

Editor Note

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Journal of Leukemia is an open access journal organized by OMICS International, a self-supporting organization. The journal includes a wide range of fields in all areas of hematooncology, mainly related to multiple myeloma, acute lymphoblastic leukemia, acute myeloid leukemia, chronic lymphocytic leukemia, chronic myeloid leukemia, hairy cell leukemia, pediatric leukemia and other relevant fields. Papers are published quarterly, approximately one month after acceptance. Original and review articles, letters to the Editor, as well as case reports and short communications are published and provides free online access to the researchers and clinicians worldwide. Editorial Board members of the journal or outside experts review manuscripts and at least two independent reviewer's approval followed by the Editor's approval is required for the acceptance of any citable manuscript. We welcome the submission of manuscripts that meet the general criteria of significance and scientific excellence.

In this issue of the journal, two editorials, two research articles, one case report, and one scientific letter are available. Dr Marschalek from Frankfurt/Main, Germany characterizes MLL-r leukemia as an important subtype of acute leukemia with a poor prognosis [1]. The pathology of MLL-r leukemia has not been well understood yet and there are several questions that need to be solved in the future. In another editorial article, Dr Grisold et al. present a rare manifestation of leukemia termed historically chloroma or myelosarcoma, which can also affect the cranial and peripheral nerves [2]. Chloroma can occur at presentation, during the course of leukemia, as a relapse or as a complication of bone marrow transplant. In their editorial, the authors concentrate on the presentation of chloroma in the peripheral nervous system, including the cranial nerves. They underline that the peripheral nerves and the peripheral nerve blood barrier may be an ideal situation to leukemic cells to survive in a sanctuary. Imaging with MR, US and PET can facilitate the detection of chloroma and enable more common diagnosis. Dr Zareifar et al. from Iran, in the original article, report the detection of Epstein-Barr virus in children with lymphoma [3]. They have found a positive influence of EBV infection in pediatric lymphomas and suggest that EBV infection may be a

factor involved in the high incidence of lymphoma in children. In the second research article, Dr Mahmoud et al. from Egypt have compared the outcome of allogeneic versus autologous peripheral blood stem cell transplantation in adult patients with acute myeloid leukemia regarding toxicities of transplant procedures, transplant-related mortality, disease free survival and overall survival in 43 patients [4]. They found the comparable outcome of autologous compared to allogeneic stem cell transplantation in patients with AML-NK and FLT3 ITD negative patients in the first complete remission. Dr Zareifar from Iran present a pediatric patient with acute lymphoblastic leukemia first manifested as anterior chest wall bulging [5]. Tc99m-MDP bone scan showed multifocal active bony pathology in the sternum, lower thoracic and lumbar vertebra. Bone marrow aspiration and biopsy confirmed B cell acute lymphoblastic leukemia. Finally, Dr Benharroch from Israel in his letter to the Editor reports the association between the measles virus and classical Hodgkin lymphoma [6]. In his study of the 154 biopsies, 82 (54%) were positive for at least two measles virus antigens. He indicates that more extensive research on this topic should be performed.

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