formycin (DCF, 7 mg weekly) was started. Because of cytes of T-PLL was made and therapy with deoxyco-
stem cell transplantation was performed. After a fol-
disease. As consolidation therapy, an autologous administered achieving complete remission of the
phocytic leukemia resistant to deoxycoformycin ther-
therapy was instituted according to a protocol
na 360 mg/m², 7 doses in 24 h; day 1 and 2: cytara-
thymic T-lymphocytes, as demonstrated by immuno-
phoproliferative disease derived from mature, post-
A brief intensive chemotherapy in
Corradini P, Voena C, Astolfi M, et al. High-dose sequential chemoradiotherapy in multiple myeloma: residual tumor cells are detectable in bone marrow and peripheral blood cell harvests and after auto-
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Fulminant hemophagocytic syndrome as presenting feature of T-cell lymphoma and Epstein-Barr virus infection

We describe a patient who presented with a fulminant hemophagocytic syndrome. Morphologic and immunohistochemical studies showed infiltration of the marrow and tonsil by neoplastic T-cells. A genomic amplification by means of polymerase chain reaction revealed the presence of EBV DNA in the serum. In spite of aggressive immunosuppression and multiagent chemotherapy this patient died of disseminated intravascular coagulation-induced multiorgan failure.

A 50-year-old woman was admitted to our hospital with fever, rapid deterioration of her general condition and marked weight loss. Physical examination revealed an ulcerative lesion in the right tonsil, slightly enlarged cervical and axillary lymph nodes, and hepatosplenomegaly. Complete blood count included hemoglobin level of 9.3 g/dL, platelet count of $92 \times 10^9$/L, and white blood count of $2.2 \times 10^9$/L. Laboratory studies also disclosed the following values: fibrinogen 130 mg/dL, D-dimer 4 µg/mL, alkaline phosphatase 222 U/L, aspartate aminotransferase 83 U/L, alanine aminotransferase 45 U/L, and lactate dehydrogenase 826 U/L. A genomic amplification by means of polymerase chain reaction (PCR) showed a single 54 bp band indicating the presence of EBV DNA in the serum. Bone marrow aspiration and biopsy revealed an increase of reticulin fibers and histiocytic hyperplasia showing fresh, conspicuous hemophagocytosis (Figure 1). Bone marrow biopsy also demonstrated clusters of abnormal lymphocytes. These abnormal cells were small to medium sized lymphoid cells and had a high nuclear to cytoplasmic ratio and irregular hyperchromatic nuclei (Figure 1). Incisional tonsillar biopsy revealed a diffuse atypical lymphocytic infiltrate underlying the ulcerated and inflamed mucosal lining. Tonsillar lymphoid cells showed similar morphologic and immunophenotypic patterns as the bone marrow lymphoid cells. We evaluated PCR amplification of the rearranged $\gamma$ T-cell receptor (TCR) from bone marrow samples. Clonal rearrangement for the TCR $\gamma$-chain gene was not detected. The patient was first treated with high doses of steroids and when results were consistent with T-cell lymphoma, she was treated with combination chemotherapy that contained adriamycin, cyclophosphamide, vincristine, and prednisolone. However, this patient’s HPS was refractory to the chemotherapy, and she died of disseminated intravascular coagulation-induced multiorgan failure on her 20th day in hospital.

HPS has been reported in patients with non-Hodgkin’s lymphoma, usually as a terminal complication.