CORRESPONDENCE

CD11c EXPRESSION IN B-CELL CHRONIC LYMPHOCYTIC LEUKEMIA

To the Editor:

The significance of CD11c expression in otherwise typical B-cell chronic lymphocytic leukemia (B-CLL) has recently been a matter of debate in *Blood*.[1-5] In this context, the report by Palutke et al[6] dealing with 27 B-CLL patients who expressed CD11c in 78% of cases is of interest. The investigators conclude that the increased use of flow cytometry should induce to reevaluate the pattern of positivity for the antigens whose fluorescence intensity is low.[6]

We would like to contribute to this discussion by reporting our experience with CD11c in 69 previously untreated B-CLL patients diagnosed at our institution. Immunophenotype studies were performed on peripheral blood (PB) cells. In all cases lymphocytes exceeded 5×10^9/L and more than 75% cells were $CD5^+$ and $CD19^+$. An IgG1 monoclonal antibody (MoAb) anti-CD11c (Immunotech S.A., Marseille, France) was used in indirect immunofluorescence. Fluorescence reading was performed by using a CYTORON cytofluorograph (Ortho Diagnostic System, Raritan, NJ) flow cytometry.

Results of PB cells immunophenotyping are detailed in Table 1. Seventy-seven percent of CLL patients had more than 30% of CD11c positive cells, a significant correlation being observed with CD19 expression ($r = .58$; $P < .001$). In addition, we found that CD11c was expressed at low intensity. Mean fluorescence intensity was 86.5 ± 15.3 in a scale of 250 channels of fluorescence intensity. Interestingly, the mean percent value of CD11c positive cells in our series (56.5% ± 27.8%) was not significantly different from that reported by Palutke et al[6] (51.6% ± 27.3%; P = not significant).

Table 1. Results of Immunophenotypic Analysis in 69 B-CLL Patients

Cluster of Differentiation	% Cells*	% Cases†
CD3	16.9 ± 12.5	—
CD19	79.7 ± 15.9	100
CD5	91.3 ± 8.8	100
CD23	74.9 ± 20.7	92.7
CD11c	56.5 ± 27.8	76.8
NC (anti-κ)	—	52.7
NC (anti-λ)	—	25.9
Sm Ig (absent)		21.9

Abbreviation: NC, not clustered.

* Percent of labeled cells by the MoAb.

† Percent of cases expressing more than 30% labeled cells.

To investigate the clinical significance of CD11c in B-CLL, we analyzed its correlation with clinical stage and bone marrow (BM) histology. No significant correlation was found between CD11c expression and Binet's clinical stages (stage A, 51.6% ± 26.3%; stage B, 59.2% ± 28.2%; stage C, 65.0% ± 29.4%; analysis of variance not significant). The same applied when patients were analyzed according to the histopathologic pattern of BM involvement (nondiffuse, 54.3% ± 28.5%; diffuse, 63.9% ± 26.6%; P = not significant).

We confirm that CD11c is frequently expressed in B-CLL and such an expression does not seem to configurate a different clinical entity. The high rate of CD11c positive cases prevented us from showing any correlation with well-known prognostic variables such as clinical stage and BM histology.

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