

ETIOLOGICAL AND CLINICAL STUDIES IN HODGKIN'S-LYMPHOMA

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Epstein-Barr-virus (EBV) infection may play a role in the development of Hodgkin's lymphoma (HL) in Hungary since it can be detected in 50% of the patients. Our patients could not be categorised to any of the HL-EBV association disease models but some disease groups were more or less represented. The treatment and survival results of EBV associated HL patients did not differ significantly from those without the infection. The role of hepatitis G virus in the aetiology of HL in Hungary is not probable, hepatitis C virus as an etiologic factor cannot be excluded. As regards to immunological alterations, we found interleukin (IL)-10, transforming growth factor- β overproduction in HL, which may be one of the etiologic factors of HL. The prevalence and virulence of *Helicobacter pylori* (HP) infection in HL did not differ from that of the healthy control group. The increase in CD3+/HLADR+ cell percentage and CD8+ cell IL-10 expression in HP positive HL patients as well as the decrease in CD14+/CD16+ monocyte percentage might have been the result of HP infection. We did not find any prognostic role for examination of eosinophil and mast cells in the histologic samples of HL patients and we believe it does not mean any advantage in clinical practice. To solve this question, complex studies involving a great number of HL patients should be carried out. We have confirmed that with the use of combined treatment, the therapeutic and survival results of patients with mediastinal bulky tumour do not differ significantly from those of other HL patients. We have proven that 18F-deoxy-D-glucose - positron emission tomography examinations are suitable for the evaluation of the viability of post treatment residual tumour tissue in HL patients and thus may help in selecting further therapies. We have shown that the second malignant tumour is not an infrequent treatment complication, its prevalence is 8%, the most frequent solid tumour is lung cancer and most frequent hematologic malignancy is non-Hodgkin lymphoma. Solid neoplasms may appear long, even after decades after treatment. Attention should be paid to their early diagnosis during followup and applying the treatment protocols today in use in clinical practice, they prevalence is expected to decrease.