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Childhood lymph node lymphoma in a developing community

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Abstract

Before the ascendancy of the Internet in Scientific communication, there was a keen traffic in the reprint request (RR). As an Editor mentioned in 1986, "Onuigbo (was) the only active researcher that I have traced in the RR area." Therefore, this paper on childhood utilizes reprints on malignant lymphoma but with the variable ages defined as "at most 14 years," up "to 15 years," "under 16 years," "under age 17 years," and "younger than 20 years." In particular, I have used the number 20 to analyze cases occurring in a developing community using a histology data pool as was recommended in Birmingham (UK) for epidemiologic analysis. It was found that the age incidence preponderated in the older age groups with a 3:1 male:female ratio.

Keywords: Childhood, lymph nodes, lymphoma, sex, Igbos, Nigeria.

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Introduction

The requested reprint (RR) held sway in scientific communications before the Internet era. In this context, John Swales,1 Editor of English for Specific Purposes, concluded that I am "the only active researcher that I have traced in the RR area." Incidentally, I possess 5 reprints on childhood lymphomas. It is of interest that the age limits varied as follows: (i) "at most 14 years,"2 (ii) up "to 15 years,"3 (iii) "under 16 years,"4 (iv) "under age 17 years,"5 and (v) "younger than 20 years."6 A point of interest is that the above reprints came from Sweden, Saudi Arabia, Italy, USA, and Venezuela. Hence, a Nigerian source is well worth documentation. Therefore, for this paper, I have chosen 20 years as the upper limit. Moreover, I followed the recommendation of a Birmingham (UK) group that the establishment of a histopathology data pool facilitates epidemiological analysis.7 The catchment was the Ethnic Group called the Ibos or Igbos.8 The data were amassed in the Regional Pathology Laboratory established by the Government of the Eastern Region of Nigeria at the erstwhile Capital City, Enugu. Having kept a copy of the results personally, manual sorting has been undertaken. The documentation is presented in tabular form.

Results

Age group	Male	Female	Total
0 – 5	5	1	6
6 – 10	8	2	10
11 – 15	9	4	13
16 – 20	10	3	13
Total	32	10	42

Table 1: shows the age-sex pattern.

It is apparent that, of the involved 42 children, most were in the older age groups. Furthermore, males preponderated in the ration of 3 to 1. It was of interest to find out also the lymph node situations. They preponderated in the neck with 28 cases followed by multiple sites in 25. Axillary, groin, and intraabdominal positions were few relatively. Another point of interest was the provisional diagnosis as was required in the Request Forms. There was the pleasant surprise of up to 27 correct diagnoses. Malignancy was the generalization in 6 other cases. Tuberculosis came next with distant 4 cases, while miscellaneous diagnoses included such lesions as lymphadenopathy and leukemia.

Discussion

Having concentrated on RR so far, what is there to learn further from recent Internet examples? In particular, the geographical spread should be of interest as was used above.

Interesting informations were gathered from Germany,9 Australia,10 UK11 and Belgium.12 The data from USA added the historical origins of lymphoma as "swellings of lymph nodes that were unrelated to tuberculosis or to other recognized pathology in the drainage area of the lymph node group."13

The epidemiological aspect that was closest to my local findings was provided from Sweden.14 There, the definite age was "younger than 15 years of age" while the male-female ratio was 4.1:1. The Igbo ratio came to 3:1.

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