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Hodgkin's Lymphoma in a Developing Community

Wilson IBOnuigbo*

Medical Foundation and Clinic, Nigeria

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***Corresponding author:** Wilson IBOnuigbo, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 400001, Nigeria

Abstract

As a scholar, who published a biographical paper on Thomas Hodgkin, it seemed appropriate to undertake research on the disease that bears his name. In sum, following the known importance of the histopathology data pool in epidemiological analysis, this study is based on such a pool established among the Igbos, a major ethnic group in Nigeria.

Keywords: Thomas Hodgkin; History; Lymphoma; Histopathology; Igbos; Nigeria; Ethnic Group; Epidemiological; Hodgkin's Disease; Mini-Library

Introduction

As a medical student at Glasgow University, I had the privilege of "Open Access to the Shelves," thereby being able to handle the original works of Thomas Hodgkin [1]. In due time, I published his detailed biography [2]. Therefore, following on the theme that a histopathology data pool facilitates epidemiological analysis [3], I made use of such a pool serving the Igbo ethnic group in their developing community[4]. This should facilitate knowledge of the local epidemiological aspects of this classical disease.

Investigation

I encouraged Doctors working in this community to send to me the biopsy specimens provided that they were appropriately fixed with formalin and accompanied by details concerning age, sex, and other useful data. As my practice was to keep a personal copy, their manual sorting became useful. Therefore, the present work on cases of Hodgkin's disease became possible.

Results

Of the 90 total cases, the male/female ratio was approximately 3/1. The ages ranged from 5 years to 76 years. The second decade suffered most. Other epidemiological data included the towns of origin. In sum, whereas the Capital City, Enugu, took the pride of place in 56 (62.2%) cases, the rest came from towns as far apart as Aba, Abakiliki, Adazi, Afikpo, Aku, Enugukwu, Ihiala, Ogwashiukwu, Onitsha, Orumba, Udi, Ukpo, and Umuahia.With regard to the biopsy sites, the neck preponderated in 38 (42.2%) cases. This was followed by 2 or more sites in 30 (33.3%) cases. The remainders came from the groin, axilla and even from inside the abdomen(Table 1).

Table 1:Age, sex and data.

Age	M	F	Total
<10	8	1	9
11-20	18	10	28
21-30	13	5	18
31-40	5	0	5
40-50	10	5	15
51-60	5	5	10
61-70	2	1	3
71+	2	0	2
Total	63	27	90

Discussion

According to the Editor of English for Specific Purposes[5], I was by 1986 probably the highest researcher in the Reprint Request (RR) traffic! In this context, on searching my mini-library of reprints, there were in the 1980s reports from South Africa [6], Puerto Riso[7], Jamaica [8], Jordan [9], India [10-12], Greece [13], and Uganda [14]. Therefore, how do their findings compare with the local data? In general, the disease preponderates in males and younger elements. Moreover, palpable neck nodes were useful guides for the diagnostic biopsy, which may involve the opening of the abdomen for the diagnosis.

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