

## Abstract

We studied 137 cases of acute leukaemia seen between December 1985 and November 1988, using traditional staining techniques together with cytochemistry and in cases of probable acute lymphoblastic leukaemia (Sudan Black negative) by immunophenotyping. Not all tests were carried out in every case (some cases of ALL could only be classified as T or non-T). Paediatric group (age less than or equal to 14 yrs): 75 cases--acute lymphoblastic leukaemia 52, acute myeloid leukaemia 18, acute undifferentiated leukaemia 5. Peak incidence in 5-9 year group. Male:Female ratio = 1.7:1. acute myeloid leukaemia was associated with chloromas in 2 cases (11 pc). Adult group: 62 cases--acute lymphoblastic leukaemia 23, acute myeloid leukaemia 36 and acute undifferentiated leukaemia 3. Peak incidence in 50-54 age group. Male:Female ratio = 1:1.2. Acute lymphoblastic leukaemia subtypes (all ages) T 16, Common 20, Null 12, 'non-T' 16, B cell 0, untyped 11. 69 pc were of L2 morphology. In T-ALL, 11 had thymomas and Male:Female ratio = 15:1. Male:Female ratio for 'non-T' = 1.5:1. Acute myeloid leukaemia subtypes (all ages) M1 3, M2 8, M3 14, M4 19, M5 8, M6 2, M7 1. Overall incidence of acute leukaemia appears increased at 0.91 per 100,000 per annum from previous studies in Zimbabwe. Common ALL (mean age = 13 years) is an emerging problem and now outnumbers T-ALL (mean age = 10 years). This may be related to a general improvement in living standards and health in Zimbabwe.