To the Editor:

Shastri and Logue, in their otherwise thorough review of the laboratory and clinical aspects of autoimmune neutropenia, fail to mention the association between autoimmune neutropenia and bone marrow transplantation. Approximately 25 such cases have now been reported, and a recent prospective study from Johns Hopkins suggests that more than half the cases of otherwise unexplained posttransplant neutropenia may be attributable to the development of antineutrophil antibodies. An ongoing prospective study at our institution suggests a similarly high incidence.

Autoimmune neutropenia has been reported after allogeneic, autologous, and peripheral blood stem cell transplantation. It may occur in the early posttransplant period or up to several years afterward, and may present as isolated neutropenia or in association with autoimmune hemolytic anemia, autoimmune thrombocytopenia, or both.

Unlike most other causes of unexpected posttransplant neutropenia, autoimmune neutropenia does not necessarily carry a poor prognosis, because most reported cases have responded to steroids, intravenous Ig, or other appropriate therapy. Nevertheless, it is likely that a significant proportion of cases are missed because of a failure to consider the diagnosis and/or the relative scarcity of laboratories able to perform the necessary antibody testing. Because relatively benign and effective therapies are available, we believe that assays for antineutrophil antibodies should be obtained in any patient who develops unexpected neutropenia after autologous or allogeneic bone marrow transplantation.

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REFERENCES

Clonal nature of chronic neutrophilic leukemia [letter] [see comments]

YL Kwong and G Cheng