To the Editor:

The recent article by Chan et al.² attempts to delineate two major subtypes of large granular lymphocytic (LGL) leukemia,² ie, patients with CD3+ LGL vs patients with CD3− LGL. In their series, CD3+ LGL leukemia patients invariably had neutropenia and frequently had rheumatoid arthritis, whereas the patients with CD3− LGL proliferations did not have these features. These results should be interpreted with caution, since only two CD3− LGL immunological and T-cell receptor gene arrangement study. Lab Winton EF: Type B granular lymphocyte proliferation: A clinical series, CD3+ LGL leukemia patients invariably had neutropenia and it would appear that it may help to clarify the similarity and differences in progress of either phenotypic subset of LGL. This is substantiated by the recent finding of a clonal cytogenetic abnormality in a patient with CD3− LGL proliferation, showing that this disorder is also a neoplastic process.³ LGL leukemia, therefore, results from a clonal proliferation of either CD3+ or CD3− LGL that may be associated with rheumatoid arthritis⁴ or hematologic abnormalities such as chronic neutropenia,² pure red cell aplasia,⁵ or adult-onset cyclic neutropenia.⁶,⁷

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REFERENCES


To the Editor:

Drs Loughran and Starkebaum are correct in pointing out that one should be cautious in drawing conclusions from clinical features observed in a limited number of patients. We have in fact stated in our manuscript⁸ that “More Type B patients have to be studied, however, to determine whether the clinical features presented here are consistently observed in this type of LGL lymphocytosis.” We have now studied a total of four type B (CD3−) patients² and one of them did have associated neutropenia but rheumatoid arthritis and autoimmune antibodies have not been observed yet. A large multinational study on LGL lymphocytosis initiated by Dr Pandolfi is now in progress and it may help to clarify the similarity and differences in clinical features between these two types of patients.

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REFERENCES

Clinical features in large granular lymphocytic leukemia [letter]

TP Jr Loughran and G Starkebaum

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