Dear Sir,

I read with great interest the article by Tobü et al. About breast infiltration in acute lymphoblastic leukemia (Turk J Haematol, 16: 3, 1999). They claimed that blastic infiltration may cause a symmetric hypertrophy in patients with ALL and leukemic breast tumours tend to occur in young and middle aged women.

We have reported the case of a 9-year-old girl with acute B-cell lymphoblastic leukemia, who had leukemic infiltration of the peritoneum at diagnosis and the breast at relapse\(^1\). She had developed an asymmetric swelling of the left breast in the absence of trauma, associated with bone marrow relapse 5 months after remission and during maintenance treatment. A needle biopsy of the breast showed diffuse atypical lymphoid cells in the stroma, in addition to neoplastic cells filling the vessel lumens.

I think that asymmetric lymphoblastic infiltration of the breast may occur in patients with ALL and leukemic breast tumours and may develop in pre-adolescence girls. Hence estrogen might not play a direct role in leukomogenesis.

REFERENCES


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