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The term lymphoma refers to the primary malignancy of the lymphoreticular system of the body. The lymphomas have always presented a challenge to medical science because of its high fatality rate. Magnitude of problem can be assessed by the fact that about 45 per million lives are being lost every year in the Great Britain because of this disease. Fifty percent of these are due to Hodgkin's, 7 percent due to follicular lymphoma and rest 43 percent are due to lymphosarcoma (L.J.Wittis 1967). Despite many advances in the field of medicine the prognosis of the disease had been quite gloomy till few years back. However the picture of yester-years is changing fast due to the concerted and conjoint efforts on the part of surgeons, pathologists and Radiotherapists and a picture of assurance is emerging fast for these patients.

There has been a tremendous change in our understanding about the lymphomas mainly because of the renewed knowledge about the immunology. The traditional classifications and terminology were proposed on the basis of suspected cellular derivation and presumed
degree of differentiation long before the recent remarkable advances in immunology were made. The term lymphosarcomas and reticulum cell sarcoma now hold a meaningless status by preventing comparison of results from different centres.

There are many interesting aspects about these primary tumours of lymphoreticular system which have attracted attention of the workers in the recent past. Foremost among these are rational of existing methods for terminology, nomenclature, classification accurate staging and treatment. Efforts have always been forthcoming where by the histology, staging and treatment could be correlated with each other. So that the ultimate prognosis of these patients could be improved.

The present accepted classification divides lymphomas into 1. Hodgkin's group 2. Non Hodgkin's group. Each group is then subclassified pathologically depending upon the predominant microscopic picture, Besides the pathological classification, patients are stages clinically mainly based upon, anatomical extent of the disease process in the body. The modern line of
treatment of lymphomas, their response and prognosis depend mainly, besides other factors, upon the stage of disease process in the body and its histological type.

Surgeons, who seemed to have lost the battle against lymphomas except for a mere aid in diagnostic biopsy, have now assumed an important role in the complete management of these cases. There has been a considerable emphasis in the recent years over the accurate staging of these patients from the point of view of anatomical extent of the disease process in the body. From our renewed knowledge about the spread of these tumours, we have come to know i.e. that a mass in the neck alone may be superficial manifestation of an occult primary in the abdomen. Number of investigations have been forwarded in order to stage the disease process accurately. However staging laparotomy is the latest and most accurate method for correct staging of these patients. These process entails a formal routine laparotomy in all patients of lymphomas, whereby biopsies from paraortic spleenic, hilar and mesenteric nodes, liver and spleen are taken to determine the occult spread of the disease. It has also been seen that many clinical first and second stage cases fall into third or fourth stage after this staging laparotomy and would require an absolutely changed line of treatment which otherwise would not have been given resulting in poor prognosis.
After elaborate studies, a fact has come to the surface that extent of anatomical spread along with the histological type, besides other factors, are very important so far as the prognosis of these cases is concerned. As the disease process spreads in the body, the histology changes from a benign to more malignant type. This is more of a truth in the Hodgkin's lymphomas.

There has been a tremendous change and improvement on the therapy front of these tumours as well. The newer effective cytotoxic drugs, their newer combinations along with the safety and renewed methods of radiotherapy have improved the prognosis of these cases now considerably the tale of gloom has been overthrown. The latest methods have considerably improved the quality and quantity of life of these patients so much so, that we now even talk of cure in the initial stages of Hodgkin's disease.

However, all this is possible only with the correct histology, accurate staging and related full adequate treatment.

Since bone marrow involvement in these patients could identify the fourth stage of the disease, which might not be clinically overt, it was thought that
probably bone marrow examination may bring out the occult spread of the disease process. It may not be as useful as staging laparotomy but can serve as an important complimentary tool to other investigational method. The greatest advantage lies in the ease with which, it can be performed with minimal available facilities.

It is with the following aims that the proposed study had been taken up.

1. To diagnose the lymphoma patients admitted to the M.L.B. Medical College, Hospital, Jhansi by means of facilities available in our setup.

2. To classify these tumours according to the latest histological classification.

3. To stage the patients according to the latest clinical classification.

4. To see the involvement of bone marrow in these patients.

5. To see that how bone marrow involvement is related to histology & clinical staging.