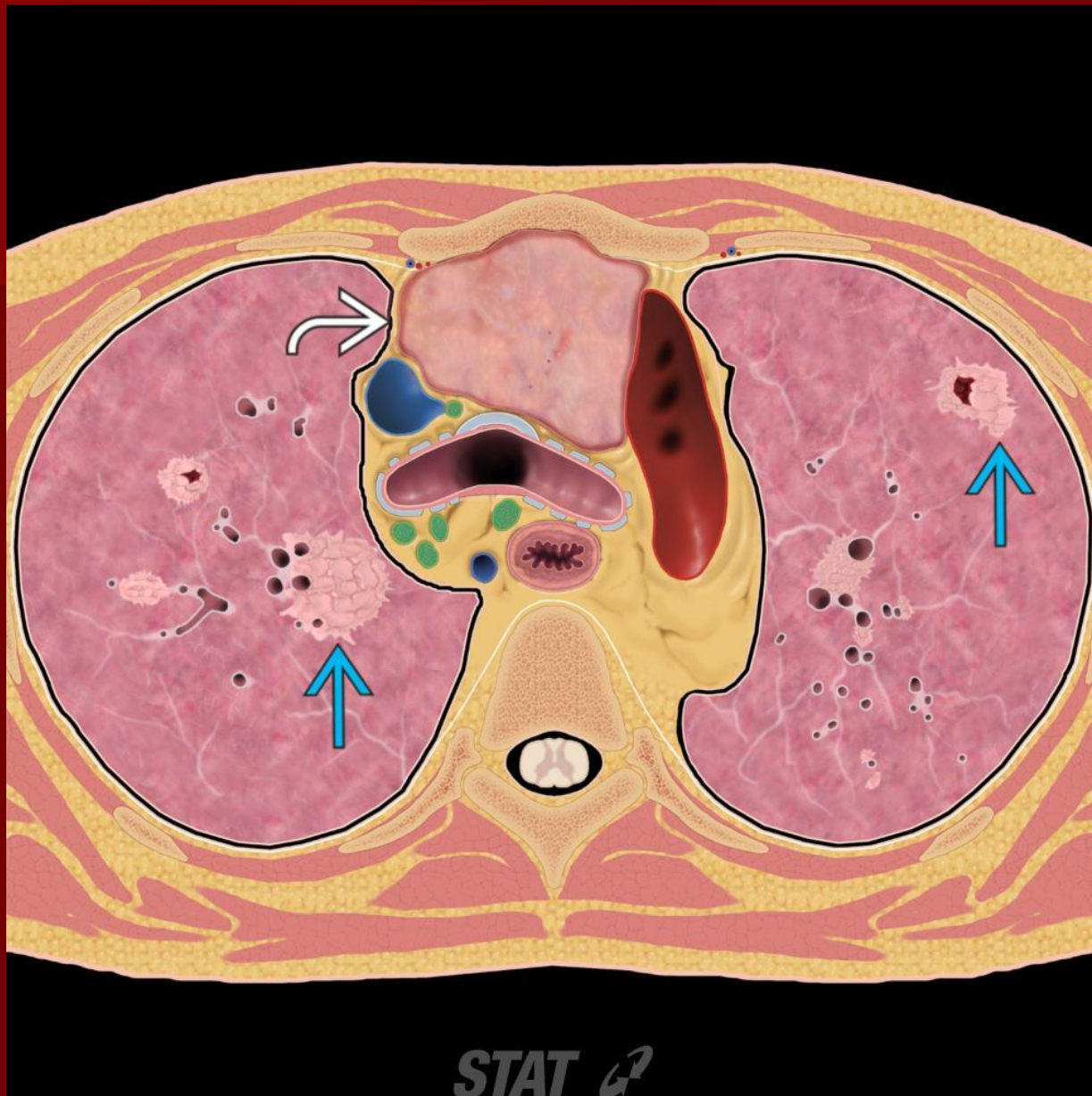


Pulmonary Hodgkin Lymphoma

- Systemic cancer of lymphatic system
- Pulmonary involvement in 40% of patients with Hodgkin lymphoma (HL); associated with lymph node involvement
 - Primary pulmonary HL (rare)

CT

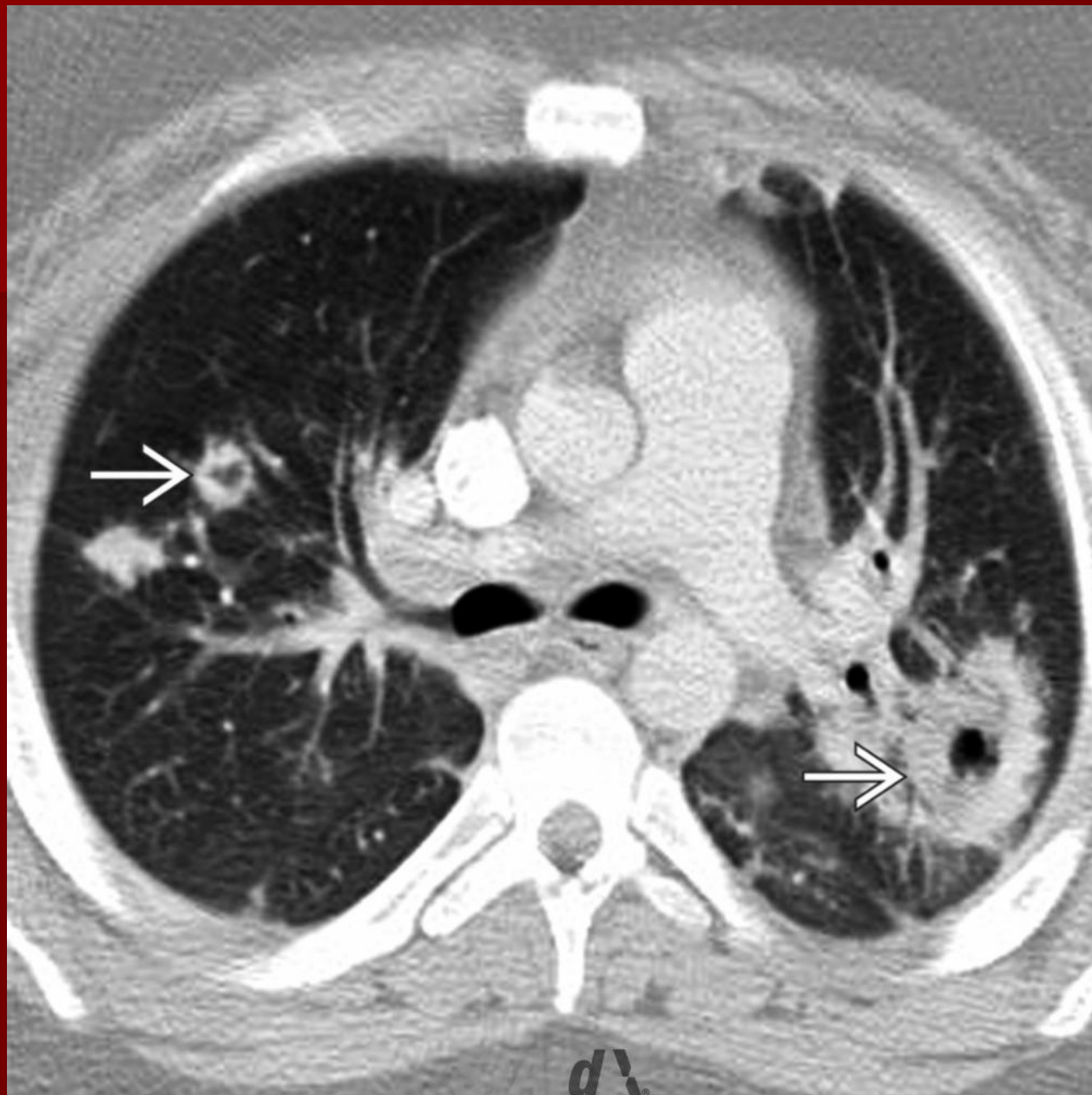
- Multiple pulmonary nodules/masses
 - Unilateral or bilateral
 - Ill- or well-defined borders
 - May contain air bronchograms
 - Cavitation (10-20%)
- Hilar &/or mediastinal lymphadenopathy
- Lobar or segmental consolidation
- Endobronchial nodule/mass; postobstructive changes
- Reticulation and bronchovascular thickening
- Miliary or perilymphatic pattern (rare)



Graphic shows the characteristic anatomic distribution & morphologic features of pulmonary Hodgkin lymphoma. Multifocal bilateral pulmonary nodules (cyan solid arrow) associated with mediastinal lymphadenopathy (white curved arrow) are shown.



Axial CECT of a patient with pulmonary Hodgkin lymphoma shows hilar (white solid arrow) & mediastinal (black solid arrow) lymphadenopathy, a dominant left upper lobe solid lung nodule (white open arrow) with irregular margins, and multiple smaller perilymphatic nodules. Primary pulmonary Hodgkin lymphoma is rare.



Axial CECT of the same patient shows bilateral lung nodules and masses, some of which exhibit cavitation (white solid arrow). Cavitory nodules and masses occur in a small percentage of patients with pulmonary HL and are a nonspecific finding, as they may also occur in patients with fungal pneumonia, septic emboli, pulmonary metastases, and pulmonary vasculitis.