

Striking male predominance of mantle cell lymphoma in Taiwan

Mantle cell lymphoma (MCL) was defined as a specific entity in the new World Health Organization classification as an aggressive B cell lymphoma composed of monomorphic small to medium-sized lymphocytes with at least slight nuclear contours, having peripheral B cells of the inner mantle zone as postulated cells of origin.¹ Most patients presenting with high-stage disease had lymphadenopathy, hepatosplenomegaly and marrow involvement. Histologically, the tumours may grow in a nodular or diffuse pattern, with two cytological variants—classic and blastoid. Patients with MCL exhibit a characteristic immunophenotype of CD5+/CD23-/CD43+/Bcl2+/Bcl6-/IgD+/IgM+/cyclin D1+. It is genetically characterised by translocation at 11q13 and rearrangement of the *bcl-1* gene, leading to cyclin D1 over-expression.

We collected data from 24 consecutive MCL cases from the consultation file of S-S C and from several general hospitals and medical centres in Taiwan. Interestingly, all these patients were men with mean and median ages at 59.6 and 60.5 (range 40–75) years, respectively. The staging results were 1 (4%) patient at stage I, 2 (8%) at stage II, 1 (4%) at stage III and 20 (83%) at stage IV. At diagnosis, the most common organs associated were the lymph nodes in 22 (91%), bone marrow in 18 (75%), spleen in 8 (33%), gastrointestinal tract in 6 (25%) and liver in 4

(16%) patients. Of the 14 patients, 4 (28%) had peripheral blood involvement. In all, 21 cases showed classic morphology and 3 showed the blastoid variant. All but one case was positive for cyclin D1 expression by immunohistochemistry.

In a large international study, patients with MCL comprised 6% of those with non-Hodgkin's lymphoma, with a median age of 63 years and a male predominance of 74%.² The relative frequency of MCL in most Asian countries is 1–3%, much lower than that in Western countries at 7–14%.^{3,4} In our previous study,⁵ we found that patients with MCL accounted for 2% of those with non-Hodgkin's lymphoma in Taiwan. The exclusively male patients with MCL sharply contrasts with the male:female ratio of 1.1 among all patients with non-Hodgkin's lymphoma in Taiwan.⁵ In brief, MCL is a rare lymphoma subtype with a striking male predominance in Taiwan.

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