

## Comment

I encourage you to read the new issue of the journal "Progress in Medicine" which is totally devoted to lymphoproliferative disorders (LPD). The current issue includes valuable original papers as well as instructive case descriptions. I wish to draw your special attention for an interesting review showing current view on pathogenesis, diagnostics and treatment of patients with Hodgkin lymphoma; this paper was presented by prof. Piotr Smolewski from the Department of Experimental Haematology in Lodz.

The role of allogeneic stem cell transplantation (alloHSCT) in patients with recurrent and resistant Hodgkin lymphoma is to be established. The encouraging results of alloHSCT were presented in this journal issue.

Administration of chemotherapy may be associated with burdensome side effects. Purine analogues (PA) are frequently administered for patients with LPD and their use may be associated with significant myelo- and immunosuppression. A brief communication discussing their influence on cardiac function was presented by authors from Department of Haematology and Bone Marrow Transplantation in Katowice.

Thromboembolic complications (TEC) may reduce survival in patients with hematological malignancies. The frequency and the evaluation of risk factor associated with TEC were shown in an original paper from Department of Hematology, Blood Neoplasms and Bone Marrow Transplantation in Wroclaw.

Supportive care plays an important role in patients with LPD due to immunoparesis which is commonly seen in this patient population. The purposefulness of intravenous immunoglobulin in preventing infectious complications during treatment for LPD was discussed in details in this issue.

Peripheral T-cell lymphomas are clinically heterogenous group of neoplasms with variable prognosis. The current classification along with therapeutic management was discussed in an instructive review paper.

I would like to focus on some valuable case descriptions. A report of very rare cases of blastic plasmacytoid dendritic cell neoplasms was presented by Jamroziak et al. The authors concluded that this neoplasm has poor prognosis with conventional chemotherapy and all patients should be proceeded to alloHSCT. The rate of Richter transformation in chronic lymphocytic leukemia is estimated to be less than 10% whereas the concomitant occurrence of Hodgkin variant of Richter syndrome and lung cancer is extremely rare. Such highly valuable case with an excellent discussion was presented by Adamowicz et al. Another case report is devoted to fatal complications which may occur in a patient treated for myeloma. The diagnosis of Hodgkin lymphoma is usually based on histological examination of the peripheral lymph node and primary extranodal involvement is relatively rare. In this journal issue I recommend an interesting case description showing primary hepatic and biliary manifestation of this lymphoma.

I hope that the issues selected by us meet your expectations. I strongly encourage you to read this issue of the journal.

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