Dear Sirs,

I have read with interest the paper ‘Hemostatic defects in experimental leukemia’ by Rasche et al. [Hemostasis 3: 46, 1974]. A few comments seem indicated since two wrong statements are included in the discussion.

Firstly, on page 52, it is stated that ‘in acute promyelocytic leukemia ... hypofibrinogenemia is a constant finding’. This is absolutely incorrect as shown, for example, by a report on two of our own patients who have been followed for several months and always had a normal fibrinogen level [1]. Even in one of the first papers on the subject [2] it is shown that one out of the eleven patients tested had a normal fibrinogen level. These data clearly indicate that hypofibrinogenemia is frequent but not constant in promyelocytic leukemia. Incidentally, these two papers have been ignored by the authors.

Secondly, always on page 52, it is stated that ‘systemic hyperfibrinolysis is rare in patients with acute leukemia’. This is wrong too, as could have been easily found out, had the authors examined more carefully the literature on the subject. In a study of 131 leukemic patients [3] we have found that increased fibrinolysis was present in about 33% of cases. The significance and the extent of the hyperfibrinolysis may still remain unsettled but this does not justify the denial of the phenomenon. It is astonishing that this paper, which contains the largest number of leukemic patients ever studied, was also ignored by the authors.

Furthermore, the finding of an increased activator activity in leukemic patients is indirectly confirmed by the presence in the same patients of low plasminogen levels [4].

An accurate perusal of the available literature is needed lest false statements are made. Medical truth must be established after a complete evaluation of pertinent data and cannot be the result of a limited or biased choice of the references to be quoted.

References
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