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Serum Angiotensin-I-Converting Enzyme in Hodgkin's Disease

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In a recent article in this journal Bosi et al. [1] have interpreted our results incorrectly. They stated that their findings (i.e. lack of relationship between serum angiotensin-I-converting enzyme activity (S-ACE) and stage, systemic symptoms and presence or absence of mediastinal involvement in 18 patients with Hodgkin's disease) were in contrast with ours [2] and wrote that we 'found a significant depression of S-ACE in active disease and in patients in remission' [1]. I wonder how they can reach that conclusion. In fact we reported on S-ACE in 96 patients with lymphatic and blood malignancies, of whom 27 had Hodgkin's disease. The patients were carefully examined with respect to activity, stage, spread, etc., and we clearly stated that although the group as a whole had significantly depressed S-ACE, no relationship was observed between the enzyme activity and clinical or pathoanatomical features. The small differences in mean S-ACE between some subgroups were not significant. Thus, the results of Bosi et al. [1] confirm our results in every respect. Two important points should also be mentioned. First, it seems that most malignant neoplasms – irrespective of location and nature – are associated with low S-ACE [3], the cause of which is still unknown. Second, in some malignancies S-ACE and outcome are inversely correlated, i.e. a very low S-ACE may point toward a poor prognosis [2, 4]. Because Hodgkin's disease and sarcoidosis may have common features, measurement of S-ACE is of immediate value in these patients, especially when mediastinal involvement is present. S-ACE is elevated in the majority of sarcoidosis patients [5] while it is rather low in malignant lymphomas, although occasional marginal elevations are seen [2].

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