underwent an allogeneic bone marrow transplantation (BMT). Twenty months after the BMT he developed a spinal cord syndrome due to a paravertebral mass. Biopsy of the tumor revealed promyelocytes with a PML-RARα rearrangement (t(15;17)). Despite treatment with ATRA and local radiotherapy, the patient died from disease progression.

Extramedullary involvement, including CNS infiltration, has been rarely reported in APL. It usually occurs in patients with APL and central nervous system (CNS) involvement are described and the possible relationship between this complication and new treatment approaches of APL are discussed.
new therapies should be prospectively assessed.\textsuperscript{7-10} Incidence of this complication and its relationship to chemotherapy or at presentation. In conclusion, extramedullary APL may develop after cisplatin, but its role in extramedullary relapses after ATRA treatment. Nevertheless, extramedullary APL may develop after ATRA treatment. It is its potential relationship with ATRA therapy.\textsuperscript{1,4} A number of reasons could account for the increased incidence of extramedullary involvement. Firstly, the longer survival of patients treated with ATRA would increase the number of patients at risk of developing this type of relapse. Secondly, in vitro studies have shown that ATRA modulates the expression of adhesion molecules in APL cells enhancing their adhesiveness and motility.\textsuperscript{5,6} These mechanisms might explain the efflux of leukemic cells from the bone marrow to the tissues in the ATRA syndrome and might also play a role in extramedullary relapses after ATRA treatment. Nevertheless, extramedullary APL may develop after chemotherapy or at presentation. In conclusion, although rare, extramedullary involvement is possible in patients with APL, a fact that should be considered in the management of these patients. Finally, the actual incidence of this complication and its relationship to new therapies should be prospectively assessed.\textsuperscript{7-10}

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References

**Legionella sp pneumonia in patients with hematologic diseases. A study of 10 episodes from a series of 67 cases of pneumonia**

Sir,

Legionella pneumophila is a significant pathogen for immunocompromised patients, especially for those with impaired cell-mediated immunity.\textsuperscript{1,2} In spite of the fact that patients with malignant hematologic diseases frequently have neutropenia and/or immunosuppression and usually receive glucocorticoids, information about the prevalence and evolution of pneumonias by Legionella sp in these patients is scarce.\textsuperscript{2} We summarize the presenting features and response to treatment of 9 patients with hematologic diseases who developed 10 episodes of Legionella pneumonia diagnosed in a single institution over a 2.5-year period.

A study of all cases of pneumonia diagnosed in a hematology unit from January 1995 to June 1998 was carried out. One hundred and twenty-seven episodes of pneumonia in 106 patients were diagnosed, 68 were community-acquired and 59 nosocomial. In 67 cases radioimmunoassay for Legionella pneumophila serogroup 1 (LPS1) antigen in urine was performed, being positive in 10 (one patient had two episodes of pneumonia). In two cases, Legionella was also identified in the culture of bronchoalveolar lavage (performed in 15 cases of pneumonia). In the present study, Legionella pneumophila was the most frequently found micro-organism (10 cases, 15%), followed by Streptococcus pneumoniae (9 cases, 13%) and Pseudo-