

Lymphoma and Azathioprine

Sir:

The case report, *Malignant Cerebral Lymphoma in a Patient with Systemic Lupus Erythematosus Treated with Immunosuppression* (1), while interesting, deserves another perspective. Although the clinical diagnosis of systemic lupus erythematosus was suggested, the absence of LE cells, or demonstration of anti-DNA antibody, and the nonspecific renal pathology raise some doubts about the primary diagnosis. It has been documented that lymphoproliferative disease can manifest with Coombs-positive hemolytic anemia (2), nephrotic syndrome—with or without histologic evidence of glomerulonephritis (3, 4). Even assuming the primary diagnosis was accurate, a cause-and-effect relationship between azathioprine and the development of a malignant lymphoma within 6 weeks seems improbable.

Recent reviews of the use of cytotoxic agents in non-malignant conditions (5) emphasized the peculiar properties of azathioprine and the paucity of evidence supporting its effects as truly immunosuppressive rather than antiinflammatory. In a recent report (6) we reviewed our experience with azathioprine, 2.5 mg/kg, in 43 patients with systemic lupus erythematosus treated for an average of 26.7 months, and for a total of 88.0 patient years. These patients had fewer episodes of serious infections than did a control group on steroids alone, and neither chromosomal abnormalities nor malignancy was seen in a follow-up period of up to 6 years.

It has been suggested that patients receiving immunosuppressive therapy for renal transplantation who develop lymphomas constitute a different group of patients—one in which the transplanted organ provides continuous antigenic stimulation (7).

While it is possible that this patient's lymphomatous disease was accelerated by azathioprine, it seems highly improbable to us that this is truly a case of systemic lupus erythematosus with azathioprine-induced lymphoma appearing within 6 weeks after treatment with the drug was started. We do, however, strongly endorse Dr. Decker's comments that a registry of appropriate patients is essential in order to assess the long-term toxicity of cytotoxic drugs.

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