

LETTER TO THE EDITOR

Fibroblasts in chronic submandibular sialadenitis

Dear Sir,

We read the article 'Immunohistochemical study of fibroblasts and mast cells in chronic submandibular sialadenitis' by Epivatianos *et al* (2008) with great interest. In recent years stromal CD34 expression and CD34⁺ fibrocytes, which were first described in 1994 (Bucala *et al*, 1994), have attracted increasing interest. CD34⁺ stromal cells are abundant in most organs which have been investigated in this topic (Barth and Westhoff, 2007). The distribution of CD34⁺ stromal cells in the submandibular gland reported by the authors is in keeping with previously published studies (Yamazaki and Eyden, 1996; Soma *et al*, 2001). In chronic submandibular sialadenitis the authors observed a complete loss of stromal CD34 expression. This is an interesting finding as a loss of CD34⁺ fibrocytes, i.e. of stromal CD34 expression was primarily observed in the stroma of invasive carcinomas where it was paralleled by a gain of α -SMA expression (Barth and Westhoff, 2007). Thus, for at least two reasons the study by Epivatianos *et al* is of outstanding interest. First, the authors show that a loss of stromal CD34 expression is not an exclusive feature of invasive carcinomas but may also occur in chronic inflammation. Accordingly, as has already been stated by us, the disappearance of CD34⁺ fibrocytes, when used as a single diagnostic criterion, does not justify the diagnosis of malignancy (Ramaswamy *et al*, 2003). Second and what appears to be of even greater importance, the authors show that the disappearance of stromal CD34 expression is not always linked to a gain of α -SMA expression which is mostly found in the stroma of invasive carcinomas.

The authors also report an increased number of mast cells in chronic sialadenitis. This appears somewhat unspecific as it has also been observed in the stroma of squamous cell carcinomas of the upper aero-digestive tract (Barth *et al*, 2004). Undoubtedly, mast cells play a pivotal role in stromal remodeling irrespective of the

cause. However, the factors modulating this process are far from being understood and require further scrutiny.

PJ Barth, CC Westhoff

Institute of Pathology, University Hospital Giessen and Marburg GmbH, Location Marburg, Medical Faculty of Philipps-University Marburg, Baldingerstraße, 35033 Marburg, Germany

References

- Barth PJ, Westhoff CC (2007). CD34⁺ fibrocytes: morphology, histogenesis and function. *Curr Stem Cell Res Ther* **2**: 221–227.
- Barth PJ, Schenck zu Schweinsberg T, Ramaswamy A, Moll R (2004). CD34⁺ fibrocytes, alpha-smooth muscle antigen-positive myofibroblasts, and CD117 expression in the stroma of invasive squamous cell carcinomas of the oral cavity, pharynx, and larynx. *Virchows Arch* **444**: 231–234.
- Bucala R, Spiegel LA, Chesney J, Hogan M, Cerami A (1994). Circulating fibrocytes define a new leukocyte subpopulation that mediates tissue repair. *Mol Med* **1**: 71–81.
- Epivatianos A, Zaraboukas T, Pouloupoulos A, Harrison JD (2008). Immunohistochemical study of fibroblasts and mast cells in chronic submandibular sialadenitis. *Oral Dis* **14**: 259–263.
- Ramaswamy A, Moll R, Barth PJ (2003). CD34⁺ fibrocytes in tubular carcinomas and radial scars of the breast. *Virchows Arch* **443**: 536–540.
- Soma L, LiVolsi VA, Baloch ZW (2001). Dendritic interstitial and myofibroblastic cells at the border of salivary gland tumors. *Arch Pathol Lab Med* **125**: 232–236.
- Yamazaki K, Eyden BP (1996). Ultrastructural and immunohistochemical studies of intralobular fibroblasts in human submandibular gland: the recognition of a 'CD34 positive reticular network' connected by gap junctions. *J Submicrosc Cytol Pathol* **28**: 471–483.

Copyright of Oral Diseases is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.