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Mechanisms for Acquired Red Cell Enzyme Defects: Reply

To the Editor:

The new data presented by Arnold et al. are in total agreement with my own observations. It seems that the mechanisms of the acquired defects in red cell pyruvate kinase (PK) activity are heterogeneous at two different levels. First, some defects are true molecular defects, with a decreased concentration of PK-related antigen (and cannot be improved by any treatment), whereas in several other cases the PK-related antigen concentration is normal. In the latter cases the enzyme activity can be restored by dialysis, treatment with SH reagents, or partial purification. Second, the nature (or the degree?) of the postsynthetic alterations responsible for the defects of this second group could be, in itself, heterogeneous. As pointed out by Arnold and his colleagues, indeed, in some cases the PK molecules can be reactivated simply by dialysis or by incubation, whereas in other cases this reactivation requires a more drastic treatment, such as partial purification. Whether or not these different mechanisms correspond to different types of blood diseases remains to be determined.

AXEL KAHN, M.D., Ph.D.
Institut de Pathologie Moléculaire
75014 Paris, France

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Report of a Case of Waldenström Macroglobulinemia Treated and Controlled by Radiotherapy

To The Editor:

Results of therapy of Waldenström macroglobulinemia are rather unsatisfactory. The majority of patients die from intercurrent infections and complications of increased viscosity. Chlorambucil and prednisone are considered the treatment of choice with a 45% objective response rate. Plasmapheresis is used effectively to control symptoms of hyperviscosity. Adriamycin, bleomycin, and vincristine are sometimes used for resistant cases. We are reporting a case in which radiotherapy was quite effective in controlling the patient’s symptoms and palpable masses with a significant reduction of the IgM protein without further need for
Report of a case of Waldenstrom macroglobulinemia treated and controlled by radiotherapy [letter]

WM Shehata