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References

Effectiveness of extracorporeal photochemotherapy in treating long-term refractory chronic graft-versus-host disease

We report two cases of severe refractory progressive chronic graft-versus-host disease (cGvHD) which improved dramatically after extracorporeal photochemotherapy. This procedure, based on functional changes of lymphocytes induced by 8-methoxypsoralen and UVA administered to leukapheresis collections, could be a useful treatment for cGvHD, even after many years of unsuccessful immunosuppressive approaches.

Sir,

About 25% of pediatric recipients of allogeneic marrow transplantation develop chronic graft-versus-host disease (cGvHD), which may be limited or extensive with multiorgan involvement, especially of the skin, mouth, gut, liver and eyes. Since 1990 some authors have reported that refractory cGvHD, besides benefiting from standard immunosuppression, can also benefit from extracorporeal photochemothe-
mean volumes of 140 mL, containing $3.8 \times 10^6$ cells were collected per procedure, with the percentage of mononuclear cells ranging from 76 to 92%. Normal saline was added to the collection bag to make a volume of 300 mL, and the final hematocrit was <2% (median: 1.3%). The yielded buffy coat was transferred into a thin plastic bag and then 8-MOP was added to a final concentration of 200 ng/mL; finally, the product was exposed to UVA irradiation (365 nm, 2 J/cm²) and then reinfused into the patient. The schemes described by Rabitsch (two consecutive days every other week for two months, then two consecutive days monthly) and Besnier (twice weekly for 3 weeks, once weekly for 2 weeks and then every other week) were adopted for the first and second patient respectively.

Most data report that ECP is beneficial when adopted early after bone marrow transplantation; however, our experience confirms that ECP is recommendable even after many years of refractory cGVHD, and that good venous access is crucial in order to complete the schedule.

**Key words**

Extracorporeal photopheresis, chronic graft-versus-host disease, bone marrow transplantation

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**References**


**Delayed graft-versus-leukemia effect after allogeneic peripheral stem cell transplantation in a patient with chronic lymphocytic leukemia**

We provide evidence of a graft-versus-leukemia (GvL) effect in a highly refractory B-chronic lymphocytic leukemia (B-CLL) treated with allo-peripheral blood stem cell transplantation (allo-PBSCT) in which a complete response was achieved coinciding with the development of acute graft-versus-host disease (GvHD). However, the patient died after extensive chronic GvHD. Allo-PBSCT is effective in generating GvL but chronic GvHD must be controlled.

Sir,

A 45-year old man was diagnosed as having B-CLL stage B (multiple lymphadenopathy and hepatosplenomegaly). His white blood cell count was $3.3 \times 10^9/L$ (87% lymphocytes), hemoglobin 11.3 g/dL and platelets $172 \times 10^9/L$. A blood smear revealed typical CLL morphology. Bone marrow and lymph node biopsies showed a diffuse pattern of infiltration. Flow cytometry analysis was compatible with the diagnosis and monoclonal IgH rearrangement was found (Figure 1). Computed tomography of thorax, abdomen and pelvis revealed multiple lymphadenopathy on both sides of diaphragm.

The patient received two lines of chemotherapy (mitoxanthrone/fludarabine and hyperCVAD) without response. Salvage chemotherapy (ESHAP) was administered producing a partial response in lymphadenopathy and a significant decrease in peripheral lymphocytes ($8.3 \times 10^9/L$). However, a 77% bone marrow infiltration persisted. As the patient had an HLA-identical sibling donor, an allo-PBSCT was performed. Cyclophosphamide and total body irradiation were used as the conditioning regimen. G-CSF mobilized PBSCT: $3.29 \times 10^5$ kg CD34+ and $3.6 \times 10^5$ kg CD3+ cells. GvHD prophylaxis consisted of cyclosporin-A (CSA) and methylprednisolone. Neutrophil ($\geq 0.5 \times 10^9$) and platelet ($\geq 20 \times 10^9$) engraftment was obtained on days +16 and +15 respectively. During the first month, a reduction in the number of lymphocytes was observed, with a mini-

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