

## **Chronic lymphocytic leukaemia (CLL) in Central Africans.**

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### **Abstract**

**OBJECTIVE:** To document the clinical and haematological features of chronic lymphocytic leukaemia (CLL) in Central Africans. **DESIGN:** Prospective descriptive analysis. **SETTING:** Tertiary referral teaching hospitals. **SUBJECTS:** 48 Zimbabweans and 27 Malawians formed the basis of this analysis. **RESULTS:** There were 75 patients (40 males and 35 females) studied and their ages ranged from 32 to 78 years with a mean  $\pm$  s.d. of 56.8  $\pm$  10.1 years. The peak age incidence of 26.7% occurred between 60 to 64 year old and 21.3% were below 50 years. The major clinical findings included: splenomegaly (68%); hepatomegaly (37.3%); anaemia (34.7%); lymphadenopathy (33.3%) and nine (12%) patients were diagnosed incidentally. The majority of patients (78.7%) had Rai stage III and IV and only seven (9.3%) patients were in stage 0. Of the 32 patients treated with chemotherapy, 25.9% and 59.3% achieved complete or partial remissions respectively. Six patients were still alive after a follow up period of a mean  $\pm$  s.d of 39.3  $\pm$  24.4 months; five were lost to follow up after a mean  $\pm$  s.d period of 28.6  $\pm$  18.8 months and 16 were dead after a mean  $\pm$  s.d. period of 25.7  $\pm$  19.1 months. The main causes of death in the treated group were septicaemia in six, pneumonia in four and tuberculosis in three. In the untreated group of 43 patients, two refused therapy, four died shortly after diagnosis and 37 were lost to follow up. **CONCLUSIONS AND RECOMMENDATIONS:** Although the study has disclosed that CLL is not rare in central Africans and its presentations are similar to cases reported in the literature, the majority of patients seek medical treatment late. Optimal therapy is impossible due to lack of chemotherapy and supportive services..Therefore, it is recommended that tertiary referral centers in African health systems should be equipped for better management of CLL patients.