aspirate cytology. In pregnancy, management is performed with prednisolone, although immunosuppressive therapy has also been used [2]. In Table 1, the different modes of treatment used in cases of pregnancy-related PRCA by different authors are summarized [3,4,5,6,7]. PRCA in pregnancy has a better prognosis compared to pre-existing PRCA and aplastic anemia in pregnancy. In general, PRCA that develops during pregnancy spontaneously resolves postpartum [8]. Although it rarely recurs in subsequent pregnancy, recurrence was observed here and hence the permanence of PRCA is not known [3].

Keywords: PRCA, Acquired pure red cell aplasia, Anemia in pregnancy, Hypoproliferation, Erythroid progenitors, Promegaloblast

Anahtar Sözcükler: PRCA, Edinsel saf kırmızı hücre aplazisi, Gebelikte anemi, Hipoproliferasyon, Eritroid öncüller, Promegaloblast

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A Case of Burkitt's Lymphoma Mimicking Peritonitis Carcinomatosa

Peritonitis Karsinomatozayı Taklit Eden Bir Burkitt Lenfoma Olgusu

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To the Editor,

A 30-year-old man was admitted to the hospital with fatigue, fever, nausea, and abdominal distension in August 2019. Laboratory analyses were as follows: white blood cell count, 13,400/µL; absolute neutrophil count, 9,700/µL; absolute lymphocyte count, 2,100/µL; hemoglobin, 14.5 g/dL; platelets, 442,000/µL; C-reactive protein, 15.6 mg/L; lactate dehydrogenase, 186 U/L; ferritin, 927 ng/mL; alanine transaminase, 108 U/L; aspartate transaminase, 245 U/L. Abdominal ultrasound showed massive ascites. Cytospinning of the ascites revealed B-cell non-Hodgkin's lymphoma. PET-CT showed increased FDG uptake of the whole peritoneum, omentum, and small intestine (Figure 1). Peritonitis carcinomatosa was considered in the differential diagnosis. The patient underwent tru-cut peritoneal biopsy; the findings were consistent with Burkitt's lymphoma. In immunohistochemical analysis, CD20, CD10, bcl6, and c-myc were positive; CD5, bcl2, CD23, MUM1, and TDT were negative. The Ki-67 index was 99%. FISH analysis for myc/IGH translocation was positive. Bone marrow was normocellular with no sign of lymphoma involvement and conventional cytogenetics showed a normal karyotype: 46, XY [20]. Cerebrospinal fluid cytospinning

was also negative for any atypical cells. He was treated with the GMALL protocol [1]. Interim PET was consistent with complete response after four cycles of the regimen (Figure 1). The patient completed the rest of the regimen uneventfully and the final PET-CT did not show any residual disease or recurrence.

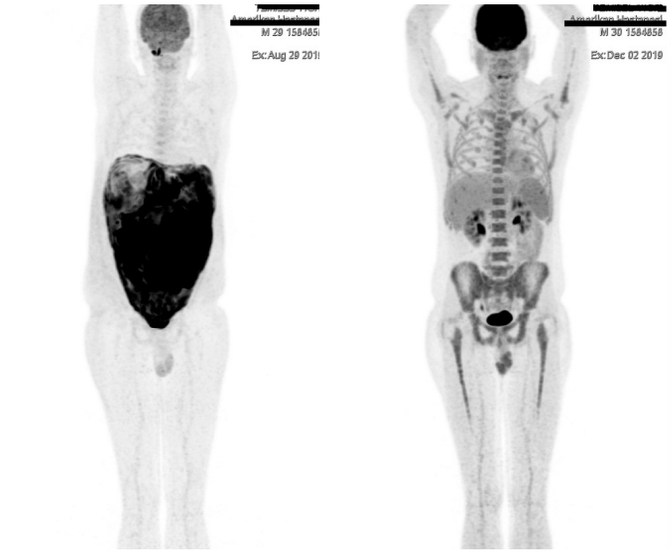

Figure 1. PET-CT before and after treatment.

PET-CT: Positron emission tomography-computed tomography

Keywords: Burkitt's lymphoma, Peritonitis carcinomatosa, PET-CT

Anahtar Sözcükler: Burkitt lenfoma, Peritonitis karsinomatoza, PET-BT

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CD4+CD8+ Double-Positive T-Lymphocytes: Pitfalls

CD4+CD8+ Çift Pozitif T-Lenfositler: Tuzaklar

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To the Editor,

The article entitled "Percentages of CD4+CD8+ Double-positive T Lymphocytes in the Peripheral Blood of Adults from a Blood Bank in Bogotá, Colombia," written by Gonzalez-Mancera et al. [1] and published in a recent issue of your journal, was quite interesting. Herein, I wish to contribute to the article.

Nicotine has been reported to affect the cell-mediated immune system. In addition, nicotine exposure can lead to regulatory T-cell induction [2,3]. Therefore, I think that it is important to know the smoking status and also the number of lymphocytes for the subjects in Gonzalez-Mancera et al.'s [1] study. Data have been published revealing that the prevalence of monoclonal B-cell lymphocytosis is higher than previously reported in blood donors [4]. Also, the large number of monoclonal B-cell lymphocytes determines the biological fate of cells transfused in recipients [4]. The use of CD45 during gating in flow cytometry could provide accurate identification. CD3+CD16/56 is important in determining natural killer T (NKT) cells and could have identified NKT cell contamination in the study.