Ocular adnexal lymphoma and infectious agents

Dear Editor,

We read with interest the article by Das et al.[1] on ocular adnexal lymphoma in the northeast Indian population, but we wish to raise some questions about this article. Marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT) type is the most frequent non-Hodgkin lymphoma arising from ocular adnexa. Ocular adnexal lymphoma of MALT (OAML) type could be induced by a chronic antigenic stimulation provided by different agents as suggested in different studies.[2,3] In some cases, a role of Chlamydia psittaci was hypothesized in the etiology of OAML. Tumor regression was observed in patients positive for Chlamydia infection and treated with doxycycline.[4] This supports the hypothesis of some infectious disease agents in the etiology of OAML. As for other B-cell lymphomas, hepatitis C virus (HCV) could play a role in the development of OAML. HCV seropositivity has been detected in 13% of OAML patients and seems to be associated with more aggressive and disseminated lymphomas.[3] In our experience, in a patient affected by OAML and with a chronic active hepatitis C infection, a treatment with pegylated interferon associated to ribavirine has induced a complete remission of the ocular mass and a disappearance of lymphoid infiltrates on bone marrow biopsy. Das et al.[1] did not report whether the patients were positive for an HCV infection or had a positivity for chlamydial infection. As reported above, a bacteria-eradicating therapy as doxycycline or a specific anti-HCV treatment could have been useful as treatment of OAML patients.

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References

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2. Ferreri AJ, Guidoboni M, Ponzoni M, De Conciliis C, Dell’Orto S, Fleischhauer K, et al. Evidence for an association between chlamydia psittaci and ocular adnexal lymphoma. J Natl Cancer Inst 2004;96:586-94.
We agree that we have not considered role of infections like Chlamydia psitacci and ocular adnexal lymphoma. Reference in the etiology of OAL.

We would like to clarify that the antibiotic therapy we recommended was doxycycline, not amoxicillin. In the study by Ferreri et al., the bacterial eradication therapy with doxycycline significantly reduced the recurrence rate of ocular adnexal MALT lymphoma.

We also agree that the follow-up period would be necessary to evaluate the role of antibiotics in the treatment of OAL further. In future studies, we should consider the importance of infections in the etiology of OAL.

We fully agree that primary extranodal marginal zone B-cell lymphoma of the ocular adnexa-Comparison of MALT lymphoma with other histological types. Br J Ophthalmol 1999;83:742-7.

We acknowledge the importance of research on this topic and information will be taken into account when we do future research. The current study on ocular adnexal lymphoma and infection with Chlamydia psitacci is the most frequent type of non-Hodgkin lymphoma arising from ocular adnexa in consideration of REAL classification. We thank Pellicelli on our article on ocular adnexal lymphoma (OAL) in northeast India.

Andersen AA, et al. Is there an association between ocular adnexal lymphoma and infection with Chlamydia psitacci? The University of association between ocular adnexal lymphoma and infection with Chlamydia psitacci. J Clin Oncol 2005;23:5007-12.

We also agree that it should be kept in mind that there is possible geographic variation in the etiology of OAL. Reference in the etymology of OAL. Cancer Inst 2006;98:1375-82.

Ferreri AJ, Ponzoni M, Guidoboni M, Resti AG, Politi LS, Cortelazzo S, et al. Bacteria eradicating therapy with doxycycline in ocular adnexal MALT lymphoma: A multi center prospective trial. J Natl Cancer Inst 2006;98:1375-82.