BRITISH MEDICAL JOURNAL

SATURDAY 9 JUNE 1973

LEADING ARTICLES

PAPERS AND ORIGINALS

MEDICAL PRACTICE

NO. 5866 BRITISH MEDICAL JOURNAL 1973 VOLUME 2 565-622 ASTM CODEN: BMJOAE 2 (5866) 565-622 (1973)
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499 WEEKLY PRICE 42p

CORRESPONDENCE

Correspondents are asked to be brief

Splenectomy and Leucopheresis in Chronic Granulocytic Leukaemia

SIR,—We read with great interest the report of Dr. L. Schwarzenberg, Professor G. Mathé, and their colleagues at Villejuif (24 March, p. 700) describing their experience of elective splenectomy in patients with chronic granulocytic leukaemia and the use of these patients as donors of leucocytes for the treatment of other patients with neutropenia and septicaemia. However, several points in their valuable report seem worthy of comment.

Although it is unfortunate that three of their 18 patients who underwent splenectomy died of postoperative sepsis, the mortality scarcely justifies the authors' conclusion that in future patients should be operated on and nursed for one month in an aseptic environment. Acceptance of this recommendation would confine the operation of splenectomy in chronic granulocytic leukaemia to a very few special centres possessing the necessary isolation facilities. Patients with chronic granulocytic leukaemia appear to have no special liability to infection: they do not suffer from immune paresis and are seldom neutropenic—particularly not in the period immediately after splenectomy. During the past three years 17 of our patients with chronic granulocytic leukaemia have undergone elective splenectomy; all were nursed in ordinary surgical wards and no postoperative sepsis was observed.

Our preliminary results of elective splenectomy, like those of the Villejuif workers, suggest that survival time in chronic granulocytic leukaemia may be increased, but the matter can be resolved only by a controlled clinical trial.[1] A multicentre trial now being carried out by the Medical Research Council's Working Party on Leukaemia in Adults was designed to determine the effects of early splenectomy on the duration and quality of survival in patients with chronic granulocytic leukaemia. We agree with the authors' view that previous splenectomy increases survival after the occurrence of acute transformation. One of our splenectomized patients lived 14 months after the onset of acute transformation; constitutional symptoms, anaemia, and thrombocytopenia were notably less troublesome, and transfusion requirements were smaller than is usual at this stage of the disease in nonsplenectomized patients

Dr. Schwarzenberg and his colleagues claim that leucocyte transfusions from patients with chronic granulocytic leukaemia are of "immense value" in treating septicaemia complicating neutropenia. This may well be true, but their results—a 52% cure rate for infections—are not superior to those obtained with antibiotic therapy alone (see table).

Since the results of antibiotic therapy still leave much to be desired, it can be hoped that the combination of leucocyte transfusion with an optimal antimicrobial regimen may bring about further improvements in survival. —We are, etc.,

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Treatment of Infections in Neutropenic Patients with Haematological Malignancy or Cancer

Source	No. of Infections	Antibiotics Used	Survival (%)
Graw *et al.*[2]	37	"appropriate"	30
Graw *et al.*[2]	39	"appropriate" (+ leucocytes)	46
Klastersky *et al.*[3]	13	carbenicillin + polymyxin	46
Rodriguez *et al.*[4]	15	carbenicillin + gentamicin	47
Schimpff *et al.*[5]	48	carbenicillin + gentamicin	52
Tattersall *et al.*[6]	15	carbenicillin + gentamicin + cephalothin + clindamycin + methicillin	53
Tattersall *et al.*[7]	22	carbenicillin + gentamicin + cephalothin + clindamycin	54

(All patients were treated between 1969 and 1973)