Acute Lymphoblastic Leukemia in Persons Over the Age of 30 yr in the Middle East

To the Editor:

In his letter, Vazin has described 10 yr of experience with the morphological diagnosis of acute leukemia (AL) in Iran. He reports no patient with acute lymphoblastic leukemia (ALL) over the age of 30 and makes a statement that this type of leukemia does not occur in this age group. He is probably referring to Iran only, for I have a different experience in Iraq, Iran’s neighbor to the west.

In the first 18 mo of hematology practice at the University of Baghdad Medical Center I have taken care of 39 newly diagnosed adults (15-71 yr of age) with AL, 11 of whom had ALL. Three of the latter group were over the age of 30. The diagnosis was made in all patients by morphological criteria, and was confirmed in two of these three patients with a positive periodic acid Schiff (PAS) stain. The third patient was a 43-yr-old man initially diagnosed as having acute myelogenous leukemia. He failed to respond to three courses of cytosine arabinoside and daunorubicin. The diagnosis was later changed to ALL when a new and the old bone marrow and peripheral smears were reviewed. He went into remission easily with a 4-wk course of vincristine and prednisolone and remains in complete remission 5 mo later.

Whereas I fully agree with Vazin and all of the excellent references he cites about the rarity of ALL in adults, I think a flat statement that this type of leukemia does not occur after the age of 30 is unwarranted, and is, perhaps, therapeutically hazardous, as illustrated by the case described above. I am surprised that Vazin has not encountered a single case of ALL over the age of 30 during his 10 yr of experience in Iran. Although the populations of Iraq and Iran are ethnically different, people of the two neighboring countries have traveled and mixed freely and extensively through thousands of years.

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REFERENCES

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To the Editor:

It is a great pleasure to hear from Dr. Al-Mondhiry and to exchange views with him. In his letter Almondhiry notes that 3 of 11 of his patients with acute lymphocytic leukemia (ALL) are over the age of 30 (27 yr). Although the number of patients is too small to permit any conclusion, this report is comparable to reports made by other investigators approximately 2 to 3 decades ago. However, most recent investigations by the same physicians and others reveal a much lower frequency or doubt the occurrence of ALL in elderly patients. Furthermore, it should be pointed out that one may see a patient with chronic lymphocytic leukemia (CLL) during its blast crisis or acute exacerbation phase and an occasional patient with CLL or lymphosarcoma may respond temporarily to treatment for ALL. In addition, periodic acid schiff (PAS) staining is not of diagnostic significance and cannot be used as confirmatory data for the diagnosis of ALL. Our experience shows positive PAS reactions occurring more frequently in a number of malignant and nonmalignant diseases than in ALL, mainly CLL, malignant lymphoma, mycosis fungoides, Hodgkin disease, and infectious mononucleosis, in complete agreement with the observations of other investigators.

It seems reasonable to accept the fact that at present there is no known method for invariably distinguishing abnormal cells of CLL from ALL, and this lack of knowledge has been the greatest source of errors. On the other hand, a statistical analysis is known to be one of the most reliable forms of investigation. From a
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H Al-Mondhiry