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Research Article

**SERUM LACTATE DEHYDROGENASE 2 ISOENZYME AS
BONE MARROW INFILTRATION MARKER IN PATIENTS
WITH NON-HODGKIN LYMPHOMA**¹Dr Aamna Arif, ²Dr Bushra Khaliq, ³Dr Sheikh Ali Ahmad Ajmal¹Sharif Medical and Dental College, Lahore., ²Bengbu Medical College, China., ³Independent Medical College, Faisalabad.**Article Received:** October 2020**Accepted:** November 2020**Published:** December 2020**Abstract:**

Objectives: To assess the level of serum lactate dehydrogenase 2 (LD2) in patients with NHL with and without bone marrow infiltration.

Place and Duration: In the Oncology department of Mayo Hospital, Lahore for one-year duration from September 2019 to September 2020.

Introduction: Lactate dehydrogenase (LDH) is often elevated in patients with hematopoietic tumors and has been shown to be prognostic, especially in patients with non-Hodgkin's lymphoma (NHL). The level of the LD2 isoenzyme in the serum was determined in 60 already diagnosed patients with NHL.

Aims and Objectives: The patients were divided into two groups, 30 patients with bone marrow infiltration (group B) and the rest without infiltration (group C). The values were compared with 20 healthy controls matched for age and sex (Group A). Estimates were made before starting chemotherapy.

Results: LD2 level was significantly increased in NHL patients compared to the control group. There was also a significant difference when the values were compared between NHL patients with and without bone marrow infiltration. The levels showed a positive correlation with the extent of the disease.

Conclusion: We conclude that the above-mentioned non-invasive parameter is a useful indicator of the severity of the disease.

Keywords: non-Hodgkin's lymphoma, mucosa-associated lymphoid tissue, Hodgkin's disease, lactate dehydrogenase.

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INTRODUCTION:

Lymphomas are malignant tumors of the lymph-reticular system. Lymphoma occurs when lymphocytes become malignant and accumulate through duplication faster than normal, or can live longer than normal lymphocytes. In malignant lymphomas, most cells are frozen in one step of normal differentiation. The two broad types of lymphoma are called Hodgkin's disease (HD) and non-Hodgkin's lymphoma (NHL). In NHL, the primary symptoms of the disease appear outside the bone marrow at the site of the normal homing lymph node, the spleen, MALT (mucosa-associated lymphoid tissue), or anywhere else. Lymphomas outside the lymph nodes and the spleen are referred to as extra-nodal lymphomas. In NHL, when the disease involves the bone marrow, it is said to have advanced to stage IV. Patients with NHL may develop local and systemic peripheral lymphadenopathy, clinically indistinguishable from Hodgkin's disease, but major systemic symptoms such as fever, night sweats or weight loss are less common in NHL than in HD. NHL is an intimidating and extended family of lymphoid neoplasms, including various Bcell lymphoid tumors and several less common T cell proliferations, as well as several malignant macrophage tumors. After the histological diagnosis of malignant lymphoma, the staging assessment determines the extent and location of the disease, on which the treatment protocol depends. Patients who do not respond to conventional therapy may benefit from research approaches. Among the biological markers, lactate dehydrogenase is the most important, reflecting the proliferative activity and invasive potential of lymphoma. Lactate dehydrogenase (LDH) has a molecular weight of 135,000 Dalton's. It is a zinc-containing enzyme. LDH catalyzes the reversible oxidation of lactate to pyruvate. It is expressed at higher levels when

lymphocytes divide or when cells are destroyed or damaged. Elevated LDH levels indicate disease progression. A sharp increase may indicate transformation. LDH has five isoenzymes that differ slightly in structure. LDH2 is concentrated in lymphocytes.

MATERIALS AND METHODS:

It was a cross-sectional study held in the Oncology department of Mayo Hospital, Lahore for one-year duration from September 2019 to September 2020 among 80 people, regardless of age and gender, divided into the following groups. Group A: Normal healthy controls (n = 20) Group B: NHL patients without bone marrow infiltration (n = 30) Group C: NHL patients with bone marrow infiltration (n = 30). Newly diagnosed NHL cases were selected based on a biopsy of lymph nodes prior to the introduction of chemotherapy. Patients with myocardial infarction, renal failure, hepatic impairment, skeletal muscle disease, hemolytic anemia, malignancies of other cerebrovascular system, infectious mononucleosis and intestinal infarction were excluded. Serum lactate dehydrogenase 2 (LDH2) isoenzyme levels were measured by agarose gel electrophoresis at the Center of Excellence in Molecular Biology (CEMB), Lahore. The results were analyzed using the Student's "t" test.

RESULTS:

In the control group, the mean concentration of LD2 in the serum was $29.1 \pm 4.08\%$, in group B $39.83 \pm 2.09\%$, and in group C $52.53 \pm 4.47\%$. The difference between the mean levels in the control group and patients, as well as between NHL patients with and without bone marrow infiltration, was highly significant ($P < 0.001$) (Tables I, II, III and Figures I, II, III).

Table I: LD2 Levels In Controls and NHL

Parameter		Controls (n = 20)	Non infiltration (n = 30)	P value
LD2	(%)	29.1 ± 4.08	39.83 ± 2.09	< 0.001 *

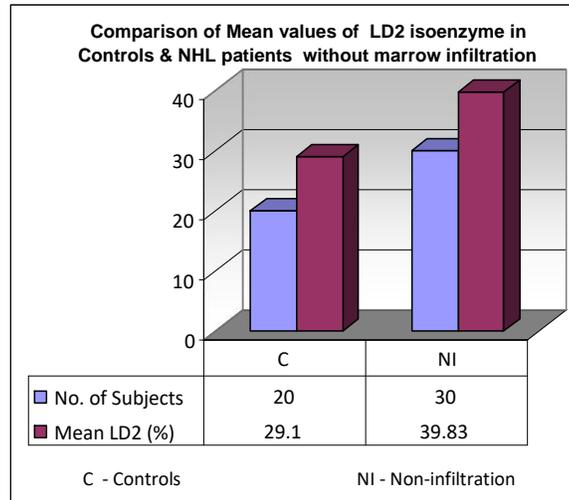


Figure I: Comparison of mean values of LD2 isoenzyme in controls and NHL patients without marrow infiltration.

Table II: LD2 Levels In Controls And NHL Patients With Bone Marrow Infiltration

Parameter	Controls (n = 20)	Infiltration (n = 30)	P value
LD2 (%)	29.1 ± 4.08	52.53 ± 4.47	<0.001*

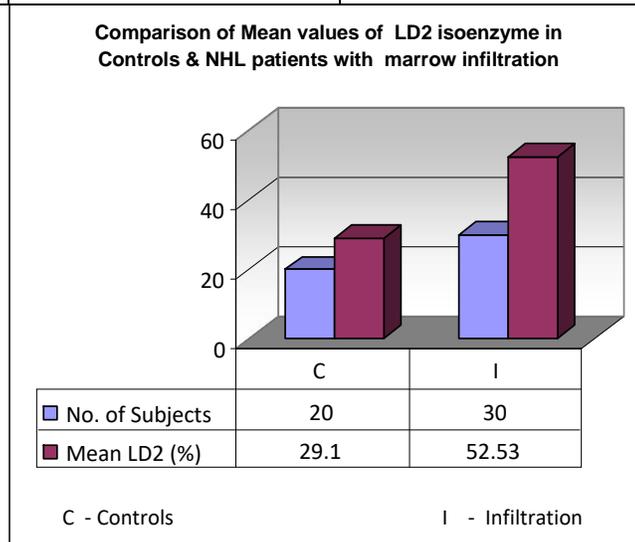


Figure II: Comparison of mean values of LD2 in controls and NHL patients with marrow infiltration

Table III: Comparison Of LDH2 In Patients Of Non- Hodgkin’s Lymphoma

Parameter	Non infiltration (n = 30)	Infiltration (n = 30)	P Value
LD2 (%)	38.83 ± 2.52	52.53 ± 4.47	<0.001*

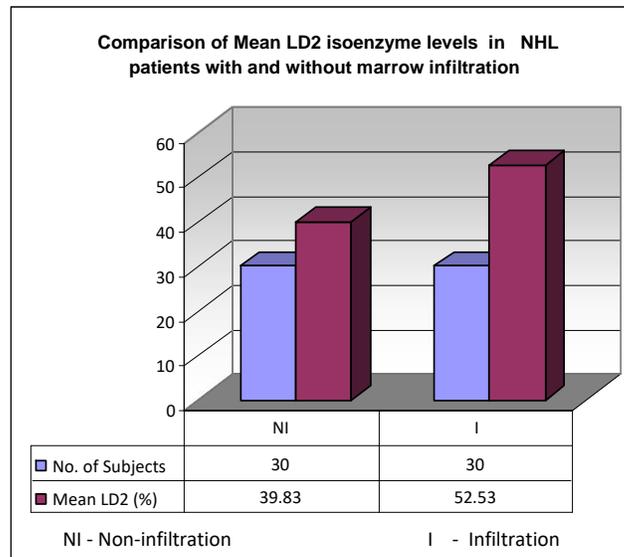


Figure III: Comparison of mean LD2 isoenzyme levels in controls and NHL patients with and without marrow infiltration

In 6 (20%) cases with leukocytosis, LD2 values ranged from 54-60% with an average value of $57.5 \pm 2.07\%$. The highest values (60 and 59%) were recorded in 2 (7%) cases with peripheral spillage. The borderline LD2 in serum in groups B and C obtained from the data was 45%. Infiltration cases showed values above this limit.

DISCUSSION:

LD2 was $1.51 \pm 0.43\%$. In NHL patients without bone marrow infiltration, the mean level was $2.41 \pm 0.48\%$. In contrast, in NHL patients with bone marrow infiltration, it was $3.9 \pm 0.7\%$. The mean level of LD2 was significantly increased in NHL patients with and without bone marrow infiltration compared to the control group ($p < 0.001$). Similar observations were made by Csako 1982, Rotenberg 1983, Paule 1984, Maruyam 1994, Dumontet 1999, Boufia 2004. Csako 1982 found that the highest activity of the LD2 isoenzyme is helpful in assessing tumor weight and prognosis in NHL patients. According to Rotenberg 1983, elevated serum LD levels with a predominance of LD2 may be an early and only sign of latent malignant lymphoma. Dumontet 1999 commented that there are some distinctive serum LD isoenzyme profiles in NHL patients and that some of these specific changes may help refine the prognostic value of total serum LDH. Boufia 2004 said that LD2 appears to be a biochemical marker of neoplastic and cell differentiation. The increase in LD2 was a sign of an evolution towards a more aggressive phase of the disease. There are changes in the characteristics of serum LD2 levels in NHL patients. Boufia 2004 also

reported that among 160 patients, 49% had elevated serum LDH. Analysis of the LD isoenzyme profiles in all patients showed an increased percentage of isoenzyme 2 in patients with NHL (both at diagnosis and at relapse), which indicates the superiority of LD2 isoenzyme assessment over total LDH. It also shows that the former is a more reliable indicator of NHL malignancy.

CONCLUSIONS:

Based on the above observations, it was found that the level of the LD2 isoenzyme was elevated in 58% of NHL patients, with a significant increase in patients with bone marrow infiltration. Thus, the LD2 isoenzyme may serve as an indicator of the severity of the disease. Being a non-invasive parameter, it can be used to assess the proliferative activity and invasive potential of lymphoma.

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