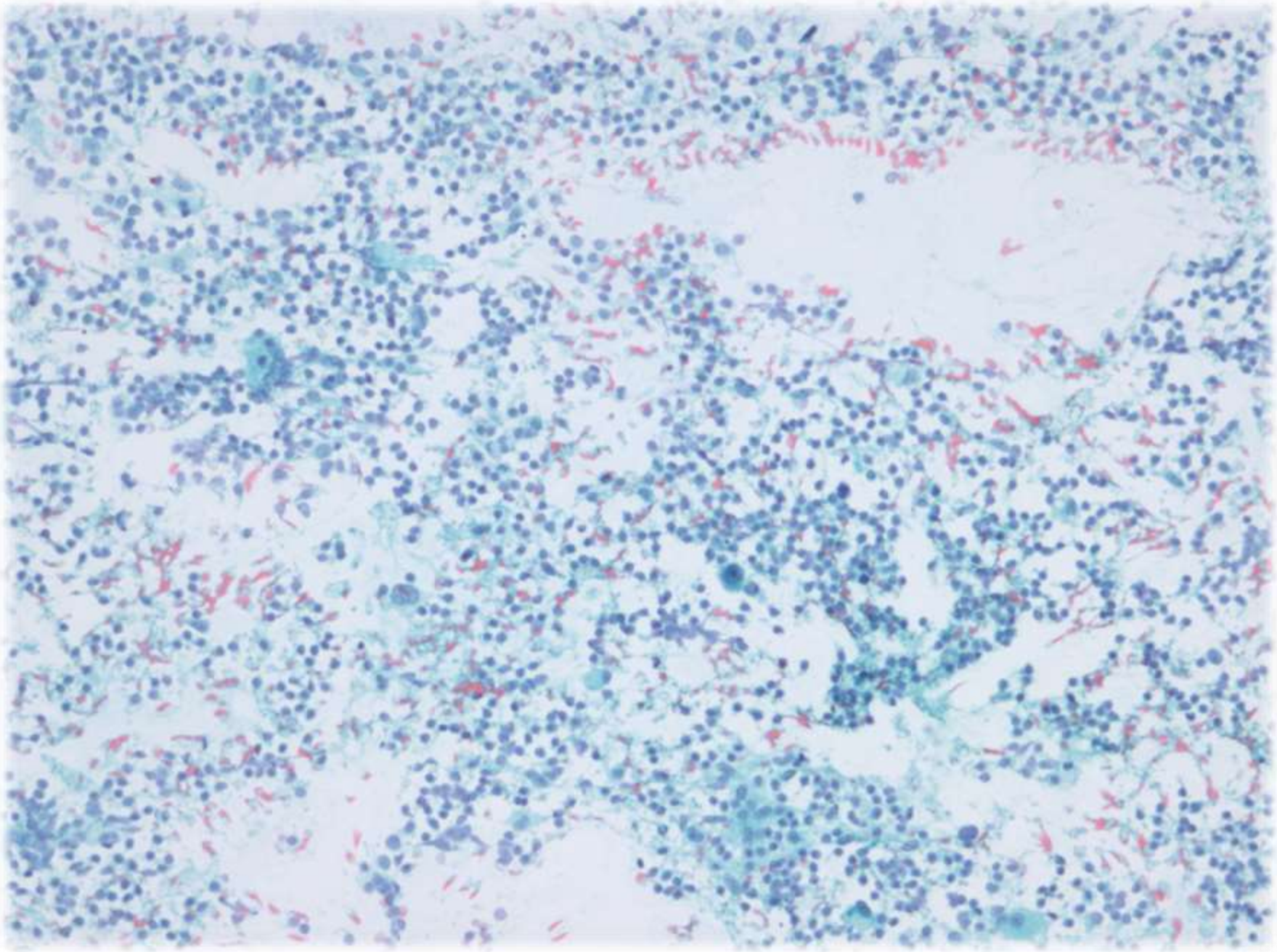
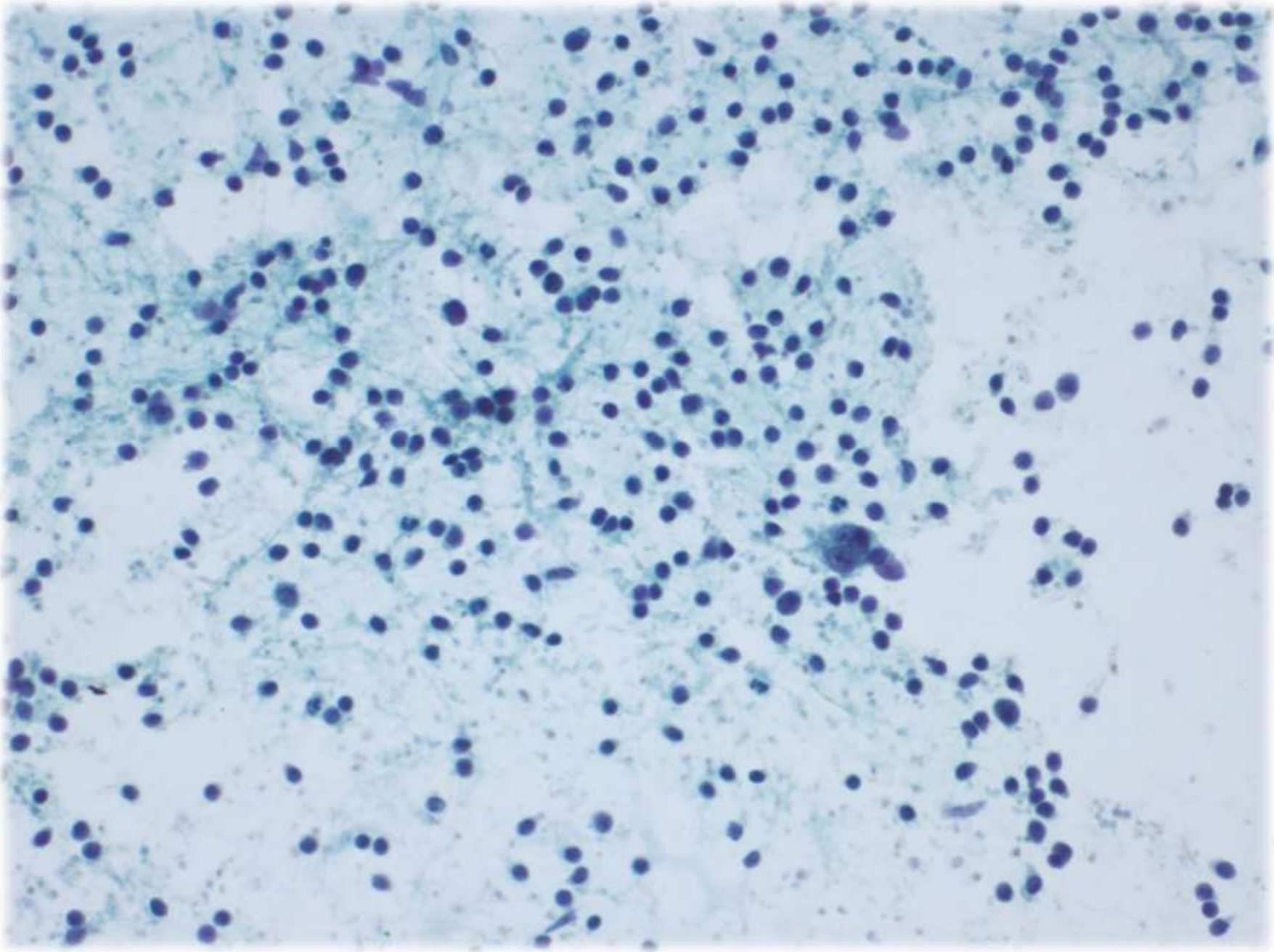
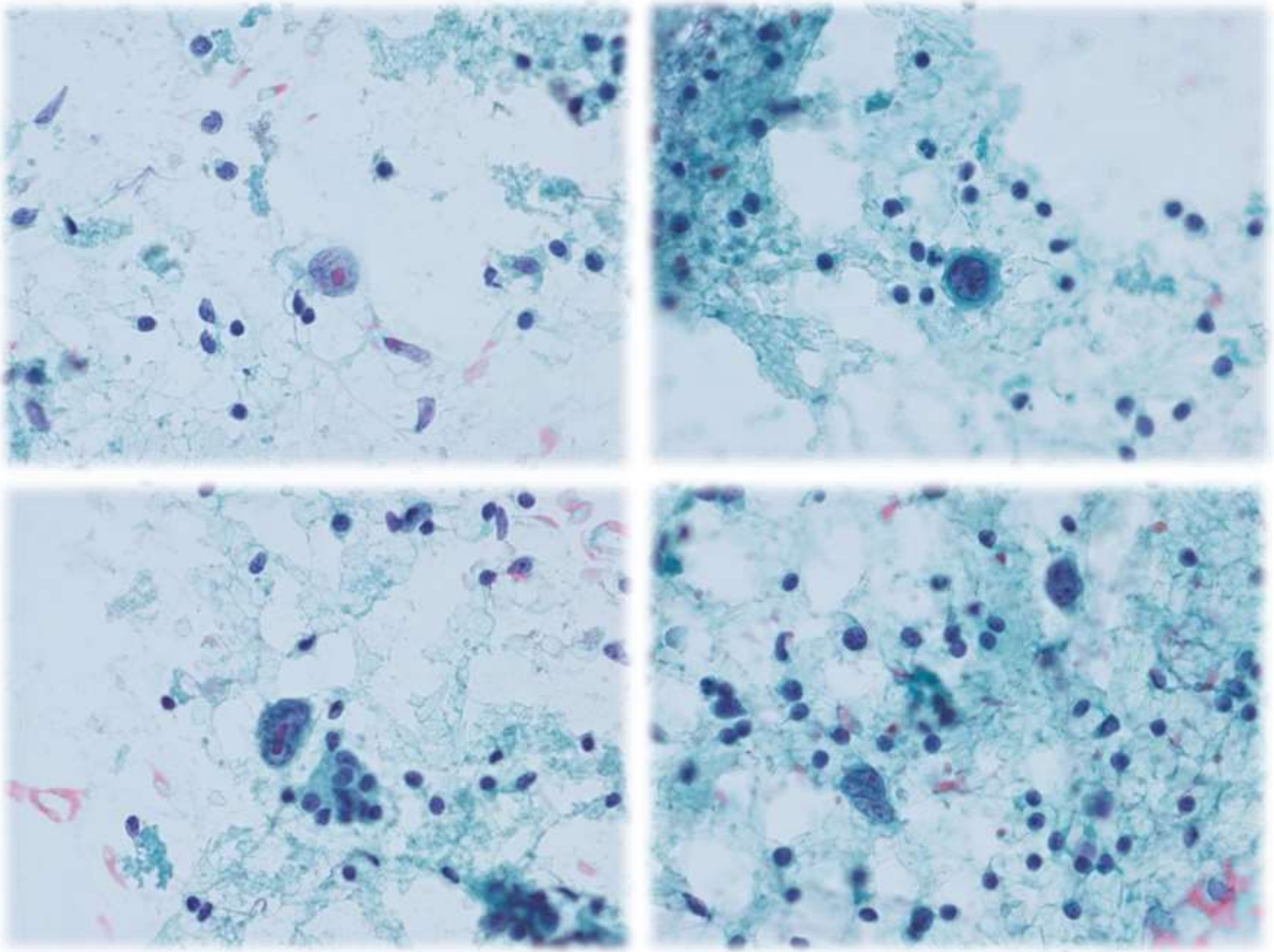
39-jähriger Mann

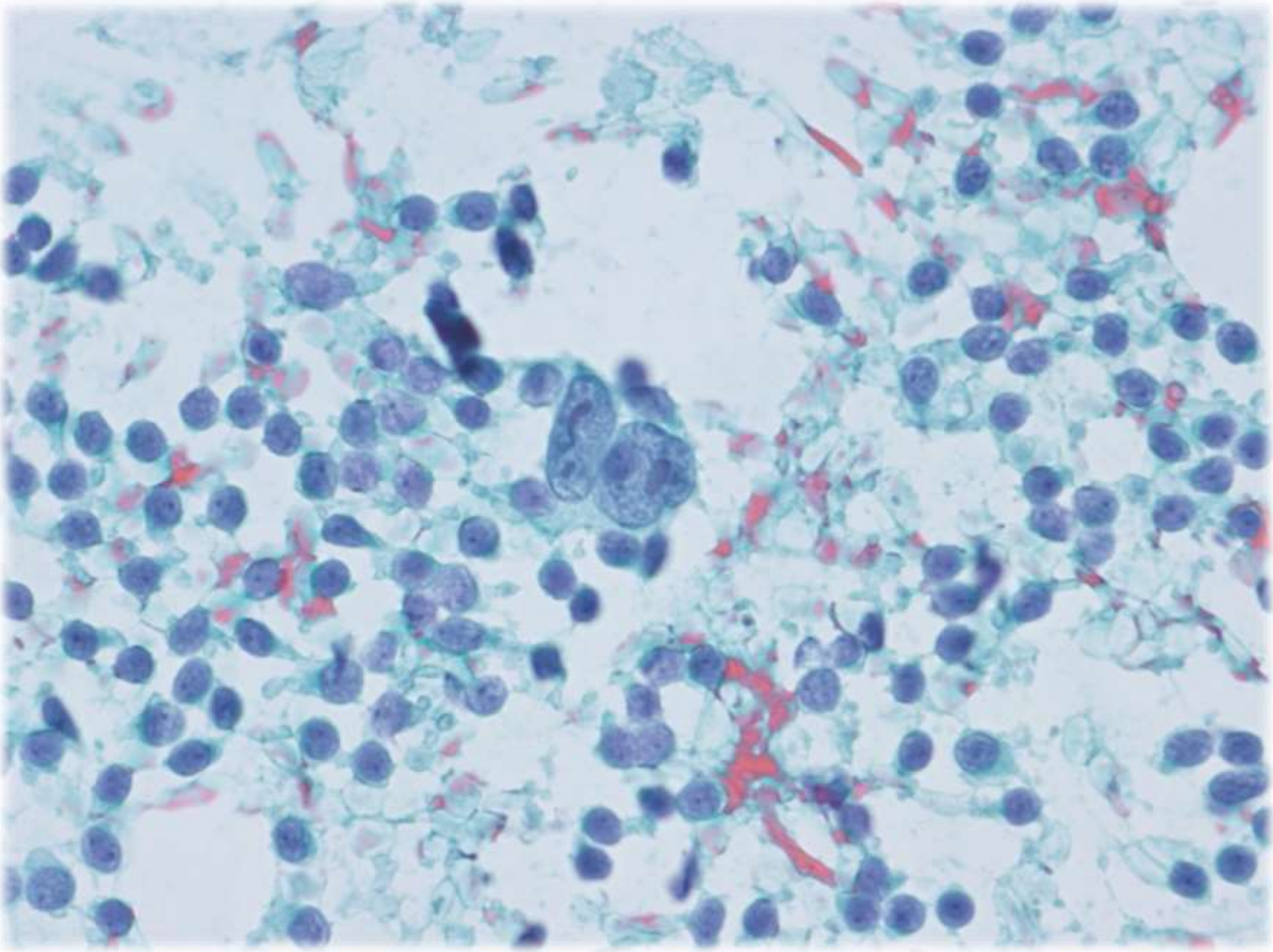
schmerzlose Schwellung zervikal seit drei Wochen

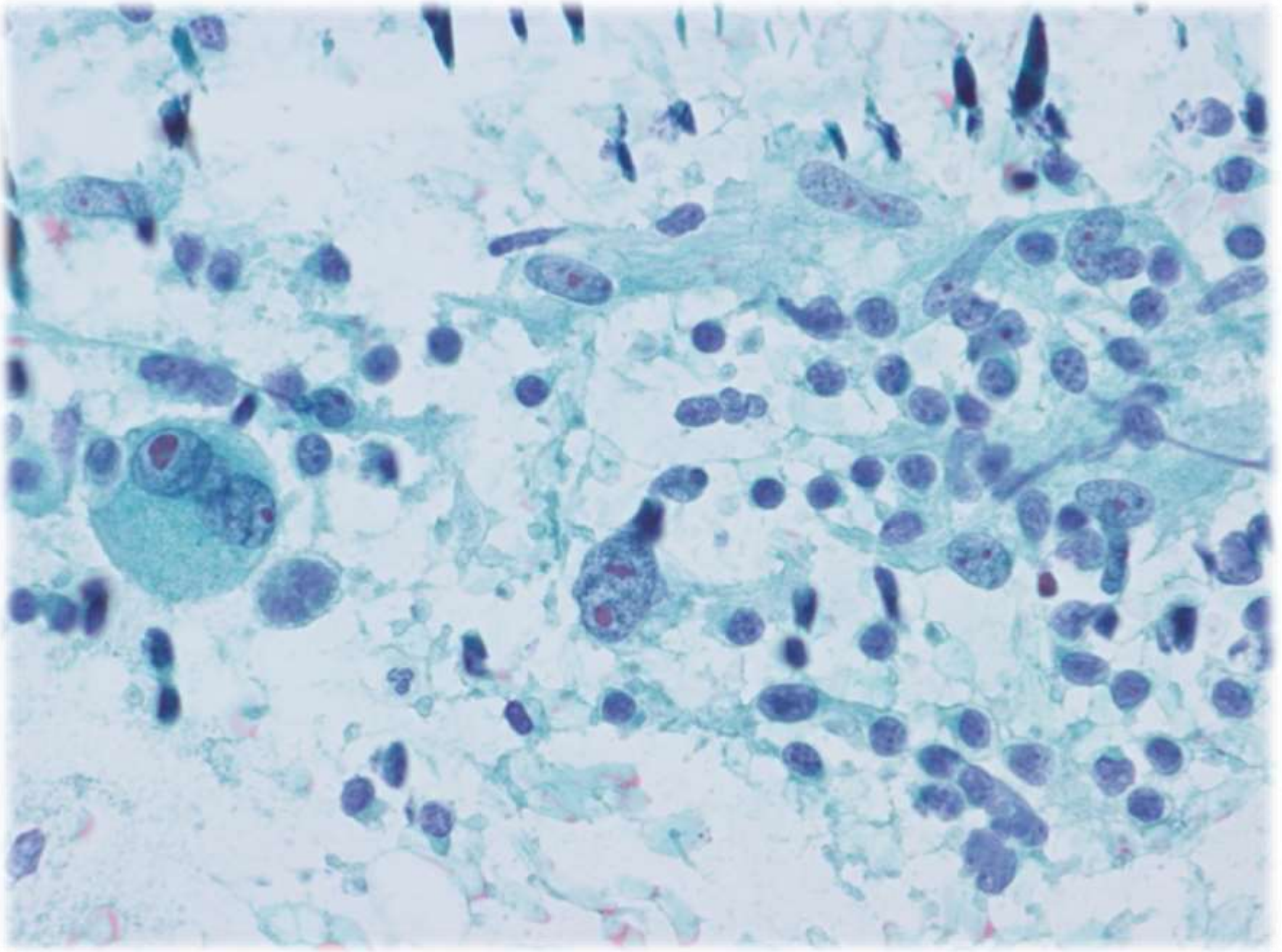
FNP

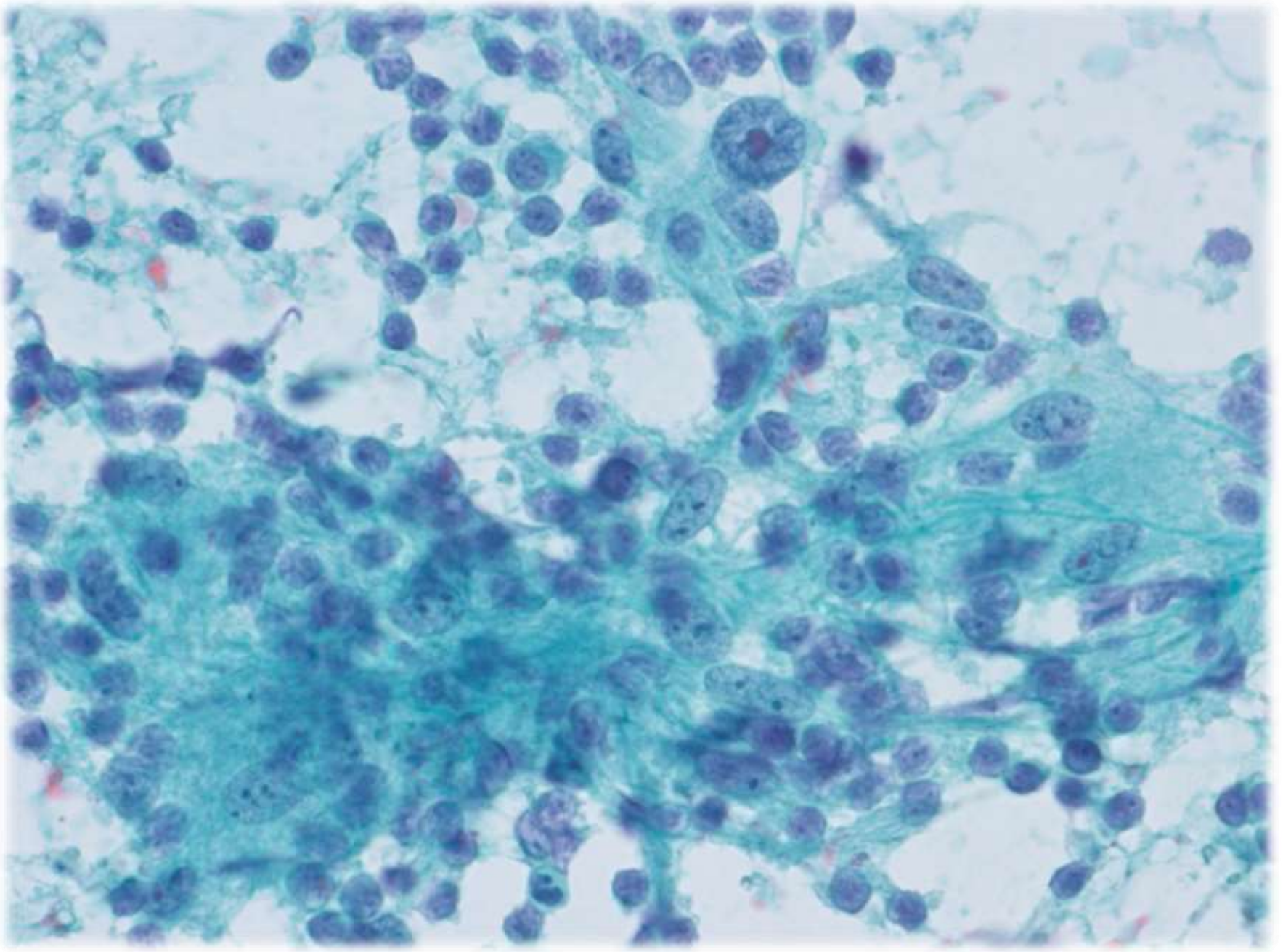






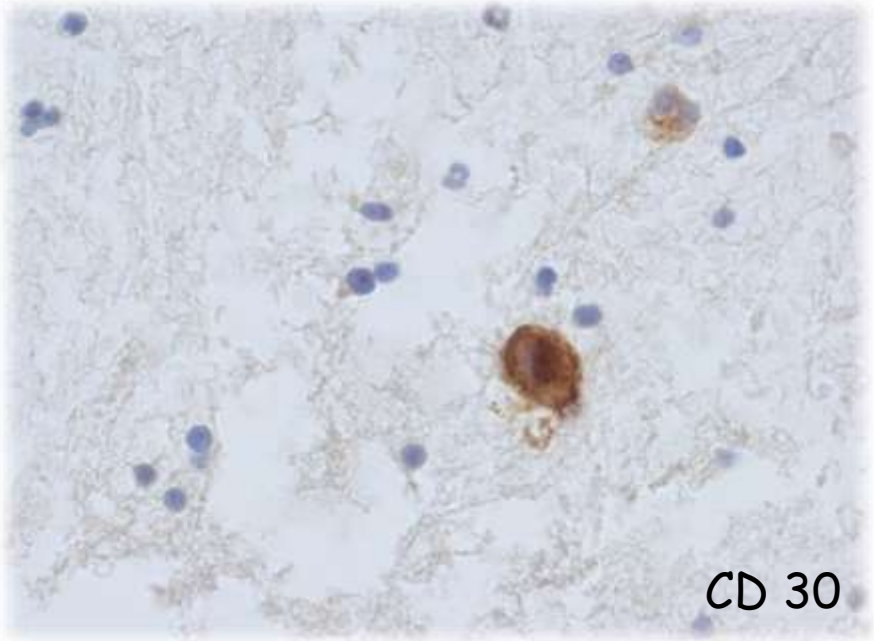


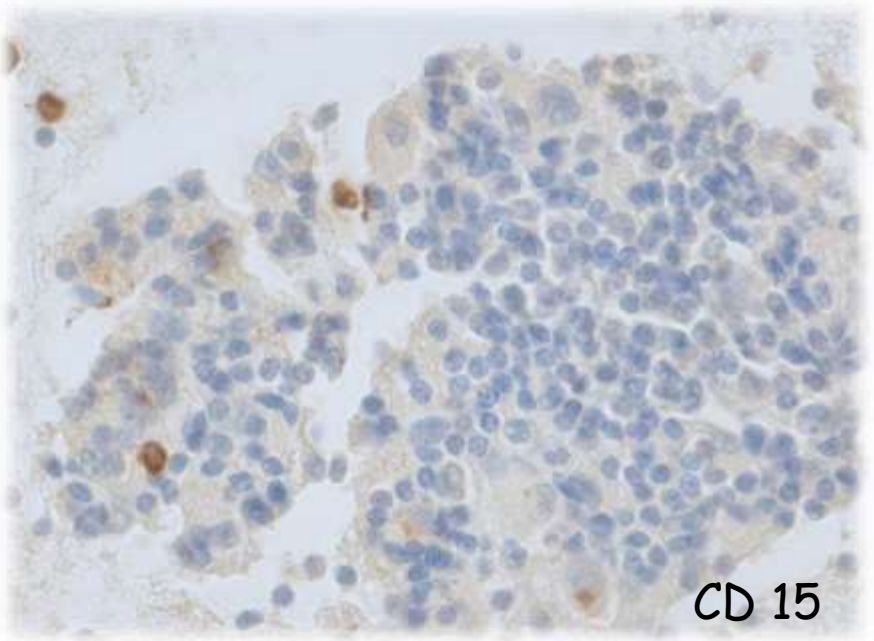




Differentialdiagnose

- T-Zell- und Histiozyten-reiches B-NHL
- granulomatöse Lymphadenitis
- Hodgkin Lymphom
- Melanommetastase
- anaplastisches NHL
- Karzinommetastase


CD 30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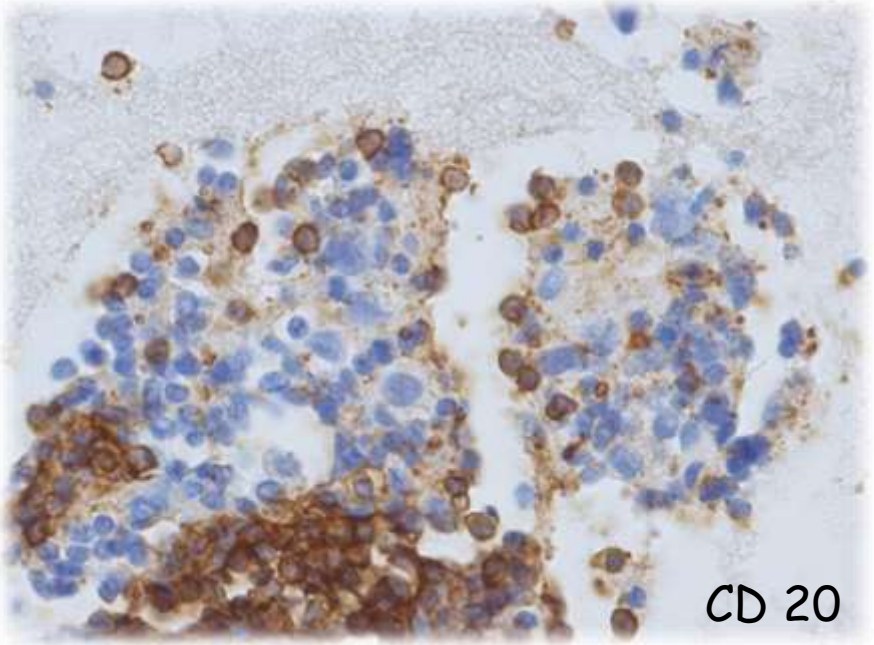
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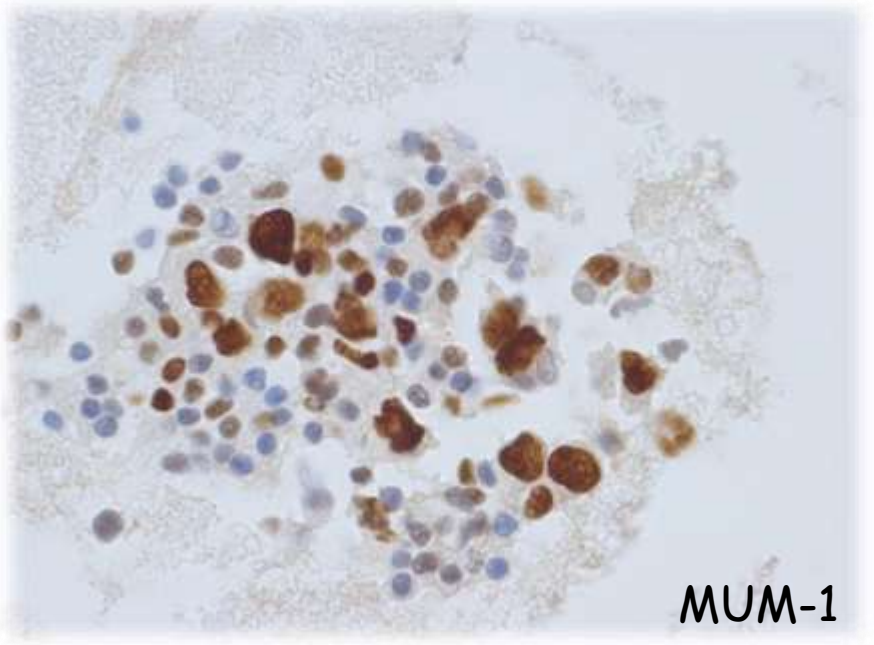

MUM-1

Hodgkin Lymphom

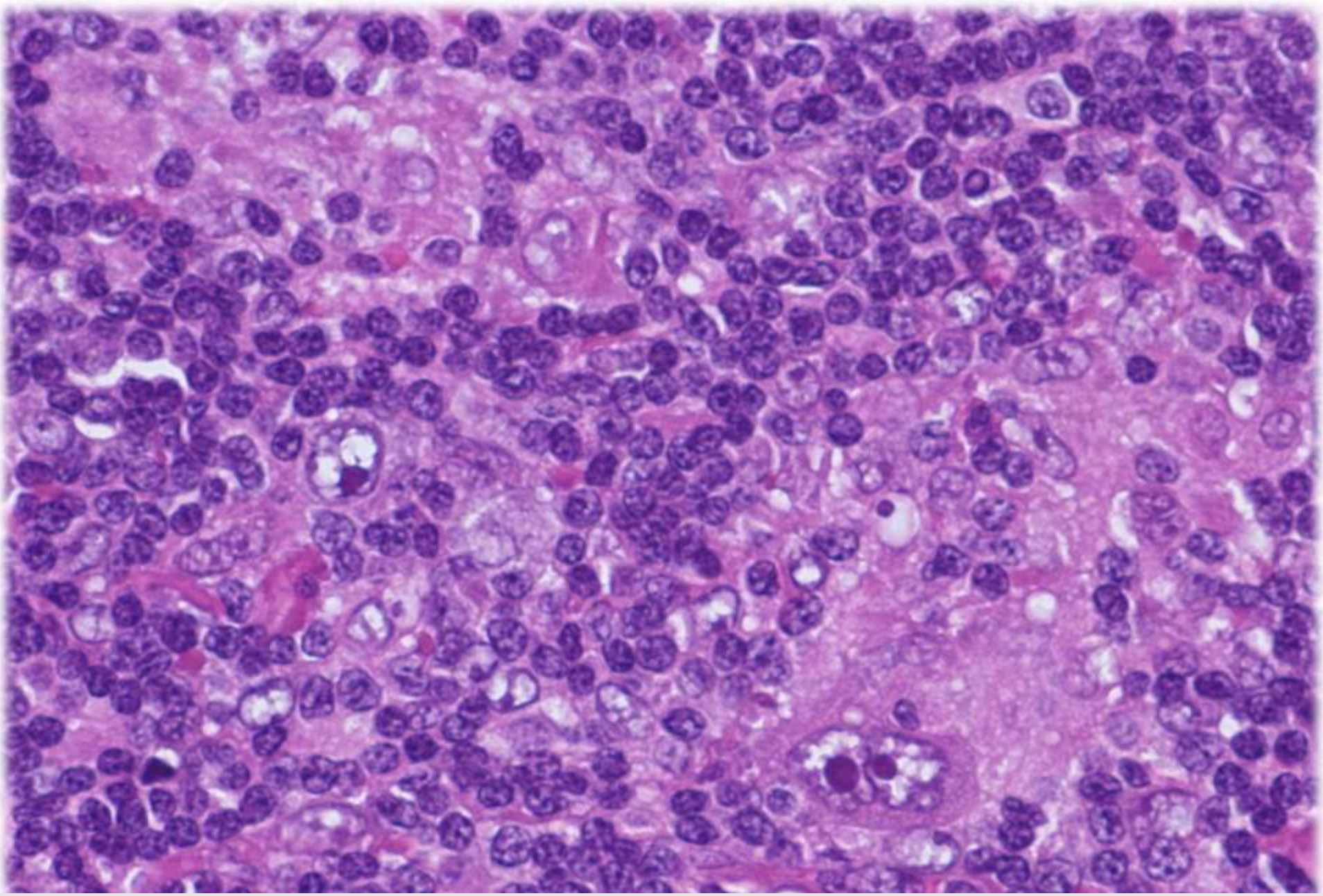
- junge Erwachsene; zweiter Gipfel im Senium
- bevorzugter Befall von zervikalen und mediastinalen Lymphknoten, oftmals Lymphknotenkonglomerate
- primär extranodaler Befall insgesamt selten, wenngleich die Milz öfters befallen ist

Hodgkin Lymphom

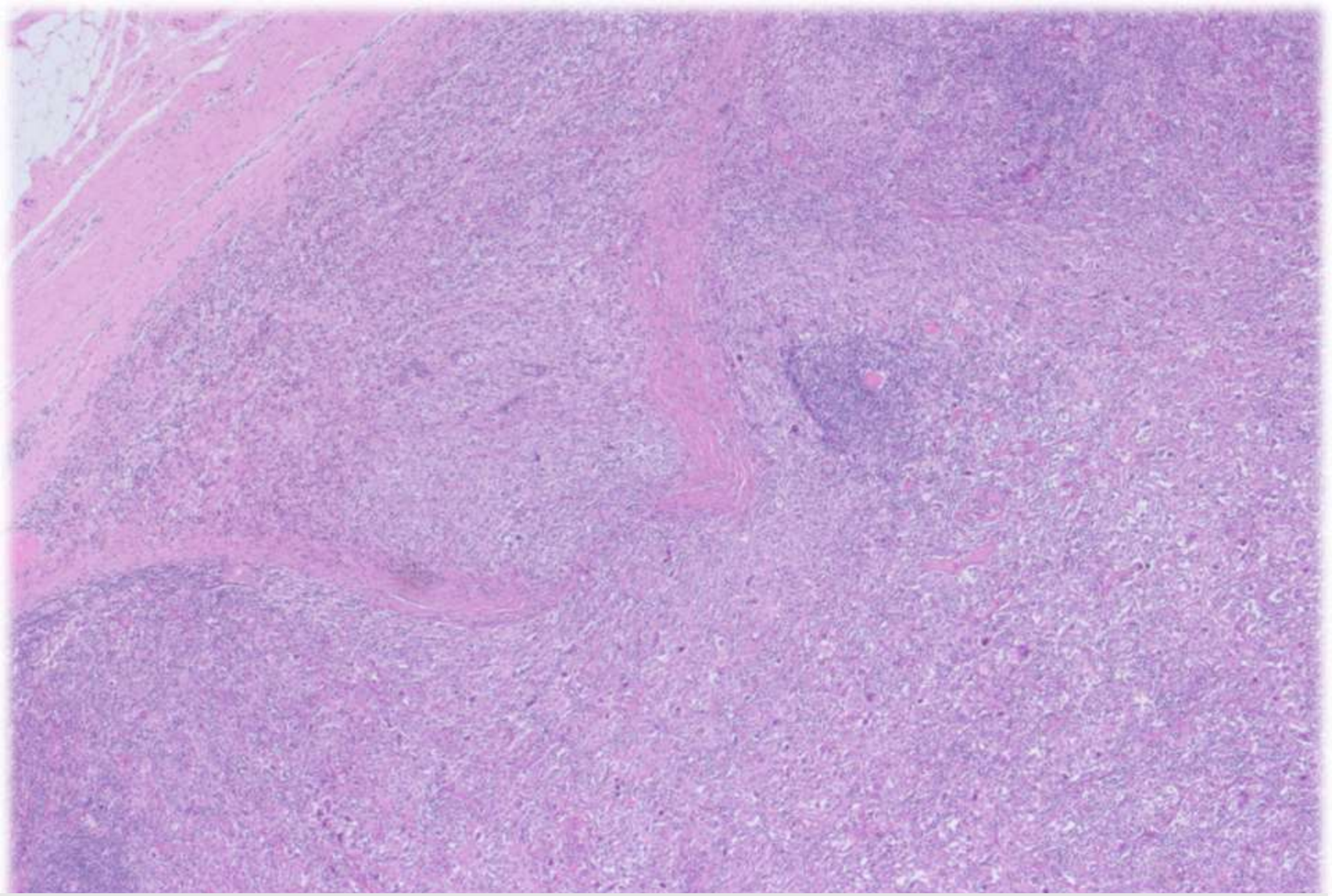
- lymphozytenreiches klassisches HL
- Klassisches HL, noduläre Sklerose
- gemischtzelliges klassisches HL
- lymphozytenarmes klassisches HL

- noduläres lymphozytenprädominantes HL

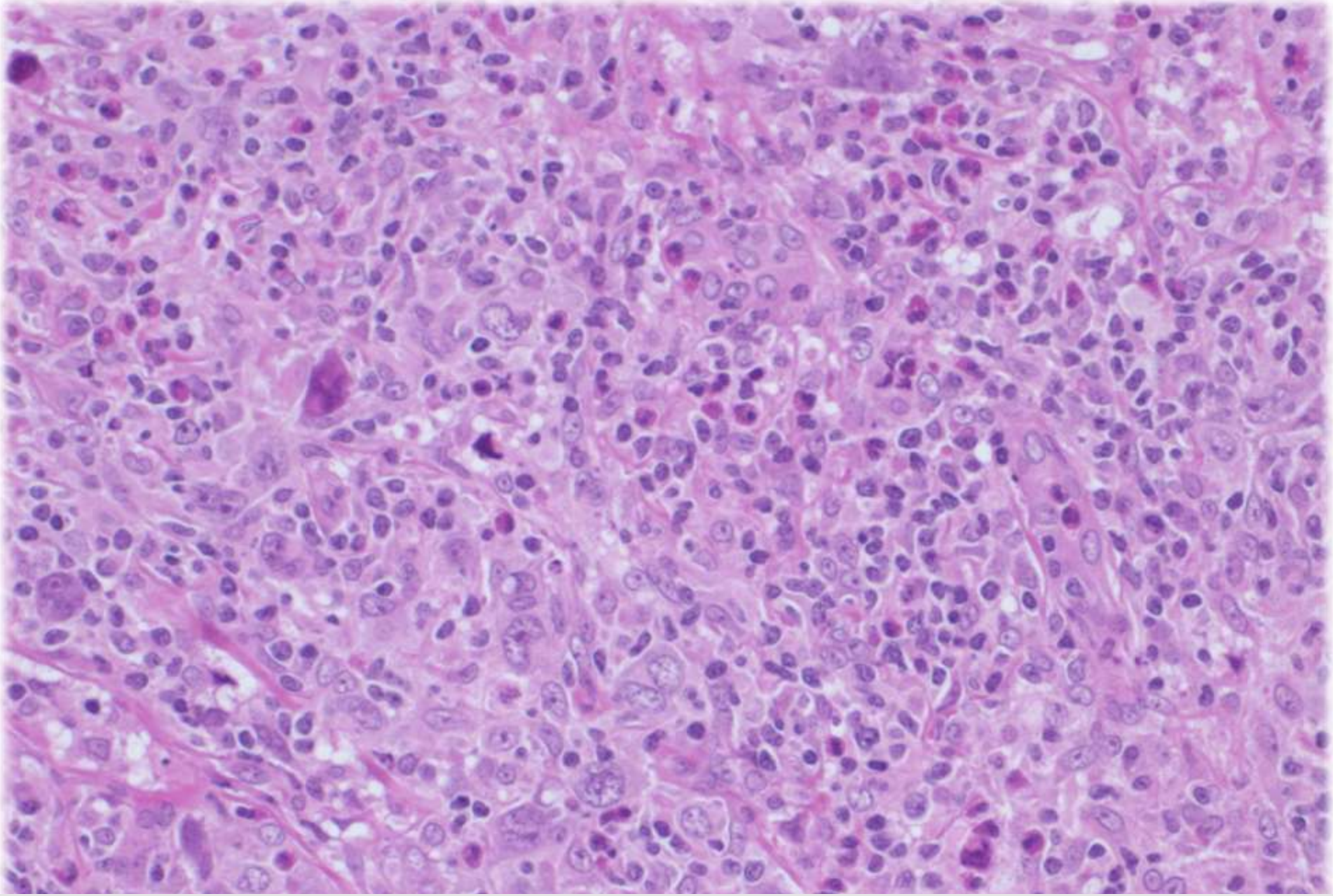
(früher Paragranulom)



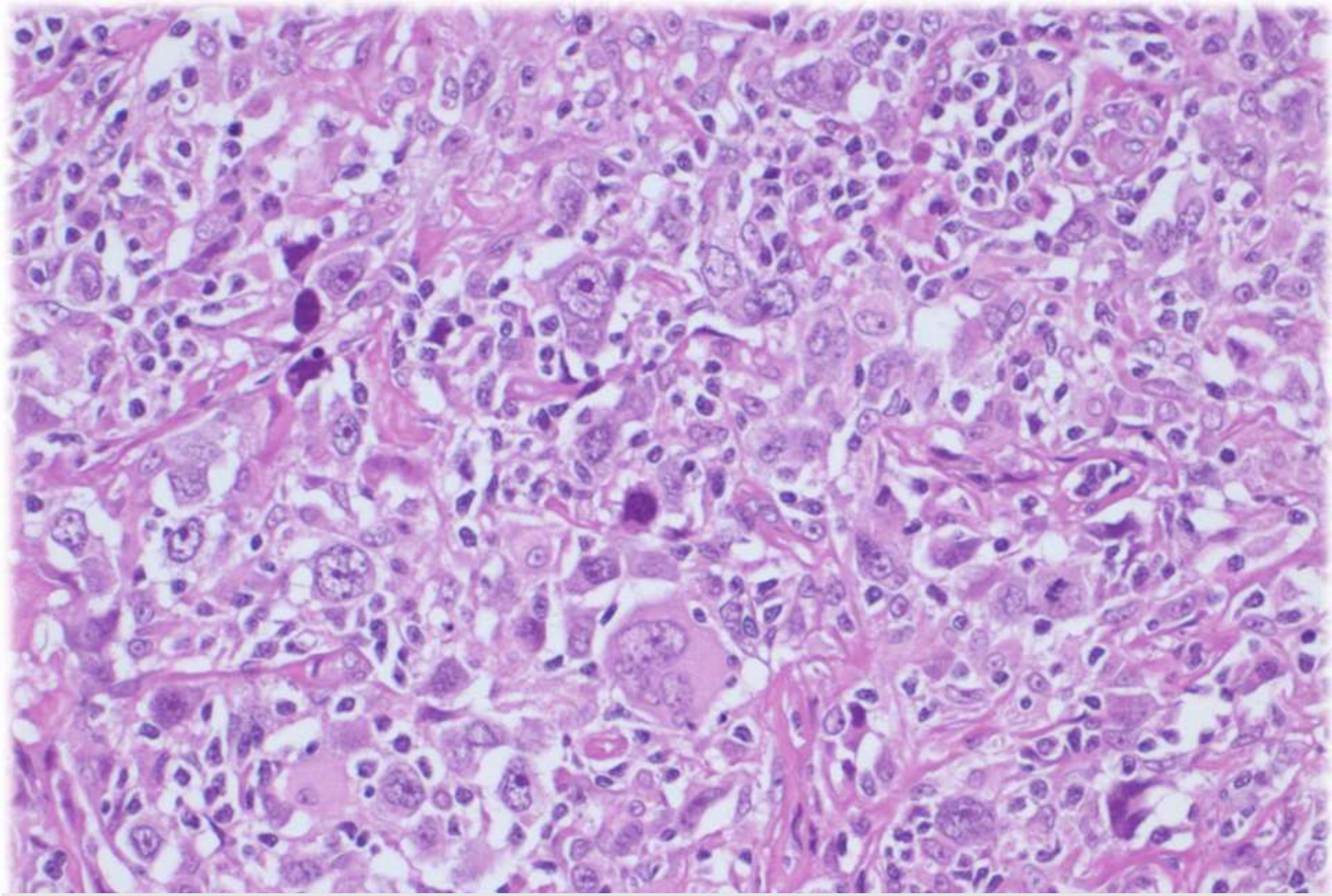
lymphozytenreiches klassisches HL



klassisches HL, noduläre Sklerose

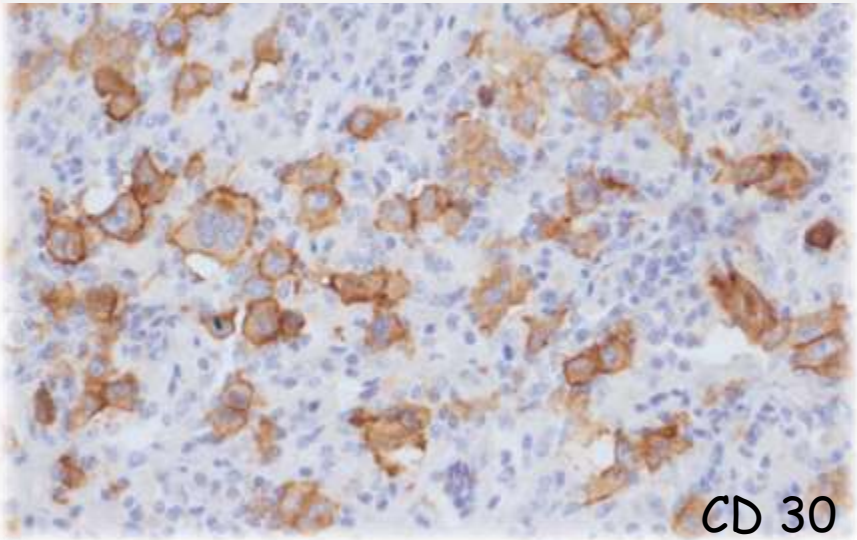


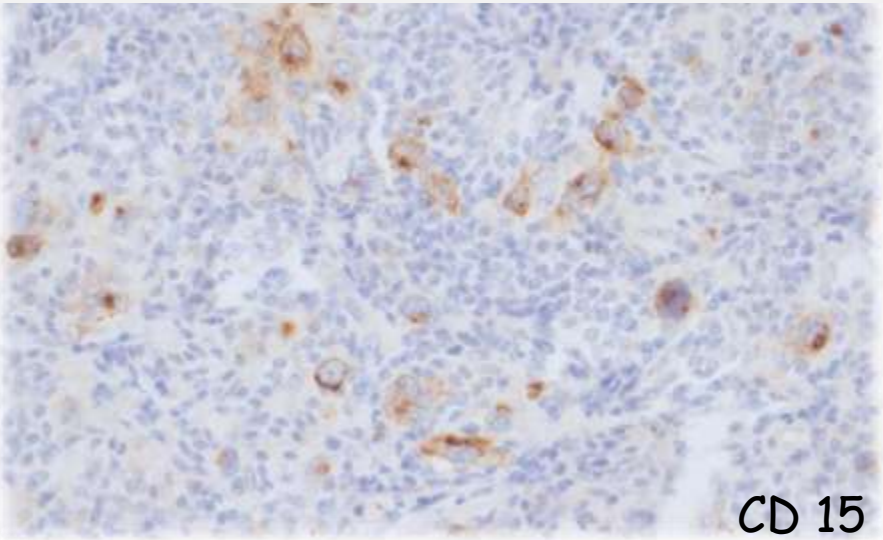
gemischtzelliges klassisches HL

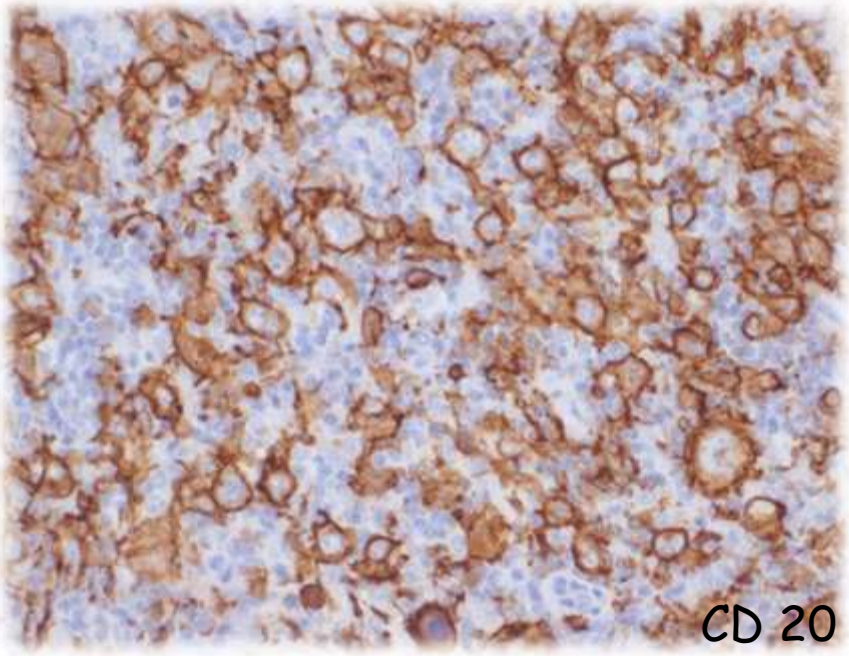


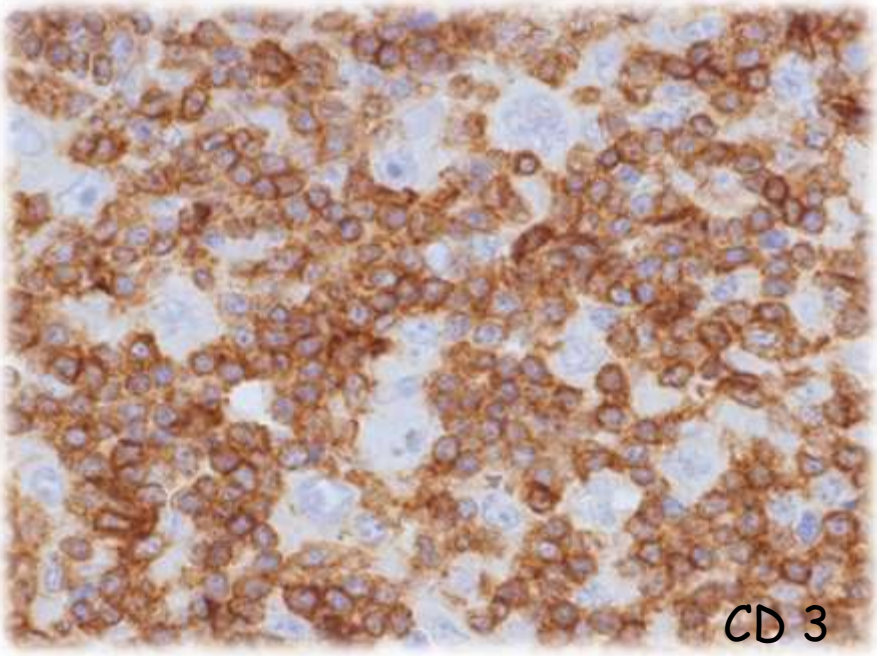
lymphozytenarmes klassisches HL

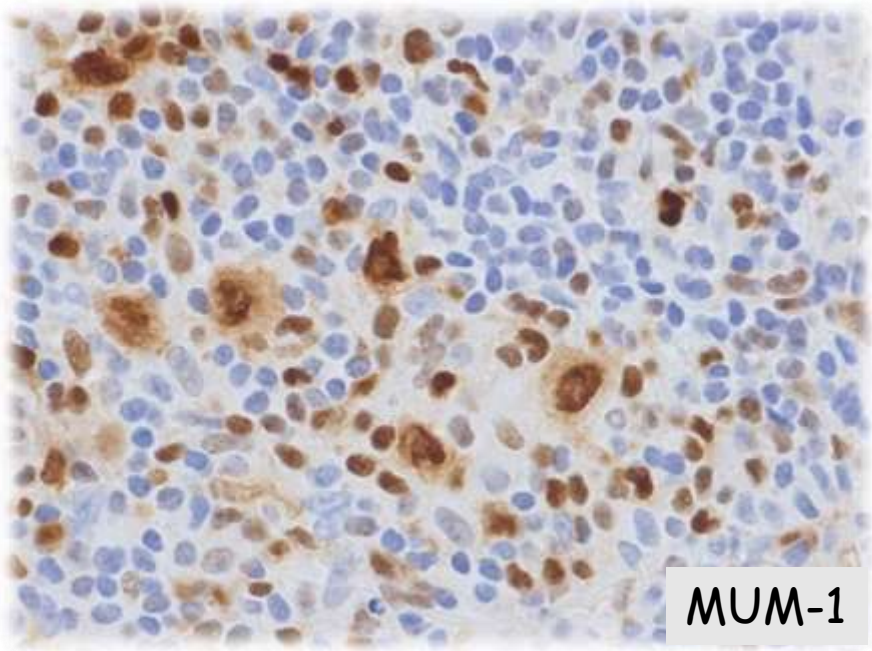
klassischer Immunophänotyp

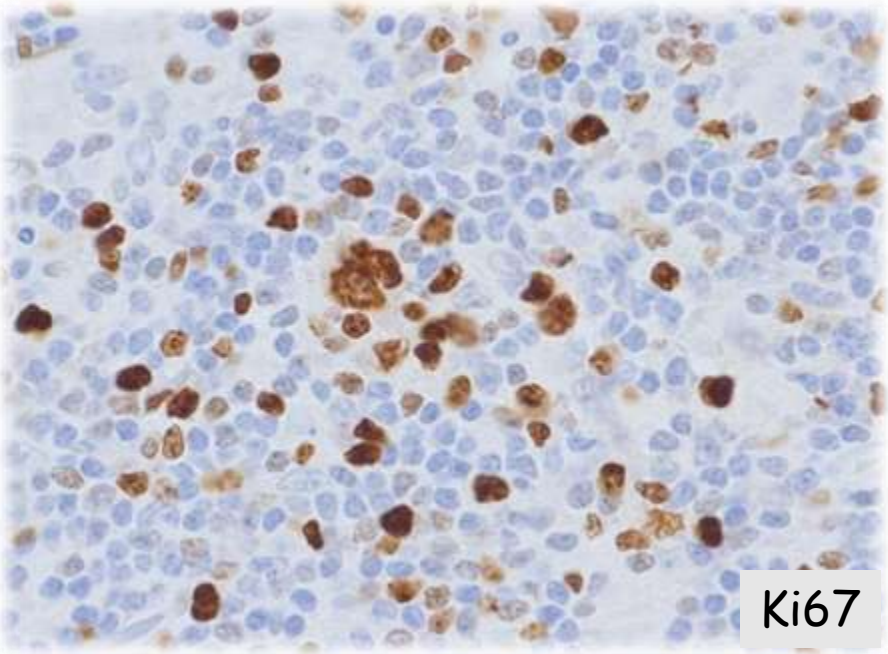


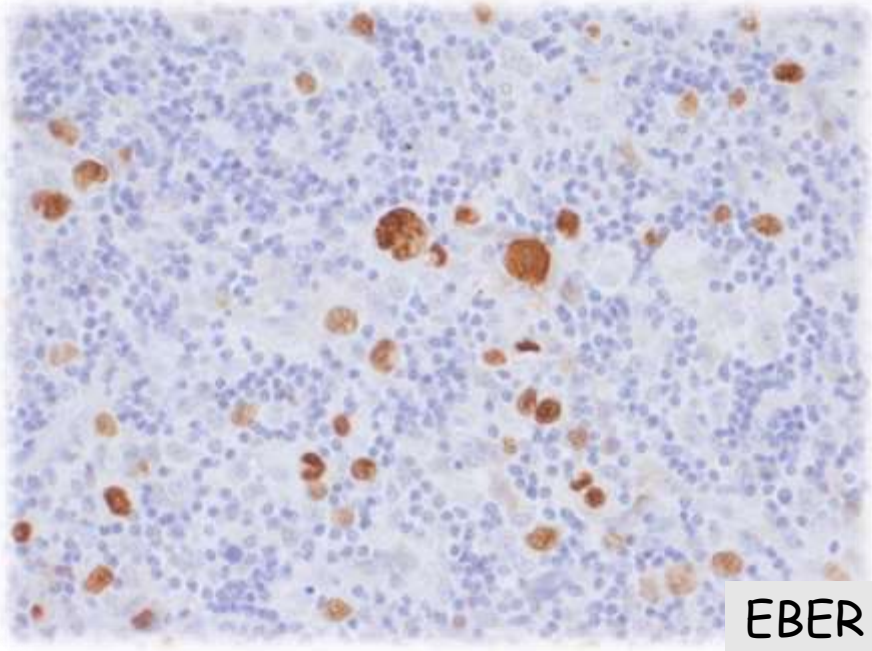


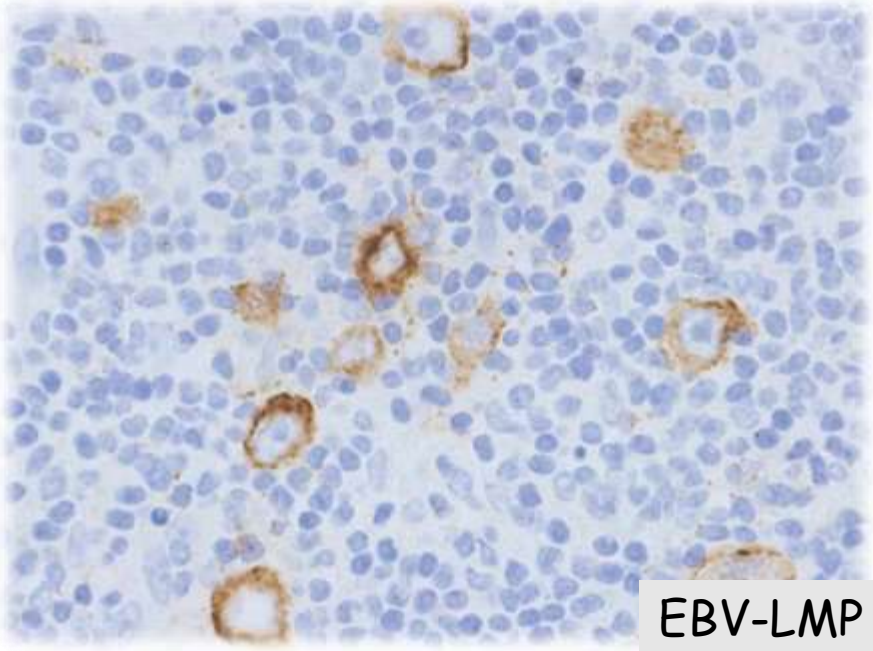





MUM-1


Ki67

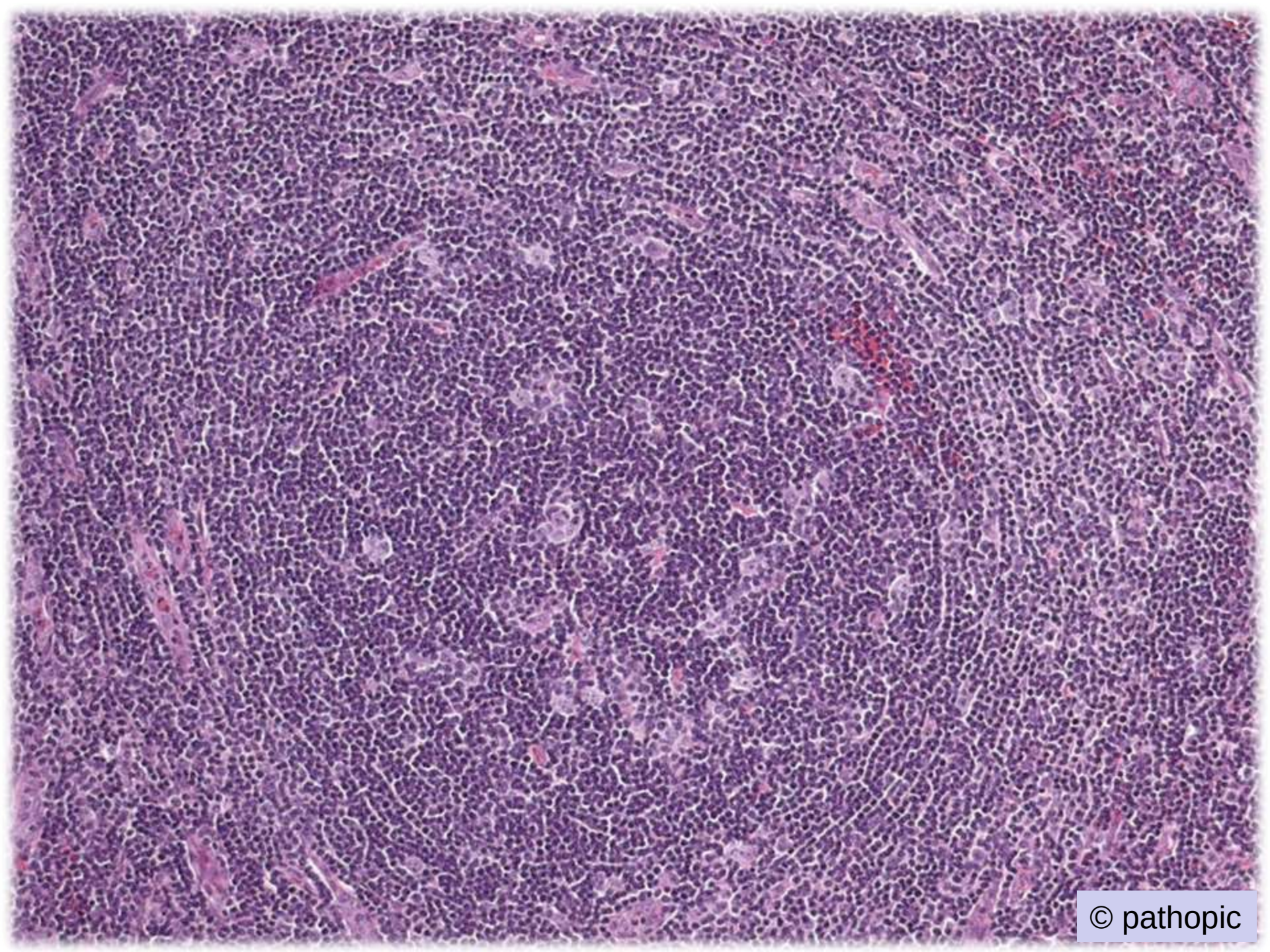

EBER


EBV-LMP

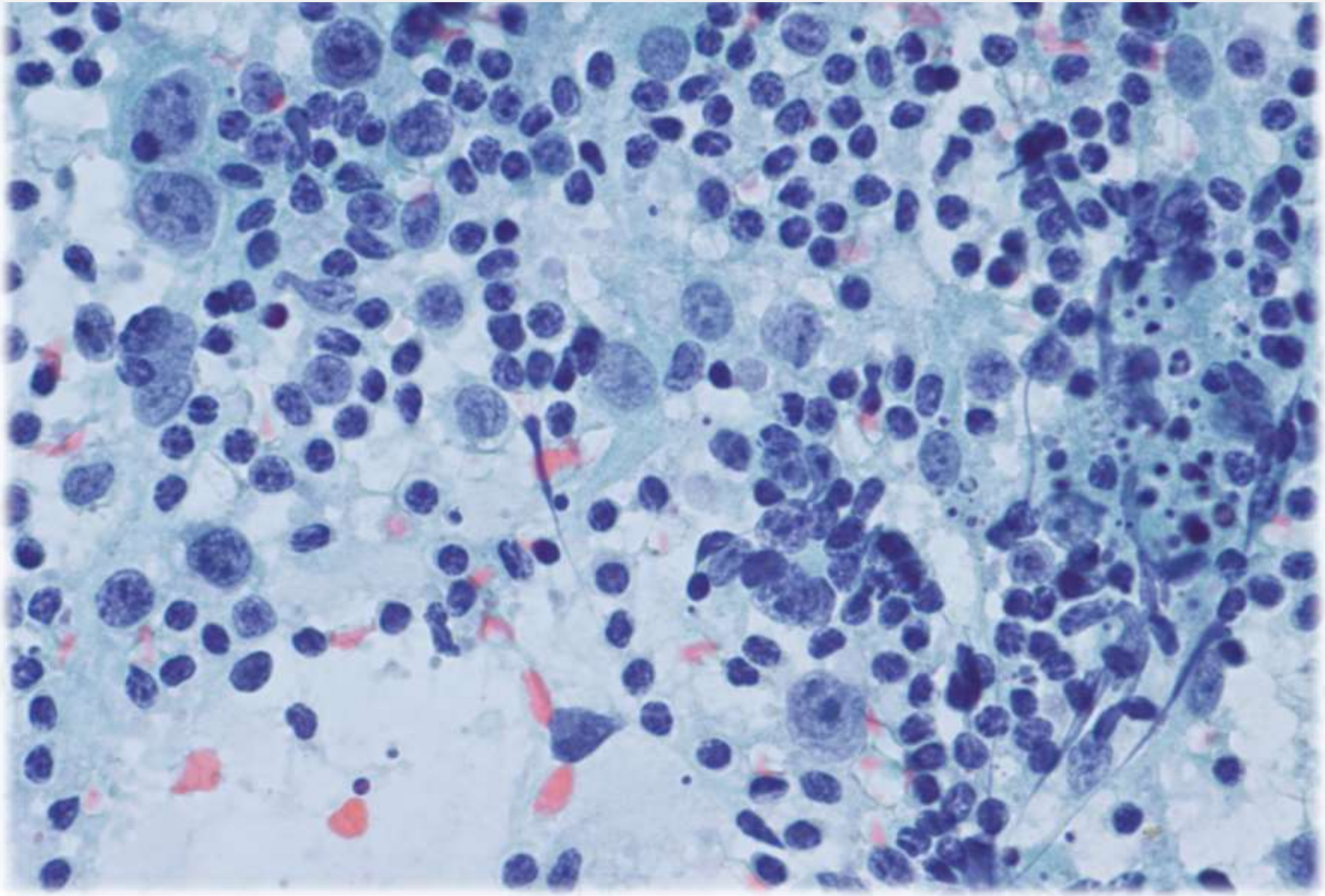
noduläres lymphozytenprädominantes Hodgkin Lymphom

- vereinzelte LP-Zellen (ehemals L&H-/Popkornzellen) auf B-Zell-reichem Hintergrund

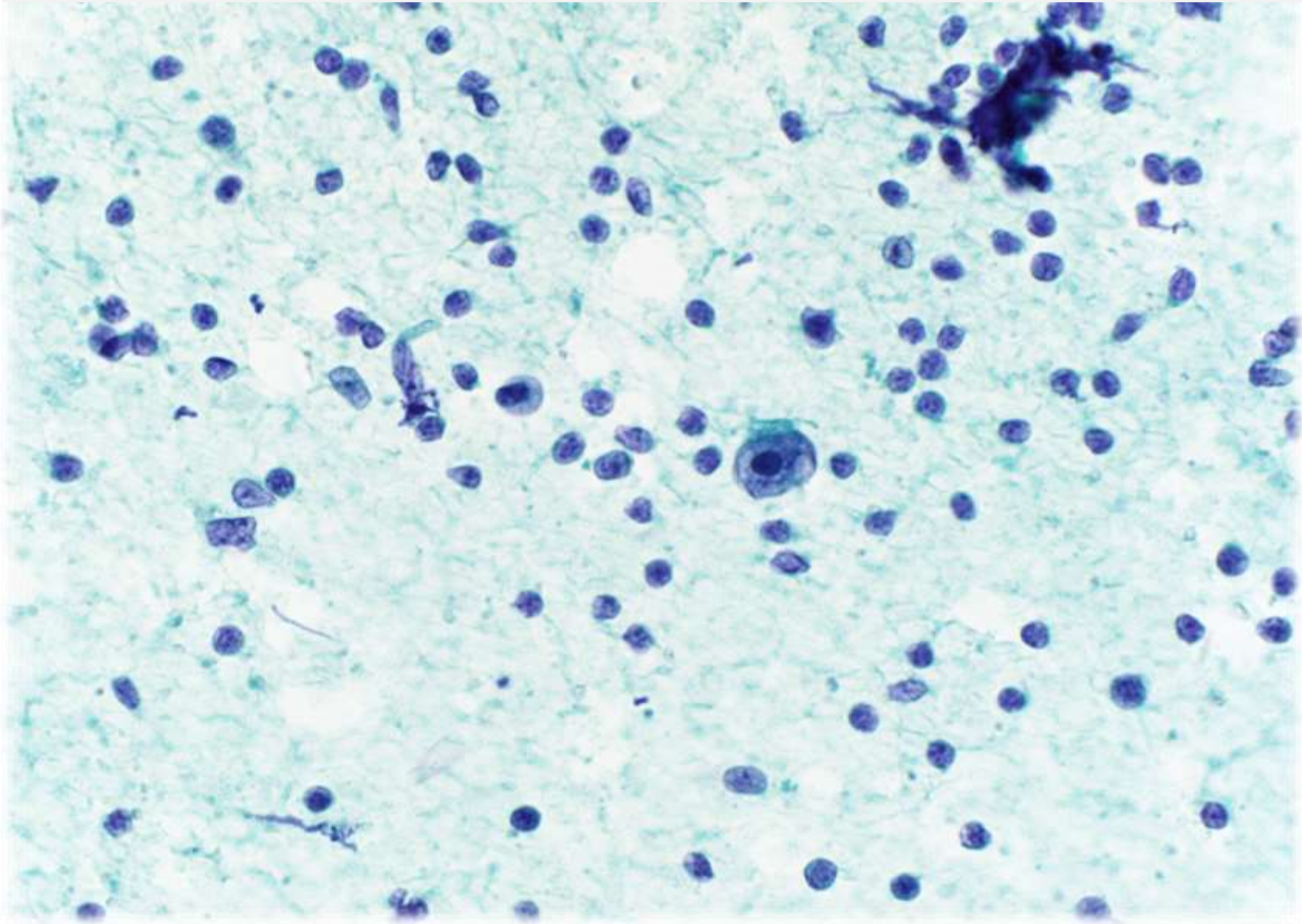
- CD20+; J-chain+; EMA+; CD30-/+; CD15-; EBV-



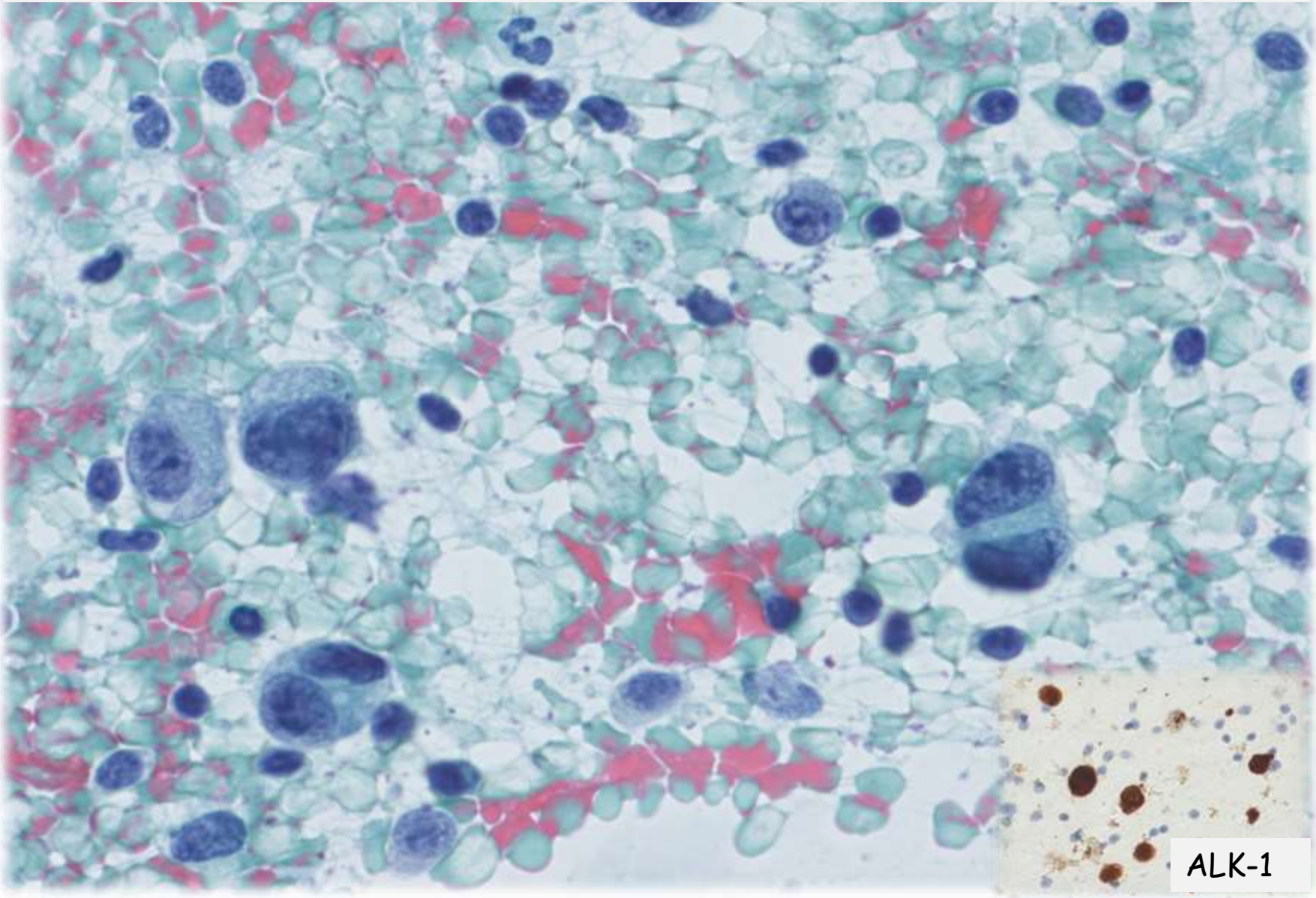
reaktive Lymphadenopathie



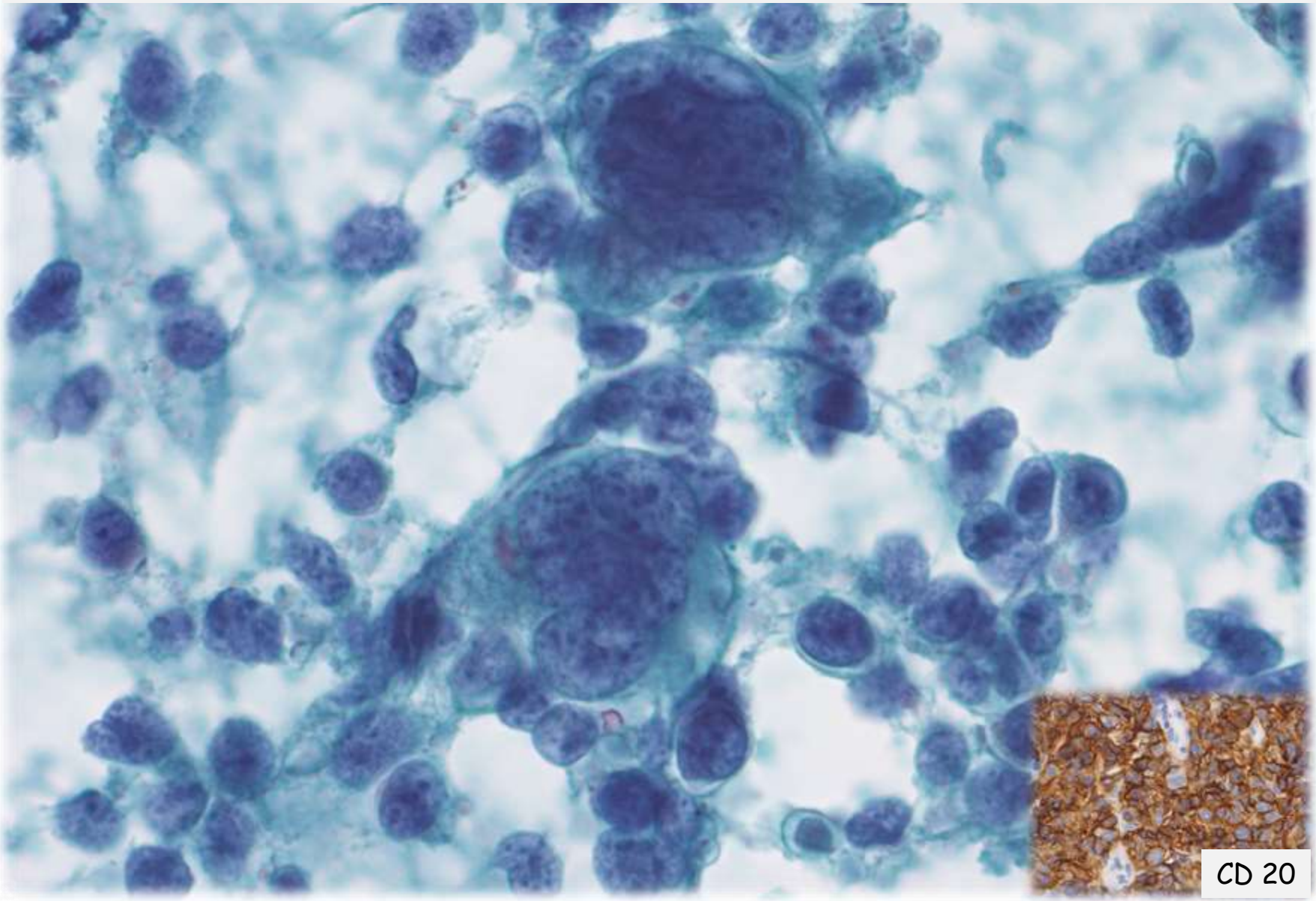
T-Zell und histiozytenreiches B-NHL



grosszellig-anaplastisches Lymphom (ALK-1+)



DLBCL, anaplastische Variante



Melanom