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Reference


Diagnostic Usefulness of Flow Cytometry for Immunophenotyping Classical Hodgkin Lymphoma

To the Editor

We read with interest the comprehensive evaluation of the value flow cytometric evaluation of fine-needle aspirate (FNA) specimens by Savage and coworkers.1 In this study, the authors demonstrated the clinical usefulness of flow cytometry (FC) for the workup of FNAs, specifically demonstrating overall FC sensitivity and specificity of 85.8% and 92.9%, respectively, when compared with a “gold standard” of histologic examination of a subsequent excisional biopsy specimen, FNA diagnosis, or clinical course. However, we respectfully disagree with one of the authors’ assertions in the discussion section that “…it is nearly universally acknowledged that FC has little use in the diagnosis of Hodgkin lymphoma.”1

We have published detailed descriptions on the identification of Hodgkin and Reed-Sternberg (HRS) cells from classical Hodgkin lymphoma (CHL)2 and the clinical usefulness of 9-color3 and 6-color4 flow cytometric assays that can immunophenotype CHL with high sensitivity and specificity. Although we have not specifically evaluated the diagnostic usefulness of these assays for FNAs, in our study describing the sensitivity and specificity of the 9-color assay3, all 3 specimens labeled, “FNA” in our cohort (including a specimen that was initially evaluated as normal by the cytopathologist) were correctly identified as being involved by CHL. Furthermore, we5 and others6-8 have demonstrated that features of the reactive infiltrate in...
CHL can be readily identified by FC, and these patterns can suggest a diagnosis of CHL or prompt further evaluation by FC. Consequently, with careful flow cytometric evaluation of the reactive infiltrate and/or application of a 6- or 9-color FC tube to identify HRS cells, much information regarding the diagnosis of CHL can be obtained by FC.

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References

The Authors' Reply
We thank Drs Fromm et al for their comments regarding our study1 on the diagnostic usefulness of FC in FNA specimens. Drs Fromm and Wood, along with their collaborators, are to be commended for their extensive published work on FC in Hodgkin lymphoma (HL).2-5

We acknowledge that their work indicates that it may be time for a reassessment of the role of FC in FNA specimens of HL. To date, our experience has not shown a significant role for FC in making a specific diagnosis of HL by FNA; however, the techniques described in the referenced works may have promise. As such, additional studies that evaluate FNA specimens from patients with biopsy-proven HL will be invaluable in determining the role of FC. The FNA specimen mentioned in one of the studies3 and highlighted in their letter, which was “initially evaluated as normal” and ultimately shown to be classical HL after a biopsy based on FC suspicion, once again reiterates the importance of an integrated approach to FNA diagnosis that encompasses morphologic studies, FC, and clinical findings. This integrated approach allows for optimization of FNA (and FC) in the assessment of lymphoid proliferations.

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References