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Interleukin-2-330T/G and Interleukin-10-1082A/G Genetic Polymorphisms and B-Cell Non-Hodgkin Lymphoma

İnterlökin-2-330T/G ve İnterlökin-10-1082A/G Genetik Polimorfizmi ve B-Hücreli Non-Hodgkin Lenfoma

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To the Editor,

We read the publication "Association of Interleukin-2-330T/G and Interleukin-10-1082A/G Genetic Polymorphisms with B-Cell Non-Hodgkin Lymphoma (B-NHL) in a Cohort of Egyptians" with great interest [1]. Abdel Rahman et al. [1] concluded that "The present study highlights the possible involvement of the [interleukin (IL)] IL-2-330T/G genetic polymorphism in the susceptibility to [B-NHL] B-NHL in Egypt, especially indolent subtypes. Moreover, IL-10-1082A/G is not a molecular susceptibility marker for B-NHL in Egyptians" [1]. In fact, the role of polymorphism of IL is widely mentioned in relationship to NHL susceptibility [2]. We agree with the observation of Abdel Rahman et al. [1]. The differences of the effects of IL-2-330T/G and IL-10-1082A/G can be explained by molecular quantum calculations of molecular weight changes. This is the

same phenomenon as seen in other polymorphisms and it can affect the clinical appearance of many medical disorders, such as the effect of CTLA-4 A49G polymorphism on autoimmune blood disease [3]. For IL-2-330T/G and IL-10-1082A/G, the change of molecular weight is equal to -107.07 and +16 per molecule, respectively. This means that a molecule with IL-2-330T/G requires more molecular mass and a molecule with IL-10-1082A/G requires less molecular mass to complete a biological process compared to a naïve molecule.

Keywords: Interleukin, Lymphoma, Polymorphism

Anahtar Sözcükler: İnterlökin, Lenfoma, Polimorfizm

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On Being a “Physician Patient” with His Own Experimental Therapeutic Drug

Deneyisel Tedavi Edici İlaç ile “Doktor Hasta” Birlikteliği Üzerine

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To the Editor,

We have read with great interest the paper by Patıroğlu et al. [1] on the mucosal healing effects of Ankaferd BloodStopper (ABS), recently published in this journal. They suggested that ABS could be effective for the management of chemotherapy-induced mucositis. We would like to share our own experience with ABS on the burn-induced skin wounds of a patient.

The patient herein is a physician and the senior author of this paper (İ.C.H.). He is also the mentor of the first author (R.Ç.). The experimental therapeutic drug is ABS, which was developed as a medicine with numerous clinical studies (<https://www.ncbi.nlm.nih.gov/pubmed/?term=ankaferd>), mostly authored by İ.C.H. himself. ABS is the first topical hemostatic agent acting on red blood cells and fibrinogen gamma interactions to be tested in clinical trials [2]. ABS is a drug officially approved for the management of clinical hemorrhages in Turkey [3]. However, ABS has never been used in humans for the therapy of burns until İ.C.H. had his left forearm severely burned by a boiling tea kettle. In his physical examination, the burnt areas had acutely developed heavy erythematous lesions, which then complicated into several bullous lesions.

At the time of the burn accident, ABS for burn wound management had only been demonstrated in rats [4,5]. The burns were induced in Wistar albino rats by Kaya et al. [4] they showed that ABS decreases the inflammation and wound diameters and increases the wound contraction and tissue fibrosis in rats with burn injuries. The results of another rat study demonstrated

that ABS has a positive effect on second-degree thermal burn healing [6].

The emergency state of the severe burn lesions and the availability of ABS at the time of the accident enabled us to apply it topically to the burn lesions of İ.C.H. The burn lesions were clearly regressed and wound healing occurred with no complications upon the usage of ABS in our physician patient (Figure 1).

In the history of medical science, there are many inventors that applied their own therapeutic tools for the management of their own diseases, such as Dr. Barry J. Marshall. He drank *Helicobacter pylori* bacteria himself and developed stomach ulcers within a few days. He later successfully treated himself with antibiotics and went on to win the Nobel Prize [7].



Figure 1. The senior author's burn wounds before and after treatment with Ankaferd BloodStopper.