patients previously treated with chlorambucil. A recent study (as yet published only in abstract form) reported that initial treatment with fludarabine was superior to initial treatment with chlorambucil for obtaining remission, but no overall survival benefit in the fludarabine arm has yet been observed. A third arm of this study, which combined fludarabine and chlorambucil, was closed early due to excessive toxicity without added clinical benefit.

Many physicians recommend fludarabine for younger patients (age < 60), but start with an alkylating agent, most commonly chlorambucil, in older patients. Concern about life-threatening infection in patients with other debilitating illnesses is the major reason for limiting fludarabine therapy in older patients. The overall status of the patient, including any other comorbid conditions, should be considered when assessing which drug may be better for initial therapy.

Hairy cell leukemia: A glimmer of hope

CLL remains incurable with chemotherapy. However, a disease very similar to CLL, hairy cell leukemia, may be curable with the chemotherapeutic agent cladribine, raising hopes that drug therapy may eventually be curative in CLL.

Hairy cell leukemia is distinguished from CLL primarily by the typical morphology of the hairy cell in the peripheral blood. The hairy cell also has unique cytochemical characteristics and a unique immunophenotype characterized by high CD11c expression. Patients with hairy cell leukemia tend to have a much greater degree of splenomegaly than typical CLL patients, and hairy cell leukemia has an even higher male-dominated prevalence than does CLL.

Almost all patients with hairy cell leukemia experience a complete remission after a single course of cladribine. While it remains to be determined if all these patients are cured, a substantial portion have no evidence of disease for several years without any further therapy. This dramatic response to a single course of single-agent therapy is gratifying and raises hope that someday an agent with similar activity in CLL will be discovered.

SUGGESTED READING

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CORRECTION

In "A 34-year-old woman with odynophagia and weight loss" by Kavita R. Kolluri, MD and Darwin L. Conwell, MD (*Cleveland Clinic Journal of Medicine* May 1997; 64:245–248), the headings in the TABLE were reversed. The corrected table is as follows.

TABLE

PREDNISONE THERAPY FOR IDIOPATHIC HIV-RELATED ESOPHAGEAL ULCERS

Variable	4 weeks	2 weeks
No. of patients	12	24
Response, N (%)	11 (92)	23 (96)
None	1	1
Partial	1	5
Complete	10	18
Relapse, N (%)	2 (22)	12 (52)
Median time to relapse, weeks	6	7
Range of follow-up, months	1 to 30	1 to 28
No. lost to follow-up	1	0

None of the differences were statistically significant
From Wilcox, reference 5