Sarcoidosis–lymphoma syndrome in a woman with acromegaly

Sir,

We read the article by Romero et al. on sarcoidosis–lymphoma syndrome with great interest. We would like to report a case of a woman with acromegaly in whom non-Hodgkin’s lymphoma was diagnosed 6 years after sarcoidosis was established.

In 1979, a 38-year-old woman was admitted with complaints of irregular fever and cervical lymphadenopathy. She had a history of active acromegaly which had been treated by local pituitary 
Co irradiation (3300 cGy in 20 fractions) two years earlier. At presentation she was in a good clinical condition. Physical examination revealed bilateral, movable cervical and supraclavicular enlarged lymph nodes without hepatosplenomegaly. Chest X-ray was normal. Lymphography showed retroperitoneal and bilateral inguinal lymphadenopathy. Full blood counts were normal; the erythrocyte sedimentation rate was 35 mm/h. After histological examination of two cervical lymph nodes, a diagnosis of sarcoidosis was established. She was put on 45 mg of prednisolone daily. After symptoms subsided, steroid therapy was continued for one year.

She remained asymptomatic for a follow-up period of 5 years. In 1986 she was again admitted to hospital with fever, weight loss, goitre and cervical lymphadenopathy. Her symptoms did not subside on 6 months ambulatory treatment with steroids. Other clinical examination findings were hilar enlargement, revealed on chest X-ray, and lymphatic infiltration of bone marrow (up to 20%). Histological examination of the cervical node demonstrated centrolobular lymphoma. The patient received six courses of CVP chemotherapy (cyclophosphamide, vincristine and predniolone). A reduction of symptoms, including a reduction of the enlarged lymph nodes and goitre, were noted. The patient remains asymptomatic.

Brincker, in his description of so-called sarcoidosis–lymphoma syndrome pointed to three typical features: sarcoidosis precedes lymphoma by several years, the patients are on average 10 years older than other patients with sarcoidosis, and an association with Hodgkin’s lymphoma is more frequent. Our patient met two of these three criteria. She was in her forties when she developed sarcoidosis. She had received steroid treatment and developed lymphoma 6 years after the diagnosis of sarcoidosis.

The immunologic abnormalities in our patient could have been initiated by radiotherapy. This might have provoked the development of sarcoidosis. Consequently an increased mitotic activity and dysregulation of lymphocytes observed in sarcoidosis, and as well as steroid therapy, contributed to the development of lymphoma. We believe that our case supports the theory of non-random association between sarcoidosis and lymphoma and the existence of sarcoidosis–lymphoma syndrome.

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Understanding scientific papers

Sir,

We would like to offer an addendum to the articles published in recent years in various journals on how to read medical literature. This addendum, a translation of some of the phrases commonly used in scientific and clinical articles, has been gleaned from various sources and we have made some modifications of our own. We hope that readers will find it both instructive and amusing.

· It has long been known that... = We haven’t bothered to look up the relevant literature or the original reference.

· While it has not been possible to provide definite answers to these questions... = The experiment did not work out, but we figured we could at least get a publication out of it.

· Typical results are shown... Only the positive results are shown.

· It is suggested/believed... = We think.

· It is generally suggested/believed... = A couple of other guys think so too.

· It is clear that much additional work will be required before a complete analysis of the results... = We don’t understand what happened.

· Unfortunately, a quantitative theory to account for the results has not yet been formulated... = No one else understands it either.

· Correct within an order of magnitude = Wrong.

· It is clear... = It is not clear.

· It is obvious... = We think that is the way it should be, but we cannot explain why.

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1 Greenhalgh T. How to read a paper: Getting your bearings (deciding what the paper is about). BMJ 1997;315: 243-6.

2 Guyatt GH, Rennie D. User’s guides to the medical literature. JAMA 19937;270: 2096-7.