

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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