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Introduction

Burkitt Lymphoma (BL) is a high grade Non-Hodgkins Lymphoma (NHL) that is characterized histopathologically by a mass of di use small non-cleaved B cell lymphocytes [1,2]. It is a highly aggressive lymphoma that frequently presents in extranodal sites with a very high proliferation rate. It is the fastest growing tumour, characterized by explosive growth with a doubling time of 24 hours. BL is of greatest importance in sub-Saharan Africa where it is the most common childhood (2-16 years, mean 7 years) cancer, accounting for up to 36% of childhood cancers and 70% of childhood lymphomas [3] but, overall constitutes 5% of lymphomas for both adult and childhood populations.

Historical background

Denis Burkitt, a British surgeon, working in central Africa in Kampala, was the rst to describe Burkitt lymphoma in 1956 [4]. He noted children with facial swellings involving one or both sides of the face and upper and lower jaws, sometimes accompanied by proptosis. He also observed that some of the children had huge abdominal masses sometimes with facial swelling. ere was usually no lymph node involvement. is malignancy was thought to be a sarcoma [5,6] but later established to be a lymphoma and given the name Burkitt lymphoma which happens to be the most common in children in that area [5]. e lymphoma was found to occur throughout tropical Africa with higher occurrence in areas of greater rainfall and altitude greater than 1550 m. ese geographic and climatic associations suggested an association with falciparum malaria.

In 1961, Burkitt shared samples of the lymphoma patients with Epstein who along with his colleagues, in 1964, identi ed a virus in culture cell lines of the tumor [6,7]. e virus come to be known as Epstein-Barr virus (EBV) and was proposed to be oncogenic [5].

Pathogenesis