

## Letters

### Contrasting Sex Distribution of Chronic Lymphocytic Leukaemia and Well-differentiated Diffuse Lymphocytic Lymphoma in Ibadan, Nigeria

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DATA FROM the records of the Haematology Department and Cancer Registry of University College Hospital (UCH), Ibadan, Nigeria, show that of 89 patients with chronic lymphocytic leukaemia (CLL) seen between 1971 and 1989, 31 were males and 58 females (1:1.87). Diagnosis in these patients was based on peripheral blood lymphocytosis of  $10 \times 10^9/l$ , with mature-looking lymphocytes constituting at least 40% of the nucleated cells in a bone marrow aspirate film. Numerous basket cells were reported present in the peripheral blood films of most of the patients.

Over 80% of the patients were of low socio-economic class, and were aged 18–75 years, mean 48 (S.D. 14). During the same period, 53 cases of well-differentiated diffuse lymphocytic lymphoma (WDLL) were diagnosed from the histology of lymph-node specimens obtained on biopsy or necropsy. The patients with WDLL included 35 males and 18 females (1.94:1). Their age range was 8–75 years, mean 46 (S.D. 18). Most were also of low socio-economic status. The age and sex distribution of the CLL and WDLL patients is shown in Table 1.

Table 1. Age and sex distribution of patients with CLL and WDLL, at UCH, Ibadan, Nigeria: 1971–1989.

Age	CLL			WDLL		
	M	F	Total	M	F	Total
0–10	0	0	0	2	0	2
11–20	3	1	4	3	2	5
21–30	0	0	0	1	1	2
31–40	6	13	19	1	3	4
41–50	7	21	28	13	7	20
51–60	6	12	18	8	3	11
61–70	7	9	16	3	1	4
71–80	2	2	4	4	1	5
Total	31	58	89	35	18	53

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That females outnumber males among Nigerians with CLL has been noted in previous reports [1–3]. Also, a male preponderance in cases of lymphosarcoma had been observed at UCH [4], which included WDLL [5]. CLL and WDLL are regarded as analogous according to the lymphoma–leukaemia concept [6]. Our patients had the same socio-economic class distribution and modal age group during the period reviewed. It is, however, not clear why they differ in sex distribution. Pregnancy-associated immunodeficiency has contributed to the predominant occurrence of CLL in Nigerian women [2]. It would be interesting to know if this contrasting sex distribution of CLL and WDLL has been observed in other parts of the world, and what might be the contributing factors in a particular environment.

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### Colorectal Cancerous Polyps Compared with Benign Adenomas

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SEVERE DYSPLASIA or a focus of carcinoma that extends through the muscularis mucosa but not out of the polyp boundaries, may be found in 5% of adenomatous colorectal polyps [1]. These cancerous polyps are considered an intermediate stage in the transformation of benign adenomas into true cancers. In view of the greater risk for the development of cancer from large or villous adenomas [1–3], we compared the size and histology of 151 cancerous polyps with those of 557 benign adenomas.

All the polyps were resected during colonoscopy and their histology was assessed according to WHO criteria [4]. The cancerous polyps were significantly larger than the benign adenomas: 57% of polyps were larger than 2 cm in diameter compared with 15% of the adenomas ( $P < 0.0001$ ) and 11% of the polyps were smaller than 1 cm in size compared with 52%

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