MALT1 Rearrangements in BAL Fluid

To the Editor:

We read with great interest the article by Kido et al1 in an issue of CHEST (January 2012) demonstrating mucosa-associated lymphoid tissue (MALT) lymphoma translocation gene 1 rearrangements in BAL fluid (BALF) in four of five cases of pulmonary MALT lymphoma. The use of BALF is debated, but the authors elegantly demonstrate that BALF may be useful for the diagnosis of pulmonary disease, particularly when lymphoma is suspected.

The authors report an elevated number of lymphocytes, median 30%, in BALF from patients with pulmonary MALT lymphoma, which did not differ from control samples (23.6%). However, the authors did not report the phenotype of the lymphocytes or the results of clonality analysis. Indeed, we previously reported, for a series of 44 patients, an increased proportion of lymphocytes in BALF (31.5%) and a median B-lymphocyte proportion (CD19 or CD20) of total alveolar lymphocytes of 20% (normally <10%); moreover, clonality analysis of alveolar B cells showed a B-cell clone in 82% of the cases.1 In a prospective study, specificity and sensitivity of BALF clonality results were reported to be 97% and 95%, respectively.2

It would be interesting to know if some patients Kido et al1 describe had connective tissue disease (CTD), because patients without CTD showed a higher proportion of B lymphocytes (34%) than those with CTD (6.5%).2 Furthermore, we agree with Kido et al1 that pulmonary MALT lymphoma may be diagnosed without surgical biopsy. We previously reported on a series of 63 patients in which pulmonary MALT lymphoma could be diagnosed in 71.4% by minimally invasive procedures.3 The next step would be to confirm in a prospective larger series the feasibility of diagnosis of pulmonary MALT lymphoma by using BALF only.

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REFERENCES

Response

To the Editor:

We thank Dr Borie and colleagues for their letter regarding our article in CHEST1 showing the diagnostic utility of the detection of mucosa-associated lymphoid tissue lymphoma translocation gene 1 (MALT1) gene rearrangements in BAL fluid for primary pulmonary mucosa-associated lymphoid tissue (MALT) lymphoma, a low-grade B-cell extranodal lymphoma.

They pointed out that we showed an elevated percentage of lymphocytes in BALF, while we did not show the phenotype and clonality of these lymphocytes in our study. We actually tried to evaluate the lymphocytes using flow cytometry in a couple of patients, but unfortunately we did not think that we had obtained sufficient results to include them in our report.

We believe that the detection of MALT1 gene rearrangements in BALF is specific and simple for the diagnosis of pulmonary MALT lymphoma and are very interested in the reports by Borie et al2 regarding phenotypic evaluation of lymphocytes in BALF in 33 patients with pulmonary MALT lymphoma without connective tissue diseases. They showed that 34% of the BALF cells were lymphocytes, and analyses of the cell-surface markers in the lymphocytes demonstrated 41% T cells and 34% B cells in these patients. In addition, they reported that B-cell clonality detected by complementarity determining region 3 was positive in 88% of these patients. None of the patients in our study had any...