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Chronic lymphocytic leukemia: Risk factors and complications

Background & Definition: Chronic lymphocytic leukemia (CLL) results from an acquired (not present at birth mutation (change)) to the DNA of a single marrow cell that develops into a lymphocyte. Scientists do not yet understand what causes this change. Once the marrow cell undergoes the leukemic change, it multiplies into many cells. CLL cells grow and survive better than normal cells; over time, they crowd out normal cells. The result is the uncontrolled growth of CLL cells in the marrow, leading to an increase in the number of CLL cells in the blood. The leukemic cells that accumulate in the marrow in people with CLL do not prevent normal blood cell production as extensively as is the case with acute lymphoblastic leukemia.

Risk Factors: First-degree relatives of patients with CLL are three to four times more likely to develop CLL than people who do not have first-degree relatives with the disease. Old age is second risk factor of CLL development.

Sign and symptoms: Early, some people with CLL do not have any symptoms. The disease may be suspected because of abnormal results from blood tests that were ordered either as part of an annual physical or a medical examination for an unrelated condition. An unexplained elevated white blood cell (lymphocyte) count is the most common finding that leads a doctor to consider a CLL diagnosis.

Diagnosis: The diagnosis of CLL is usually evident from the results of blood cell counts and an examination of blood cells. A bone marrow aspiration and biopsy generally are not needed to make a diagnosis of CLL provided the red blood cells and platelets are normal. "Immunopheno typing" (or flow cytometry) of lymphocytes is an important process used to diagnose CLL, and other types of leukemia and lymphoma, by comparing the cancer cells to normal immune cells. Staging for CLL helps doctors to both assess how the disease is expected to progress over time and also to develop a treatment plan.

Complications: CLL or CLL Treatment: Infections are a common complication for people with CLL. Anemia (low numbers of red blood cells) is a common side effect of chemotherapy. In about 3 to 5 percent of people with CLL, the disease transforms into an aggressive lymphoma (Richter Transformation) because of a change in the characteristics of the CLL cells. About 15 percent of people with CLL develop prolymphocytic leukemia. Some people with CLL produce a type of antibody that works against their own cells (Autoimmune Hemolytic Anemia). People with CLL have a higher risk than the general population of developing a second cancer.

Conclusion: People with CLL need regular medical follow-up after they have completed treatment. It is important to assess the full effect of therapy as well as to identify any return of progressive disease that may require additional therapy.

Biography

Olfat M Hendy completed her MD from Clinical Pathology department, Menoufia Faculty of Medicine, Menoufia University, Egypt and became Professor of Hematology & Immunology at the same university in 2009. She is the Head of Hematology Unit at National Liver Institute - Menoufia University, Egypt. She has published more than 28 papers in reputed journals and has been serving as an Editorial Board Member of repute. She was a supervisor of more than 32 MD and Master's thesis, and discussed more than 32 theses. She is a member in about 4 medical societies

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