had a lower probability of DFS than patients with MRD <1/10^3. These data are comparable to those previously reported.4,6,9,10 In summary, MRD after induction therapy is a relevant prognostic factor in children with B-precursor ALL. Our study indicates the need for MRD evaluation by PCR in all patients at the end of the induction period.

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Key words
Childhood ALL, minimal residual disease.

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References
out relapse.

In CLL patients, the risk of a secondary neoplasm is related to an immunologic deficiency and/or treatment such as chlorambucil.7 Recent data show that RS cells and CLL cells belong to the same clonal population.8,9 RS cells, occurring in CLL or in classical HD, have the same genetic, morphologic and immunophenotypic features.

The good prognosis of HD after CLL distinguishes it from Richter's syndrome. Indeed it might be considered as a complication of CLL and not only as a coincidental finding. It should be searched for when patients develop signs suggestive of progression or transformation of CLL. Intensive treatment seems to be useful for obtaining CR.

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References

Table 1. Characteristics of the 3 patients.

<table>
<thead>
<tr>
<th>Patient #1</th>
<th>Patient #2</th>
<th>Patient #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphocytes: 46.44×10^9/L</td>
<td>Lymphocytes: 15.4×10^9/L</td>
<td>Lymphocytes: 7.8×10^9/L</td>
</tr>
<tr>
<td>96% monoclonal κ light chain CD5+, CD19+, CD23+</td>
<td>70% monoclonal κ light chain CD5+</td>
<td>91% monoclonal κ light chain CD5+, CD19+, CD23+</td>
</tr>
<tr>
<td>Lymphocytes: 0.3×10^9/L</td>
<td>Lymphocytes: 2.57×10^9/L</td>
<td>Not done</td>
</tr>
<tr>
<td>75% monoclonal κ light chain CD5+, CD19+, CD23+</td>
<td>40% monoclonal κ light chain CD5+, CD19+, CD23+</td>
<td></td>
</tr>
<tr>
<td>Slight lymphocytic infiltration and no RS cells</td>
<td>Nodular infiltration by mature and small lymphocytes without RS cells</td>
<td>Mild bone marrow infiltration by lymphocytes without RS cells</td>
</tr>
<tr>
<td>HD complete remission</td>
<td>HD complete remission</td>
<td>HD complete remission</td>
</tr>
<tr>
<td>HD complete remission</td>
<td>Persisting CLL</td>
<td>Persisting CLL</td>
</tr>
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</table>

CD3+ large granular lymphocyte leukemia with clonal rearrangement of the γ and β genes of the T-cell receptor

We report the case of a patient with large granular lymphocyte leukemia with a CD3-phenotype and evidence of a monoclonal rearrangement of the TCR γ and β genes. This case seems to show that the proliferation originated from an immature T-thymic progenitor.

Sir,

Large granular lymphocyte (LGL) proliferation of CD3+ cells with clonal T-cell receptor (TCR) gene rearrangements are referred to as T-LGL leukemia; LGL proliferations of CD3- cells without TCR gene rearrangements are classified as natural killer (NK)-LGL leukemia.1-3