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## REPLY FROM THE AUTHORS

We thank Dr. Gajendra for the interest shown in our article. She described in detail the morphological abnormalities, both nuclear and cytoplasmic, of tumoral plasma cells as well as reactive plasma cells.

We fully agree with her that, when in doubt, immunophenotyping is an indispensable tool for distinguishing plasma cells.

Unfortunately, we do not have the cytogenetics to deepen this characterization.

Regards,

Abibatou Sall, Moussa Seck, Diama Samb, Blaise Félix Faye, Macoura Gadji, Saliou Diop, Awa Oumar Touré

# Myeloma and *Cystoisospora belli*

## Myelom ve *Cystoisospora belli*

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**To the Editor,**

We would like to share our ideas on "Prolonged Severe Watery Diarrhea in a Long-Term Myeloma Survivor: An Unforeseen Infection with *Cystoisospora belli*" regarding multiple myeloma (MM) patients [1]. Tiryaki et al. [1] concluded that "Parasitic infections are very uncommon... In MM diarrhea points mainly to infection in acute or chronic form," further noting that, to their best knowledge, "this [was] the first case of a patient with MM with *C. belli* infection" [1]. The incidence of parasitic infection is usually associated with local geography. In developing countries without good hygienic foundations, parasitic infections are common but there is usually no routine screening of MM patients. In a recent report from Brazil, de Castro et al. [2] studied infectious diarrhea in autologous stem cell transplantation cases, including myeloma patients, and found that there were many parasitic infections including *C. belli* infections. In conclusion, we suggest a new recommendation for screening for parasitic infection in any patients with MM and other hematological malignancies.

**Keywords:** Blood, Cancer, Myeloma, *Cystoisospora*

**Anahtar Sözcükler:** Kan, Kanser, Myelom, *Cystoisospora*

### Authorship Contributions

Concept: P.S., V.W.; Design: P.S., V.W.; Data Collection or Processing: P.S., V.W.; Analysis or Interpretation: P.S., V.W.; Literature Search: P.S., V.W.; Writing: P.S., V.W.

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## REPLY FROM THE AUTHORS

We have reviewed the commentary by Sookaromdee and Wiwanitkit and our reply is as follows.

We observed a patient with long-term multiple myeloma (MM) and an infrequent infection with *Cystoisospora belli* [1]. An intestinal-type chronic diarrhea was the only symptom contributing to the diagnosis. We wished to emphasize awareness of *C. belli* infection in MM patients. Sookaromdee and Wiwanitkit are of the same opinion as they mentioned the importance of *C. belli* infection in MM patients and emphasized that recommendations should be developed based on regional characteristics, especially in relation to poor hygiene conditions. They also cited an original study reported from Brazil to demonstrate that the infection could be observed in this patient population [2]. The mentioned study included 47 hematological malignancy patients and evaluated the infectious complications in patients who underwent autologous stem cell transplantation. The number of MM patients was 29. The study did not specify infectious agents according to primary diagnosis. The only result given in that study that might be pertinent for *C. belli* infection was that the authors observed 7 coccidia cases. Coccidia subgroups were not defined. For that reason, we did not cite that study in our original manuscript. Indeed, our aim was similar to that of Sookaromdee and Wiwanitkit; when treating MM patients from variable hygienic backgrounds with the complication of diarrhea, *C. belli* should be considered. Thus, the letter above supports our original argument.

Tarık Onur Tiryaki, Kadir Uluç Anıl, Melek Büyük, Ahmet Yasir Yıldırım, Alp Atasoy, Aslı Çiftçibaşı Örmeci, Sevgi Kalayoğlu Beşışık

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# Lenalidomide Combined with Interferon α-1b and Interleukin-2 in the Treatment of 21 Cases of Acute Myeloid Leukemia

## Yirmi Bir Akut Myeloid Lösemi Olgusunda İnterferon α-1b ve Interlökin-2 ile Birlikte Lenalidomid Tedavisi

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**These authors contributed equally to this work.*

**To the Editor,**

The prognosis of patients with refractory/relapsed acute myeloid leukemia (R/R AML) is extremely poor and the long-term survival rate is less than 10%. Minimal residual disease (MRD) is an important independent prognostic indicator of AML, indicating a higher risk of recurrence; thus, it is vital for the prognosis of patients to eliminate MRD [1,2]. Our center previously used thalidomide combined with interferon α-1b (IFN α-1b) and interleukin-2 (IL-2) in the treatment of R/R AML and the total effective rate was 50% [3,4]. We further optimized the treatment plan, adjusted thalidomide to lenalidomide, and applied it for 21 patients with R/R AML or MRD.

All patients were treated with lenalidomide combined with the IFN α-1b and IL-2 regimen. The specific treatment plan was as follows: oral administration of lenalidomide capsule,