

# ONCODAILY MEDICAL JOURNAL

*abstract*

## **Evaluation of Inpatient Mortality in Pediatric Non-Hodgkin Lymphoma and Lessons Learnt at a Tertiary Care Hospital in Pakistan**

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## Evaluation of Inpatient Mortality in Pediatric Non-Hodgkin Lymphoma and Lessons Learnt at a Tertiary Care Hospital in Pakistan

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**Introduction:** Non-Hodgkin Lymphoma (NHL) is an aggressive pediatric malignancy that carries dismal prognosis in developing countries. A mortality audit was done to identify causes of inpatient mortality in children with NHL at a tertiary care hospital.

This is a descriptive study conducted at Pediatric Hematology Oncology Department at The Children's Hospital, Lahore from 1st January 2020 till June 2022.

**Methodology:** Mortality analysis was done of pediatric NHL patients retrospectively. Demographics, clinical, and epidemiological features, histopathology, stage, and causes of death were analyzed. Mortality cause was categorized as treatment-related or disease-related mortality.

**Results:** There were 42 mortalities out of 205 NHL patients. Thirteen patients (31%) had very early deaths. Thirty-eight percent were between 5 -10 years of age, 81% were boys and 81% were from other cities.

Predominant symptoms were fever (52%), abdominal pain/distension (38%), respiratory distress (33%) palpable mass (21%), and lymphadenopathy (21%). Histopathology was T Lymphoblastic Lymphoma (22%), Burkitt's Lymphoma and High-grade B cell NHL (34%). Common causes of mortality were infection (57%), tumor lysis syndrome (19%), disease progression/resistance (10%), Superior vena cava syndrome (7%) and COVID infection (4%). Twenty-seven (64%) patients had treatment-related mortality while 15(36%) had disease-related mortality.

**Conclusion:** Infection-related mortality was the most common cause of mortality. Febrile neutropenia and sepsis were still the most common causative factors. A significant number of Pediatric NHL patients presented with an Oncological emergency and had significant diagnostic delays. Many of these deaths are preventable by better infection control practices, early diagnosis, recognition, and management of oncological emergencies.