Transcription of PL Case Letter

[Begin letterhead]

University of London

Royal Postgraduate Medical School
[RPMS Logo] Hammersmith Hospital. London W12
M. R. C. Leukaemia Unit
Telephone: 01-743 2035 Ext:
Telegram: Postgradmed London M12

[End letterhead]

30th. September, 1976

Dr. L. J. Brandes,
Assistant Professor,
Department of Medicine,
Manitoba Institute of Cell Biology,
700, Bannatyne Avenue,
Winnipeg,
Canada, R3X OV9

Dear Lorne,

It was nice to hear from you. I think you are right about [Redacted name 1], but, as you say, she is not quite typical of the majority of PL cases. We know of several elderly women with PL. The lymphocyte count is low, but it is to be expected that more and more of these patients will be picked up before their counts have risen to the astronomical heights of the original group. What is atypical though is the prominent retroperitoneal node involvement. Nodes tend to enlarge only terminally in PL. The lymphocytes are also atypical in that they are more pleomorphic than usual, and there is a higher proportion of large forms with abundant cytoplasm. You may recall the cells of [Redacted name 2], one of the original group, whose cells were of this type. There is a fairly wide range of appearances consistent with the overall constellation of features in PL, with small cells almost like CLL cells, except for the prominent nucleolus, at one end, and at the other, cells like [Redacted name 1]'s. Always one sees the large prominent nucleolus in association with much more nuclear chromatin condensation than would be seen in a 'blast cell'. EM pictures always show this particularly well, but it is always evident in well-stained films at light microscopy.

In spite of what our surgical friends say (they are prepared to remove spleens from 90-year olds!) I would be reluctant to subject [Redacted name 1] to splenectomy. We have advocated splenectomy only three times mainly as a tumour-bulk reducing expedient, in the hope that this would reduce the number of leucaphereses necessary to bring down the WBC. I think it did help the first patient, but the second had post-splenectomy problems and had a subphrenic abscess and died within three months. He was 71. The third was a patient from the Middlesex with whom I have temporarily lost touch, but it is not clear that the operation achieved much. I do not know why these patients are so resistant to chemotherapy, but I wonder whether it would be worth trying chlorambucil in short 3-day courses at a daily dose of 30 mg. and 2 to 4-week intervals between the courses. I would try this on my next low-count

patient, but if another high-count patient comes I would again try splenectomy and then repeated leucapheresis.

I ought to have written earlier to you to comment on the detailed manuscript you sent. I fear, after a first reading, I put it aside intending to go over it again before writing. I found some of the technical matters difficult to follow and this is why I put it aside. I am glad all is going well with you and the family.

With best wishes,

Yours sincerely,

[Signature: David]

D. A. G. Galton, M.D.,F.R.C.P.