Hodgkin's disease and common variable immunodeficiency

We read with interest the paper by Christopoulos et al.1 Several points raised by the authors require comment. In the literature, other cases of Hodgkin's disease complicating primary hypogammaglobulinemia have been reported and sometimes in relatives of patients with common variable immunodeficiency (CVID).2,3 Another case has been reported recently in a Spanish woman with CVID by Espanol et al.4 Among the 500 cases of cancer in primary immunodeficiency from the Immune Deficiency Cancer Registry, the international database located at the University of Minnesota, 43 cases of Hodgkin's disease have been collected (from 1973 to 1995).5 Eight cases were reported in association with CVID.6 We recently reported two cases of Hodgkin's disease complicating CVID in the Immunodeficiency Registry, the majority of the T cell type. Of the 55 cases of non-Hodgkin's lymphoma associated with CVID from the Immunodeficiency Cancer Registry, the majority were considered to be of B cell origin on the basis of histological classification or immunophenotypic analysis.7,8 The same conclusion can be drawn from the study by Cunningham-Rundles et al.9 in 10 patients with non-Hodgkin's lymphoma complicating CVID. These B cell lymphoproliferative disorders in CVID (associated with Epstein-Barr virus) possibly evolve through distinct stages from polyclonal reactive proliferation to oligoclonal and finally into monoclonal malignant lymphoproliferative syndromes.

T ZENONE
Service de Médecine Interne, Centre Hospitalier Lyon-Sud, 69 310 Pierre-Bénite, France


Drs Christopoulos and Kokkini comment: Dr Zenone's comments focus on two points: the number of reported cases of Hodgkin's disease in primary hypogammaglobulinaemia (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.10 On this basis, the cases included in Zenone's report were under the age of 5 (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 simu-
thaneously or shortly after the diagnosis of Hodgkin's disease; in the latter, the immunodefi-
ciency could in fact have been caused by the lymphoproliferative disorder. In the Newfound-
land family reported in reference 7 there were no patients with CVID who de-
veloped Hodgkin's disease. The report by Filipovich and Shapiro (reference 9) giving the updated 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 sur-
vey reported in reference 8. We acknowledge that Fesus et al's1 statement was not based on a statistically significant number of cases.

We agree with the assertion that CVID is a clinical entity, and comprehensive cases of Hodgkin's lymphoma, mostly of the T cell type. Of the 55 cases of non-Hodgkin's lymphoma associated with CVID from the Immunodeficiency Cancer Registry, the majority were considered to be of B cell origin on the basis of histological classification or immunophenotypic analysis. The same conclusion can be drawn from the study by Cunningham-Rundles et al. in 10 patients with non-Hodgkin's lymphoma complicating CVID. These B cell lymphoproliferative disorders in CVID (associated with Epstein-Barr virus) possibly evolve through distinct stages from polyclonal reactive proliferation to oligoclonal and finally into monoclonal malignant lymphoproliferative syndromes.

N MADAN
M SIKKA
S SHARMA
U RUSHA
Department of Pathology, University College of Medical Sciences, GTB Hospital, Shahdara, Delhi 110092, India

9 Hinchliffe RF, Lilleyman JS. Frequency of coinci-

10 Sukumaran P, Abukhater A, genus haemoglobin in India. In: Sen NN, Basu AK, eds. Trends in hea-