

Lymphogranulomatosis or Brucellosis?

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Lymphogranulomatosis (synonym: Hodgkin's disease, Hodgkin's lymphoma) is a malignant neoplasm originating from lymphoid tissue. Lymphogranulomatosis was first described by Hodgkin in 1832. The etiology and pathogenesis are not known. A number of authors believe that the process begins with the local emergence of a tumor, which subsequently metastasizes by the lymphogenous and hematogenous pathways.

Another point of view suggests the multicentric occurrence of a tumor (systemic tumor) within the tumor field, which in lymphogranulomatosis may be the entire lymphatic system.

A prerequisite for staging diagnosis "lymphogranulomatosis" is the presence of Berezovsky-Sternberg-Read cells in the lymphoid tissue during microscopic examination.

Basic analysis allowing confirm diagnosis lymphogranulomatosis, is a microscopic examination of a sample of tumor lymphoid tissue obtained from a biopsy. This tissue is sent for morphological examination under a microscope in order to determine whether the lymph node is indeed filled with tumor cells and whether specific Berezovsky-Sternberg-Reed cells are present in it. To confirm the diagnosis, an immunohistological study can be performed to determine the immunological characteristics of tumor cells.

Note that Berezovsky-Sternberg-Read cells themselves are not tumor, but "specific", moreover, many sources call them "diagnostic".

About 180 years have passed since the time when the diagnosis of "lymphogranulomatosis" and the presence of Berezovsky-Shtremberg-Read cells became inseparable components. Doctors, oncologists, hematologists have no shadow of a doubt about the correctness of the diagnosis when Berezovsky's cells are found ...

But really, nothing has changed in 180 years !?

One of the greats said: "Nowhere do dogmas last as long as in medicine."

A case from the practice of our center. About six months ago, a nurse from one of the medical institutions in the city, Oksana M. (25 years old), turned to us with a diagnosis of lymphogranulomatosis, which she was given the day before. In addition to the cervical and supraclavicular, the inguinal lymph nodes were also enlarged. An inguinal lymph node biopsy showed the presence of Berezovsky-Shtremberg cells.

Immediately, hospitalization was offered to the hematology department of the regional hospital with 8 courses of chemotherapy and subsequent radiation therapy, that is, a traditional treatment regimen was proposed in such cases.

It should be noted that this patient had previously worked in our center, moreover, the authors of the article are her close relatives, so this news amazed all employees of our center.

Before hospitalization, it was decided to conduct a thorough diagnosis

by the method of vegetative resonance test on the equipment of the company "IMEDIS" (software version 5.30).

We did not see lymphogranulomatosis, which is called "point-blank", but brucellosis was clearly tested.

In the household of the patient's parents, there was a cow, which gave birth to dead calves three times in a row, and the patient consumed raw milk for a long time. But this fact was not taken into account by doctors, oncologists, hematologists.

It was logical to conduct additional research on brucellosis, but, as it turned out, such analyzes are not done by the laboratories we contacted, due to the lack of reagents and the absence of this disease in Ukraine in recent years.

The Ukrainian Institute of Epidemiology could not help us either. They deal with Q fevers, rickettsioses, etc. just not brucellosis.

I had to turn to statistics. It turned out that, for example, in Spain, where the population is 10 million less than in Ukraine, 100,000 people fall ill with brucellosis every year. In Russia, only 450 to 750 cases are recorded annually, and in Ukraine, allegedly one in 2008. On the one hand, it is good that in Russia and Ukraine there is such a low incidence of brucellosis. But what if, with this pathology, people become patients of oncological institutions?

And there are approved treatment regimens, from which to retreat, as they say, "harm yourself."

We were unable to defend the patient with oncologists, hematologists. For five months she has been taking courses in regional hematology with a diagnosis of grade 3-4 lymphogranulomatosis. She underwent 6 courses of chemotherapy, after the first course the hair on her head fell out, which is not the worst, given the general satisfactory condition. Unexpectedly, they offered a free trip to the sanatorium. She is currently resting in the snowy Carpathians.

For the sake of fairness, it should be noted that against the background of tested brucellosis (brucellosis during exercise), lymphogranulomatosis also began to be tested. *Pseudomonas aeruginosa* had the same effect. We load with *Pseudomonas aeruginosa*, lymphogranulomatosis is tested. In this we see a causal relationship that requires further research.

Brucellosis is prone to a long course, turning into a chronic one. The possibility of long-term persistence of pathogens inside macrophages is explained by the incompleteness of phagocytosis and the slow development of the immune response. Cells of Berezovsky-Strenberg-Reed also express macrophage antigens on the surface.

But what if the mysterious Berezovsky-Strömberg-Reed cells are in fact *Brucella*?

The authors would hardly have dared to make such a revolutionary assumption without the equipment of the firm "IMEDIS". But, on the other hand, if not us, then who?

"- M .:" IMEDIS ", 2009, v.1 - C.181-184