Correspondence

Hodgkin's disease and common variable immunodeficiency

We read with interest the paper by Christopoulos et al. Several points raised by the authors require comment. In the literature, other cases of Hodgkin's disease complicating primary hypogammaglobulinaemia have been reported, and sometimes in relatives of patients with common variable immunodeficiency (CVID). Moreover, a case has been reported recently in a Spanish woman with CVID by Espanol et al. Among the 500 cases of cancer in primary immunodeficiency from the Immunodeficiency Cancer Registry, the international database located at the University of Minnesota, 43 cases of Hodgkin's disease have been collected (from 1973 to 1991). Eight cases were reported in association with CVID. We recently reported two cases of Hodgkin's disease complicating CVID. 1 There is, possibly, an increased frequency of cancer in this subset of patients, as is the case with CVID. CVID and an immunodeficiency, possibly, an immunodeficiency, non-Hodgkin's lymphoma complicating CVID. 2,5 Recently, a case of non-Hodgkin lymphoma in common variable immunodeficiency (CVID) complicating CVID. According to the criteria of the Immunodeficiency Clinic at the Clinical Research Centre, Northwick Park Hospital, UK, the diagnosis of CVID requires the presence of B cells or onset of symptoms after the age of 5 and persistently low levels of more than one class of immunoglobulin. 1 On this basis, the cases included in the Clinical Research Registry (1991) are 4 (detailed analysis of which is beyond the scope of this letter), either do not meet the diagnostic criteria for CVID or refer to hypogammaglobulinaemia discovered simultaneously or subsequently to the diagnosis of Hodgkin's disease; in the latter, the immunodeficiency could in fact have been caused by the lymphoproliferative disorder. In the Newfoundland family reported in reference 7 there were no patients with CVID who developed Hodgkin's disease. The report by Filipovich and Shapiro (reference 9) giving the number of Hodgkin's disease entries in the Minnesota Immunodeficiency Cancer Registry was not accessible by Medline when our article was written and, in any case, it does not contain any detailed case reports; the same applies to the Spanish survey reported in reference 8. We acknowledge that Filipovich et al. could probably be credited with the first documented case report of Hodgkin's disease in CVID in the English literature, even though the time interval between verified hypogammaglobulinaemia and onset of Hodgkin's disease in their patient was not clear. The patient was treated with chemotherapy, which was effective for treatment and is today well, on monthly immunoglobulin infusions, two years after completion of chemotherapy. Detailed reporting of more cases of this kind would help to establish patterns of Hodgkin's disease complicating CVID, resulting in earlier diagnosis and more effective treatment. In this context, we welcome the publication by Zenone et al. of two cases of Hodgkin's disease occurring in a similar immunodeficiency setting. Regarding the immunophenotype of NHL complicating CVID, nowhere in our report is stated that the majority of these lymphomas are of T cell lineage. In the recent survey by Hermaszewski et al. 25, 26 in the Wolfrom NHL were found in 240 British patients with CVID seen over a period of 20 years, the largest single centre series reported so far. These authors state that "to date, all the lymphomas have been undifferentiated or of T cell origin." Given the fact that less than 20% of NHL in the general population are of T cell lineage, our statement that in CVID there is an "apparently high frequency of undifferentiated and T cell tumours" is justified.


Frequency of coincident iron deficiency and beta-thalassaemia trait

We read with interest the paper by Hinchliffe et al. describing coincident iron deficiency and beta-thalassaemia trait. Beta-thalassaemia is the commonest haemoglobinopathy in India. 2 We investigated 463 patients heterozygous for beta-thalassaemia trait, 88 (19%) of whom were children. Of the patients, 31 (37.7% of 86) had haemoglobin H in the former patients (11.6 (1.6) g/dl), as were the mean cell haemoglobin and the mean corpuscular volume (p < 0.0001). The mean (SD) haemoglobin concentration was significantly lower in the latter (10.7 (1.5) g/dl) than in the former patients. Among children, the mean cell haemoglobin and the mean corpuscular volume were increased in all patients, irrespective of their iron status, and did not preclude the detection of the heterozygous state.

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Frequency of coincident iron deficiency and beta-thalassaemia trait.

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