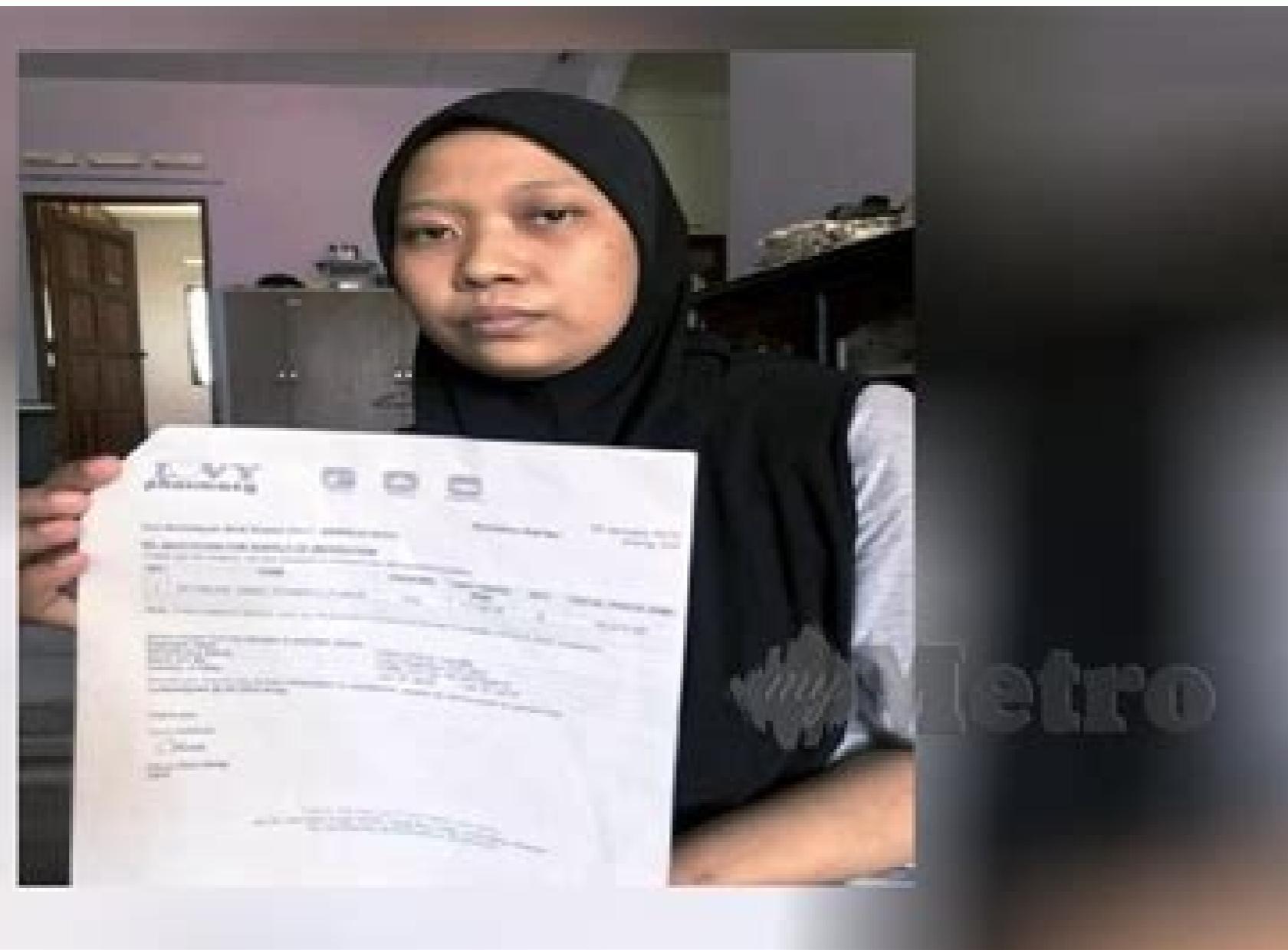


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dipecah, stridor	napas menunjukkan kedutanan onkologik.
Nyeri akut yang berhubungan dengan kompresi saraf perifer, pembesaran kejepit laring, ekak sekunder pemberian agen antitukis, peningkatan produksi sari amukat jaringan lokal.	
Tujuan: dalam waktu 3x2 jam terdapat penurunan respon nyeri.	
Criteri: secara subjektif klien menyatakan penurunan rasa nyeri, secara objektif didapatkan tanda-tanda vital dalam batas normal, wajah rileks, tidak terjadi penurunan perfusi perifer.	
Intervensi	Rasional
Ciat karakteristik nyeri lokasi intensitas, serta lama dan segera pemberian	Variasi penumpaan dan perlaku klasik karena nyeri terjadi sebagai temuan pengujian
Lakukan manajemen nyeri	Posisi fisiologis akan meningkatkan asupan O ₂ ke jaringan yang mengalami nyeri sekunder dari iskemia
Istirahakan klien	Istirahat akan menurunkan kebutuhan O ₂ jaringan perifer, sehingga akan menurunkan kebutuhan oksigen jaringan
Manajemen lingkungan: lingkungan tenang dan bersih pengarung	Lingkungan tenang akan menurunkan stimulus nyeri eksternal dan pembatasan pengarung akan membantu meningkatkan kondisi O ₂ rungan yang akan berkurang apabila banyak pengarung yang berada di ranjang
Ajarkan teknik relaksasi pernapasan dalam	Meningkatkan asupan O ₂ sehingga akan menurunkan nyeri sekunder dari iskemia jaringan

Epidemiology of Hodgkin's Lymphoma

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1. Introduction

Hodgkin's lymphoma (HL), formerly called Hodgkin's disease, is a malignant tumor of the lymphatic system (Schnitzer, 2009). It was first recorded by Thomas Hodgkin in 1832, when he described seven patients suffering from enlargement of lymph nodes and spleen as a new disease entity (Thomas et al, 2002).

Understanding of its pathogenesis remains unclear (Mueller, 1991). The cellular origin of this lymphoma was failed to be clearly identified by molecular biology studies. The characteristic Reed Sternberg cell is thought to be derived from the histiocytes, granulocytes and reticulum cells (Lee et al, 1993). But other studies suggest that these cells represent immature lymphoid cells (Diehl et al, 1990).

Hodgkin's lymphoma was described microscopically for the first time by Langhans in 1872 (Langhans, 1872). Jachson and Parker (1947) described the first histological classification of Hodgkin's lymphoma in 1947, later on this classification was revised at Rye in 1966 and in 1991 the Rye classification was incorporated into the revised European-American

3 Incidence

2. Incidence

The incidence of Hodgkin's lymphoma shows marked heterogeneity with respect to age, gender, race, geographic area, social class and histological subtype (Burke, 1992). Hodgkin's lymphoma is listed as a rare disease by the office of rare diseases (ORD) of the National Institutes of Health (NIH). This means that it affects less than 200,000 people in the US population. About 8000 new cases of Hodgkin's lymphoma occur each year in the United States. 1500 people in the US die from Hodgkin's lymphoma each year. It is more common in Caucasians (Lee et al, 1993). Asians have lower incidence than other races (Glaser and Hsu, 2002). The annual incidence of Hodgkin's lymphoma appears stable over the past several decades. Incidence in the United Kingdom is about 2.4 per 1000,000 per year. Worldwide prevalence rates vary, with more than 5.5 per 100,000 in Yemen and Lebanon and less than 1 per 100,000 in China and Japan. At least some of this variation appears to relate to the degree of industrialization (Hoffbrand et al, 2011).



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