Letters to the Editor

Aspergillosis Results Questioned

To the Editor:

I read with considerable interest and appreciation the report on "Nosocomial Aspergillosis in Patients with Leukemia Over a Twenty-Year Period" (1989; 10:299-305). After a thorough perusal of the data, it seems that there is a fairly major discrepancy between the data outlined in the section of the text describing aspergillosis in bone marrow transplant (BMT) recipients versus non-BMT recipients (1978-1983) and the data presented in Table 2.

The text in this section states "The greatest number of bone marrow transplants in leukemia patients took place in 1981 (18 patients), followed by 1982 (13 patients), 1983 (nine patients), 1978 (five patients), 1979 (four patients), and 1980 (four patients)." The text further states that during the years 1978 through 1983 "there were seven cases of invasive aspergillosis in BMT recipients-four cases in 1983, two cases in 1982 and one case in 1978." This gives us a total of seven cases in 53 patients.

Table 2 is labeled "Incidence of Aspergillosis in Bone Marrow Transplant Recipients and Non Bone Marrow Transplant Leukemia Patients at RPMI From 1978 to 1983." The denominator used for calculating the number of aspergillosis cases per 100 BMT recipients for each of the years should be the number of bone marrow recipients per year. If the data given in the text (quoted above) is used to construct Table 2 it should look like this:

	1978	1979	1980	1981	1982	1983	6-Year Incidence
All five types	BMT	BMT	BMT	BMT	BMT	BMT	BMT
Number of cases/ 100 patients	20 (1/5)	0 (0/4)	0 (0/4)	0 (0/18)	15.4 (2/13)	44.4 (4/9)	13.2 (7 cases/53 patients)

It is not clear whether the authors have used the number of transplants as a denominator to determine the number of cases per 100 patients per year. If they have, the table should be labeled to reflect this. If this is the case, the information in the table is still discrepant with that which appears in the text. The part of the text when added up (quoted above) gives 53 patients receiving bone marrow transplants, whereas another portion of the text states there were 53 bone marrow transplants in 52 patients. In order to arrive at the figures derived by the authors in Table 2 the denominators used for 1978, 1982 and 1983 would have had to have been 6, 22 and 11 respectively. If we assume that these are the number of bone marrow transplants in these years and we consult the text to determine the number done in 1979, 1980 and 1981, it appears as though there were the following number of transplants done: 1978 (six), 1979 (four), 1980 (four), 1981 (18), 1982 (22), 1983 (11). This gives a total of 65 transplants, not 53 as stated in the text.

This paper represents a singularly fine contribution to the epidemiology of aspergillus infection in the bone marrow transplant patient. It is not at all difficult to imagine how the numbers in Table 2 may have become misarranged when one considers the enormous amount of data to be managed. Perhaps the authors could shed some light on the construction of Table 2 as it relates to the text?

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Coleman Rotstein, MD, Linda L. Klimowski, MS, MT (ASCP), CLS (NCA) and K. Michael Cummings, PhD, MPH were asked to respond to this letter.

We would like to clarify any misconceptions which Ms. Georgia P. Dash had about the article written by Klimowski, et al.' There were indeed 53 bone marrow transplants performed on 52 patients with leukemia. One patient who had chronic myelogenous leukemia was transplanted twice. The distribution of the patients' underlying diseases was as outlined in the text. The number of transplants performed between 1978 and 1983 was also correctly stated in the text: 1978 (five transplants), 1979 (four transplants), 1980 (four transplants), 1981 (18 transplants), 1982 (13 transplants) and 1983 (nine transplants), for a total of 53 bone marrow transplants. Seven cases of invasive aspergillosis occurred in the bone marrow transplant recip-

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