Chest Radiograph 24/11/2021 at Primary Health Clinic



**Figure 2**

Chest Radiograph 27/12/2021 at Emergency Department



**Figure 3**

CT Thorax 28/12/2021 on admission

**Figures 1 & 2:** There was a presence of homogenous opacity mass occupying the whole side of left lungs, blunted costophrenic angle blunted with meniscus sign seen. The trachea and heart were pushed to the contralateral side on the right side.

**Figure 3:** Large anterior mediastinal mass, causing effect and compression onto adjacent great vessels and left main bronchus associated with moderate left pleural effusion and slight mediastinal shift to the right.

### Histopathology

Immunohistochemical studies showed classic Hodgkin Lymphoma:

- Nodular sclerosis type positive CD30, CD15, PAXS

### Discussion

#### Challenges

Diagnosis and managing an adolescent

Impact on patient physically, emotionally, and patient education

Impact on the family emotionally and financially

Acknowledgment of health-seeking behavior.

- The five-year survival rate for children and adolescents with HL has been 94 percent. (3)
- In adolescents, the symptoms and signs suggestive of HL can be caused by various diseases, and the differential diagnosis should include other malignant, infectious, or inflammatory conditions. (2)
- Mediastinal mass is difficult and relatively uncommon, including a wide variety of entities, and often poses diagnostic challenges for clinicians. (5)
- To explore more about their ability to continue medical treatment at the hospital.
- There is an association of financial burdens with health behaviours was addressed in multiple studies before, such financial burdens, including direct, indirect, and psychological burdens, all demonstrated associations with medical non-adherence which on delaying, foregoing, or not completing necessary medical care either cancer-specific or general medical care. (7)

### Conclusion

The **strengths of primary care** practice that offers continuous, coordinated, and comprehensive care for patients and their families should be applied. Primary care clinics are the most accessible medical health centers in Malaysian society, primary care physicians can establish a good rapport and trust with their patients, who tend to walk in at any time during their illness, relief from the side effects of surgical procedures or chemotherapy, and manage psychosocial issues. (8)

Improvement in a system emphasizing **tracing high-risk defaulted** patients and identifying patients with a high risk of poor health-seeking behavior should be done as early as first-person encounter to prevent a similar situation in which the patient came back at a later stage of the disease leading to a poor prognosis.

### References

