

Case Report

Peripheral Lymphadenopathy

5 years experience at Gulab Devi Chest Hospital Lahore

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ABSTRACT

Objectives: The study sought to investigate the effects of work environment on employee's reduced turn over intention in Khyber Teaching Hospital Peshawar and Pakistan Institute of Medical Sciences Islamabad.

Methods: The research design for this study was the survey research design to assess the relationship between work environment and reduced turnover intention. Population size of employee's was 110. In an attempt to realize the objectives of study, 100 questionnaires were administered to the employees of both hospitals. Random sampling was used to select a sample.

Results: The response rate of 91% was achieved. The data collected from employees was analyzed using descriptive statistics in SPSS. It was found that; work environment was not statistically significant to reduce turnover intention in employees. Autonomy in employees can arise the employee engagement to their organization.

Keywords: Work environment, Employee engagement, Autonomy, Reduce turnover intention

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Introduction

Peripheral Lymphadenopathy is a common problem usually found in children. Most common cause of peripheral lymphadenopathy being considered as TB. Usually the patients with peripheral lymphadenopathy are put on ATT without confirmation of diagnosis by histopathology, so they are mistreated.

Prospective study was done with joint collaboration of Chest and Histopathology

department of GDH. 5 years data of lymph node biopsy done at Gulab Devi Chest Hospital was analyzed

Objectives

1. To know the exact cause of peripheral lymphadenopathy in relation to age group.
2. To know the age distribution and site of predilection of peripheral lymphadenopathy.

Method

1. All the patients reported to OPD or admitted in various wards of the hospital with peripheral lymphadenopathy were biopsied and results analyzed.
2. 1921 patients with either localized or generalized peripheral lymphadenopathy were studied
- 3 Study period was from 2003 - 2007.
- 4 Study included indoor as well as outdoor cases.
- 5 Data collected from clinical history sheet of the patient.
- 6 In OPD cases data is collected from the history sheet attached to the specimens which are subjected to histopathology lab.
- 7 Ultrasound abdomen and CT thorax/abdomen was done in those cases where generalized Lymph adenopathy was suspected

| Condition | No of pts | %age |
|-----------------------------------|-----------|--------|
| Caseous granulomatous | 1042 | 54% |
| Metastatic carcinoma | 237 | 12.34 |
| Non caseousgranulmatous | 103 | 5.20 |
| Acute necrotizing | 98 | 5.20 |
| Non Hodgkins lymphoma | 46 | 2.4% |
| Hodgkins lymphoma | 69 | 3.6% |
| Non specific reactive hyperplasia | 326 | 16.97% |

Distribution of lesions according to age

| Age Years | Total Patients | % |
|-----------|----------------|--------|
| 3 – 10 | 784 | 40.81% |
| 11 – 30 | 461 | 23.99% |
| 31 – 60 | 391 | 20.35% |
| above 60 | 285 | 14.83% |

RESULTS

Total Patients 1921

| Sex | No Of Pts | % |
|---------|-----------|-----|
| Males | 902 | 47% |
| Females | 1019 | 53% |

- Age ranges from 3 to 95 years
- Mean age was 34 years

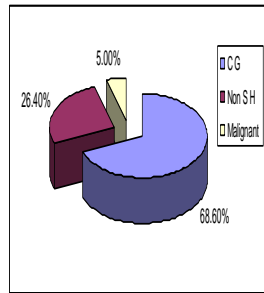
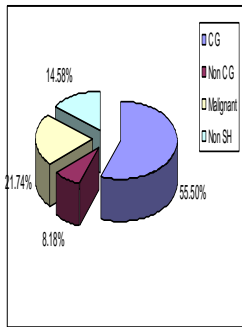
Distribution of disease pattern

Causes of lesion according to age
Age group 3 – 10 years Total patients 784

| Cause | Total patients | % |
|-------|----------------|---|
|-------|----------------|---|

| | | |
|-----------------------------------|-----|-------|
| Caseous granulomatous | 538 | 68.6% |
| Non specific/reactive hyperplasia | 207 | 26.4% |
| Malignant | 39 | 5% |

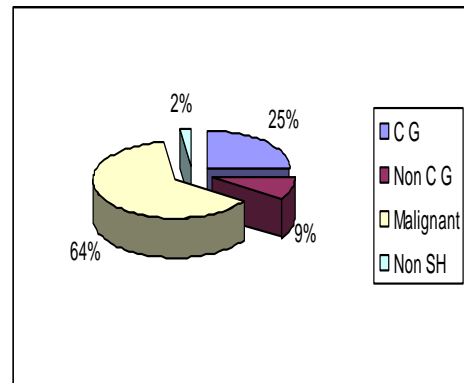
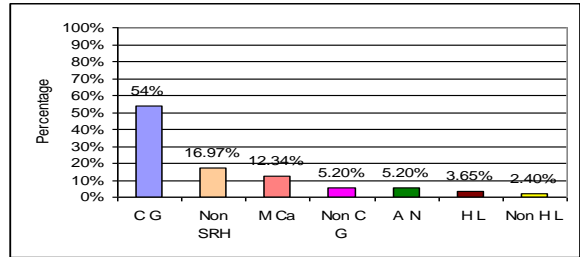
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|-----------------------------------|-----|--------|
| Caseous granulomatous | 217 | 55.49% |
| Malignant | 85 | 21.73% |
| Non specific/reactive hyperplasia | 57 | 14.57% |
| Non caseous granulomatous lesion | 32 | 8.18% |
| Non caseous granulomatous lesion | 40 | 8.6% |



Age group 31- 60 years
Total patients 391

Age group 11- 30 years total patients 461

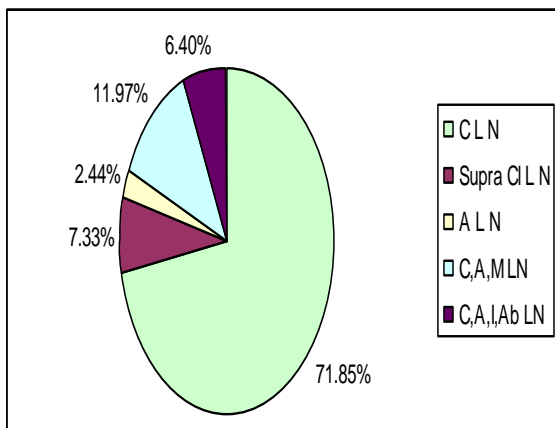
| Causes | Number of Patients | % |
|-----------------------------------|--------------------|--------|
| Caseous granulomatous | 319 | 69.9% |
| Non specific/reactive hyperplasia | 56 | 12.14% |
| Malignant | 46 | 10 % |



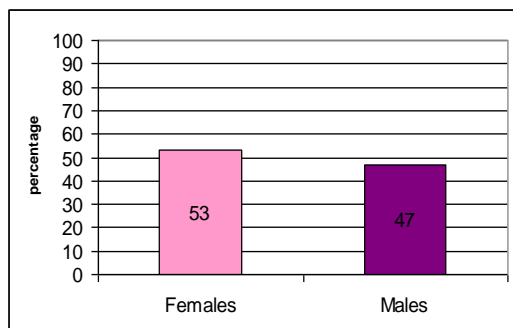
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|-----------------------------------|-----|-------|
| Malignant | 182 | 63.5% |
| Caseous granulomatous | 71 | 24.9% |
| Non caseous granulomatous lesion | 26 | 9.5% |
| Non specific/reactive hyperplasia | 6 | 2% |

Conclusion

1. Caseous granulomatous lesions are the most frequent cause of peripheral lymphadenopathy.
2. In age group 3—10 yrs 26 % peripheral lymphadenopathy is non specific, so should not be treated as TB
3. Malignant pathology is second frequent cause.
4. Above 60 yrs of age 63 % peripheral lymphadenopathy is due to malignancy, so possibility must be kept in mind
5. 4. Cervical Lymph node are most commonly involved in peripheral lymphadenopathy and combined cervical and mediastinal is second common site.



Site of predilection of Total patients 1921



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