

CD56 and TIA-1, but not CD4, CD5, CD7, CD8, CD10, CD20, CD30 or granzyme B. The proliferation fraction as determined by Ki-67 is at 70%. Surprisingly, staining for cytokeratin cocktail AE1/AE3 highlighted many foci of LEL formed by the infiltration of the residual prostatic acini by lymphoma cells. The tumour cells were positive for EBV-encoded mRNA (EBER) by in situ hybridisation, while PCR study for T-cell receptor gamma chain gene rearrangements revealed polyclonal results.

Eight days after the transurethral resection of the prostate, nasal biopsy revealed heavy infiltration by small to medium-sized atypical lymphocytes in diffuse pattern without angioinvasion or necrosis. Immunohistochemically, these atypical lymphocytes expressed CD3 and CD56 but not CD20, the same histopathology and immunophenotype as that of a prostatic lesion except for the absence of LEL in the nasal tumour either by histopathology or cytokeratin immunostaining. Bone marrow biopsy confirmed marrow involvement. The patient was refractory to two courses of polychemotherapy and died with progressive disease 2.8 months after diagnosis.

LELs very likely represent the neoplastic equivalent of the association of B-cells with dome epithelium that characterises MALT and the result of specific "tropism" of the CCL cells for epithelium.² Ultrastructural studies revealed a tight association of CCL cells and epithelial cells leading to structural distortion and disruption of the epithelial cells and their ultimate death.³ LELs are usually easily found in gastric MALT lymphomas where their presence in a lymphoproliferative lesion is highly suggestive, but not, on its own, diagnostic of lymphoma.² Lymphoma of the prostate is very uncommon and most cases in the literature represent secondary involvement after complete

staging as in our case. Primary prostatic MALT lymphoma is extremely rare and cases with formation of LELs in prostatic glands have been described.^{4,5} In enteropathy-associated T-cell lymphoma, infiltration of the epithelium of individual crypts is present in most cases without formation of LEL.⁶ The intestinal mucosa adjacent to the tumours usually shows features of enteropathy including increased intra-epithelial lymphocytes but not LEL. Our case is unique in that it is the first case of NK-cell or T-cell lymphoma with LEL and in addition, the lymphoma cells formed LELs around prostatic acini but not in nasal secretory glands.

S-S Chuang,¹ S-T Chang,² Y-H Lee,³ K-C Chang⁴

¹ Department of Pathology, Chi-Mei Medical Center, Tainan, and Taipei Medical University, Taipei, Taiwan; ² Department of Pathology, Chi-Mei Medical Center, Tainan, Taiwan;

³ Department of Urology, Chi-Mei Medical Center, Tainan, Taiwan; ⁴ Department of Pathology, School of Medicine, National Cheng Kung University, Tainan, Taiwan

Correspondence to: Dr Shih-Sung Chuang, Department of Pathology, Chi-Mei Medical Center, 901 Chung-Hwa Road, Yung-Kang City, Tainan County, Taiwan 710; cmh5301@mail.chimei.org.tw

Competing interests: None declared.

Patient consent: Informed consent was obtained for the publication of the details in this report.

Accepted 16 October 2007

J Clin Pathol 2008;**61**:399–400.
doi:10.1136/jcp.2007.053538

REFERENCES

1. Isaacson PG, Wright DH. Malignant lymphoma of mucosa-associated lymphoid tissue. A distinctive type of B-cell lymphoma. *Cancer* 1983;**52**:1410–6.
2. Isaacson PG, Norton AJ. Mucosa-associated lymphoid tissue (MALT) and the MALT lymphoma concept. In: Isaacson PG, Norton AJ, eds. *Extranodal lymphomas*. London: Churchill Livingstone, 1994:19–21.

3. Papadaki L, Wotherspoon AC, Isaacson PG. The lymphoepithelial lesion of gastric low-grade B-cell lymphoma of mucosa-associated lymphoid tissue (MALT): an ultrastructural study. *Histopathology* 1992;**21**:415–21.
4. Isaacson PG, Norton AJ. Malignant lymphoma of the urogenital tract. In: Isaacson PG, Norton AJ, eds. *Extranodal lymphomas*. London: Churchill Livingstone, 1994:280–1.
5. Jhavar S, Agarwal JP, Naresh KN, et al. Primary extranodal mucosa associated lymphoid tissue (MALT) lymphoma of the prostate. *Leuk Lymphoma* 2001;**41**:445–9.
6. Isaacson PG, Wright D, Raffkiaer E, et al. Enteropathy-type T-cell lymphoma. In: Jaffe ES, Harris NL, Stein H, Vardiman JW, eds. *World Health Organization classification of tumours: tumours of the haematopoietic and lymphoid tissues*. Lyon: IARC Press, 2001:208–9.

CORRECTIONS

doi:10.1136/jcp.2006.040915.corr1

There was an error in the title and nomenclature of a paper published in the July 2007 issue of the journal (Zheng H, Murai Y, Hong M, et al. Jamestown Canyon virus detection in human tissue specimens. *J Clin Pathol* 2007;**60**:787–93.) The correct title should be as follows: JC virus detection in human tissue specimens. The journal thanks Dr James J Clayton for pointing out the error. A corrected PDF is available at <http://jcp.bmj.com/supplemental>

doi:10.1136/jcp.2007.047266.corr1

There was an error in the author order of an article published in the January issue of the journal (Effects of fixation on RNA integrity in a liquid-based cytology setting. *J Clin Pathol* 2008;**61**:132–7.) The correct order is as follows: CAJ Horvath, G Boulet, S Sahebali, C Depuydt, T Vermeulen, D Vanden Broeck, A Vereecken, J Bogers.