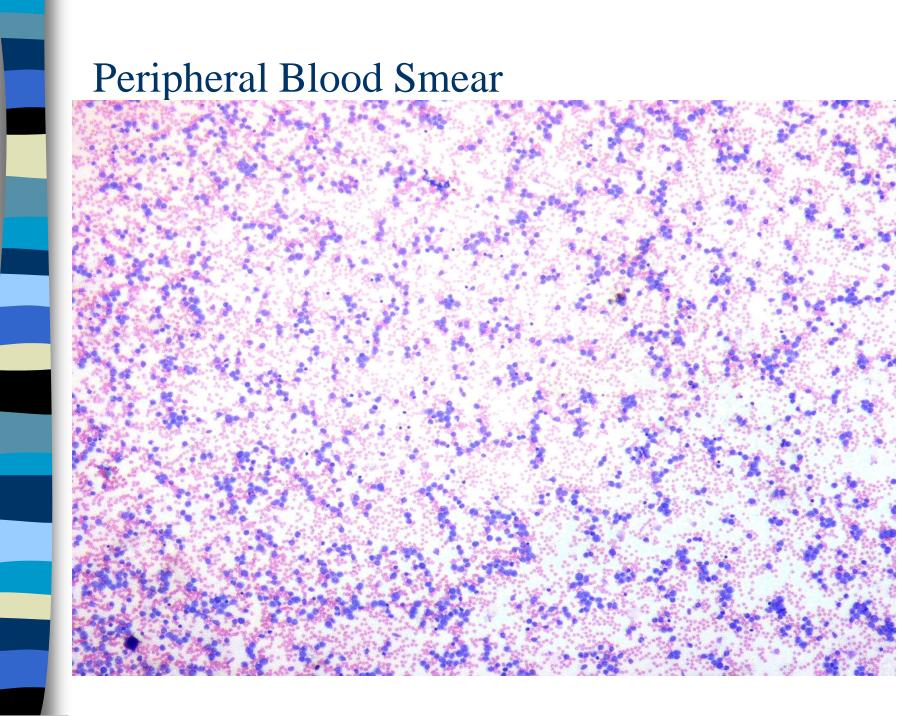
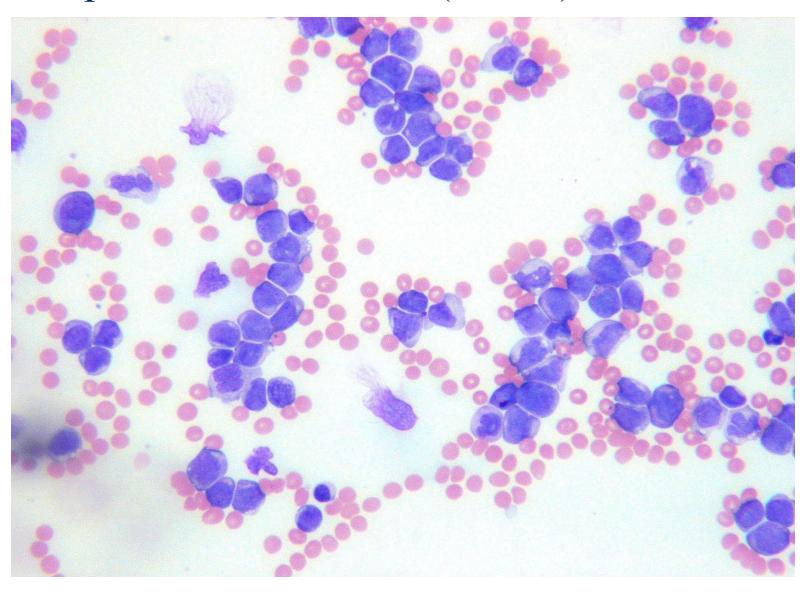
Hematology Case Conference

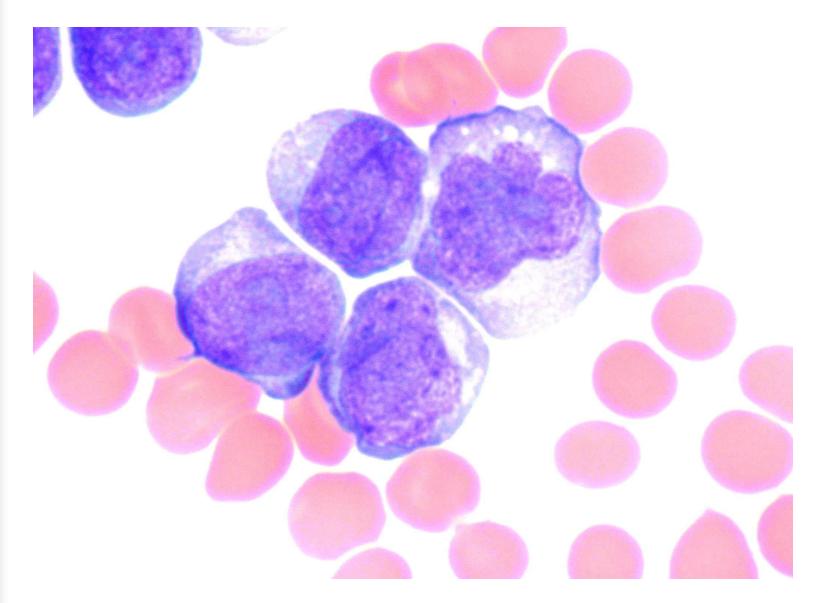
6/24/03

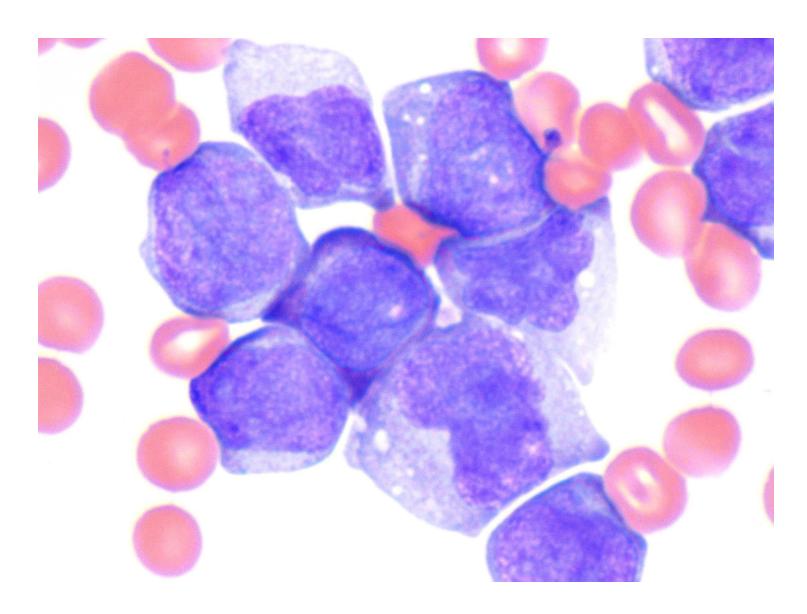
Bone Marrow Case Patient: Erixxx Avaxxx

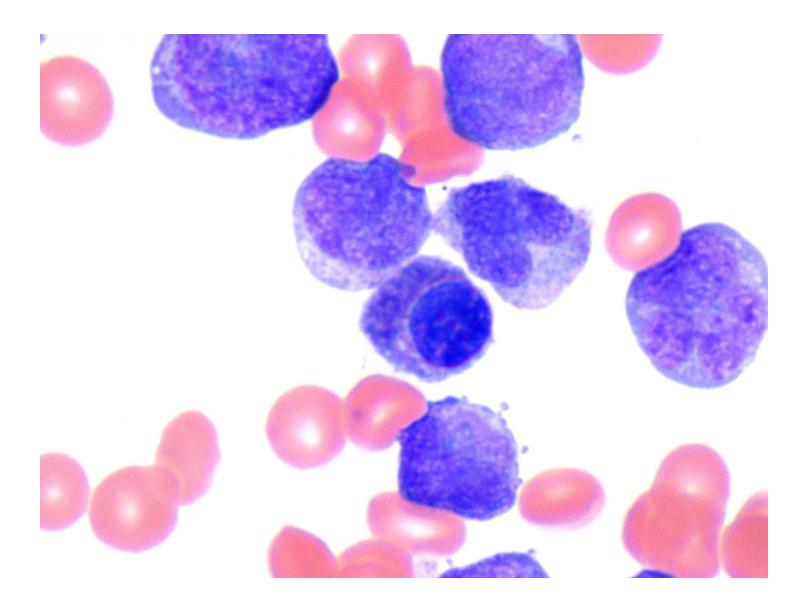
- 20 year old Hispanic male seen at Matagoda County Hospital with right sided weakness, dizziness, and blurred vision.
 Patient developed resp distress, was intubated. WBC showed > 100 with many blasts. Patient was transferred to Hermann
- WBC= 390, Hgb=9.0, Plt=20 80% blasts
- PT 15.6, PTT 37.6, FSP 10, normal Fibrinogen, TT
- Head CT: hemorrhagic lesions

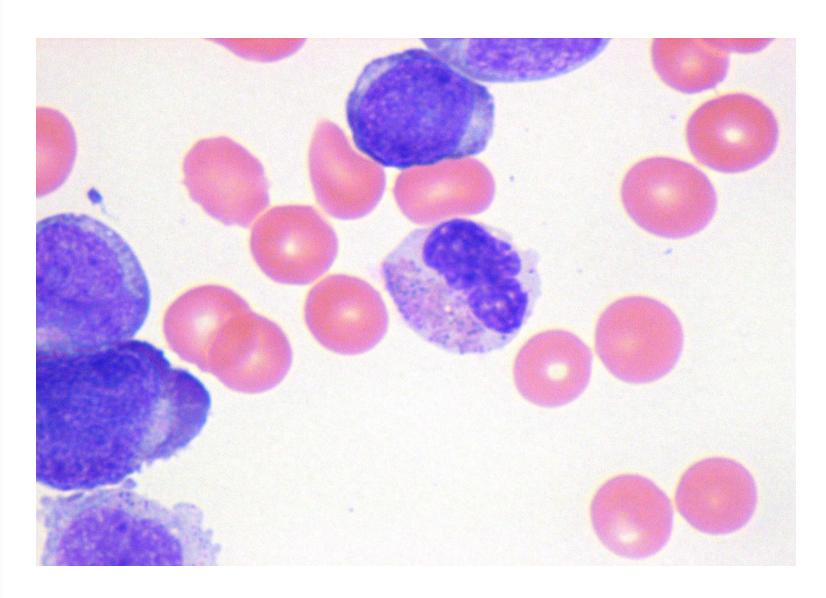




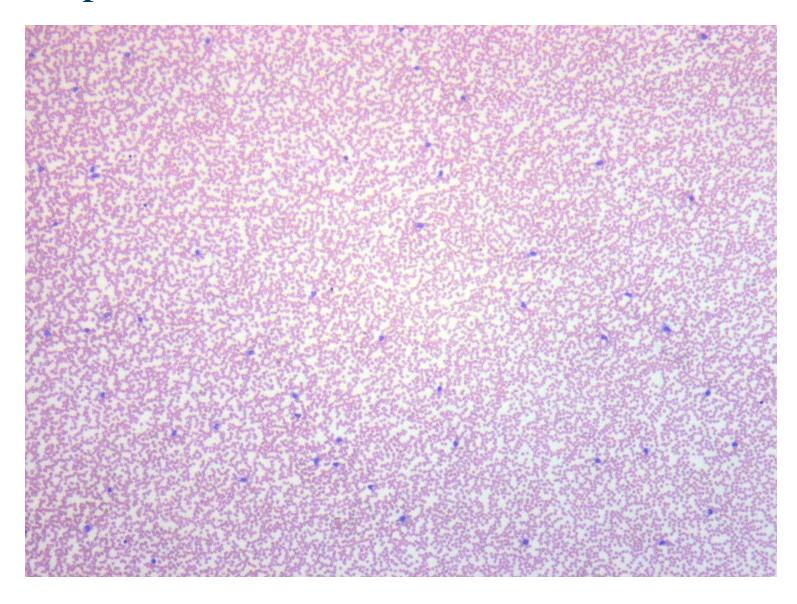


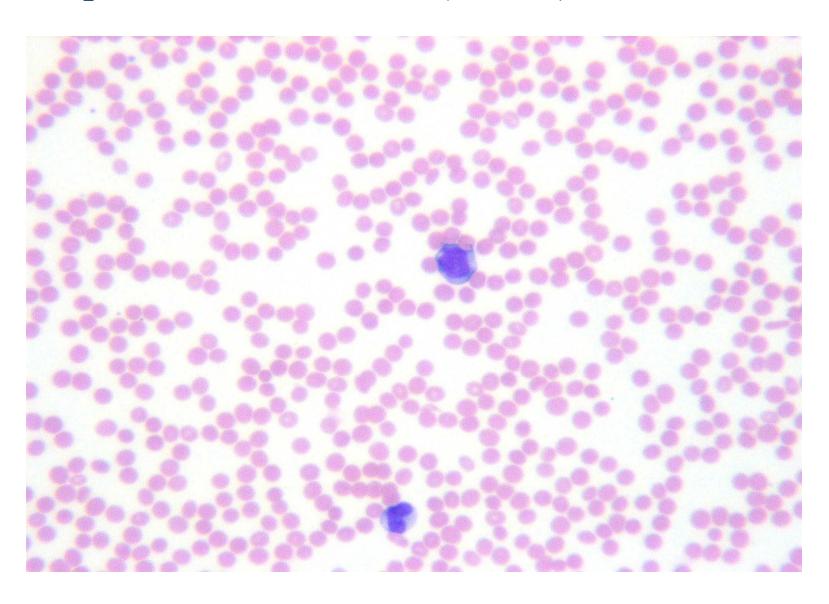


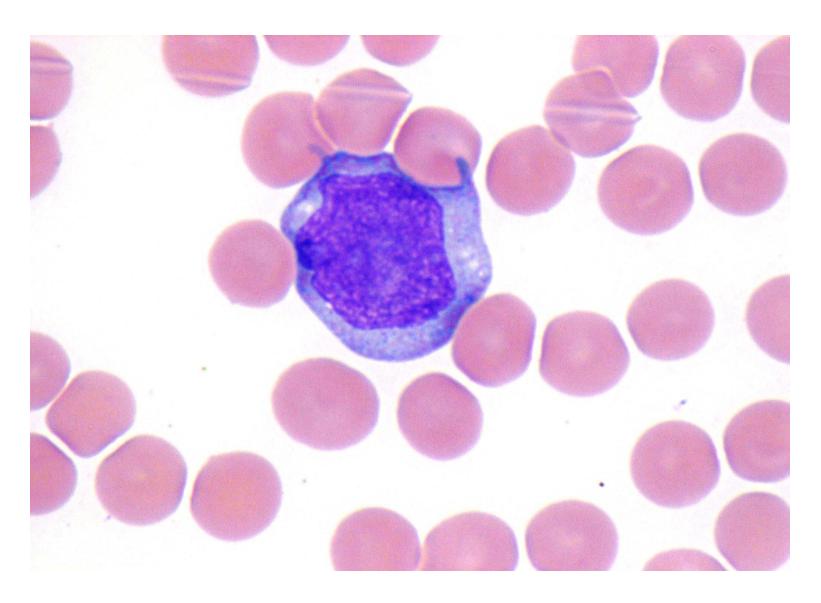




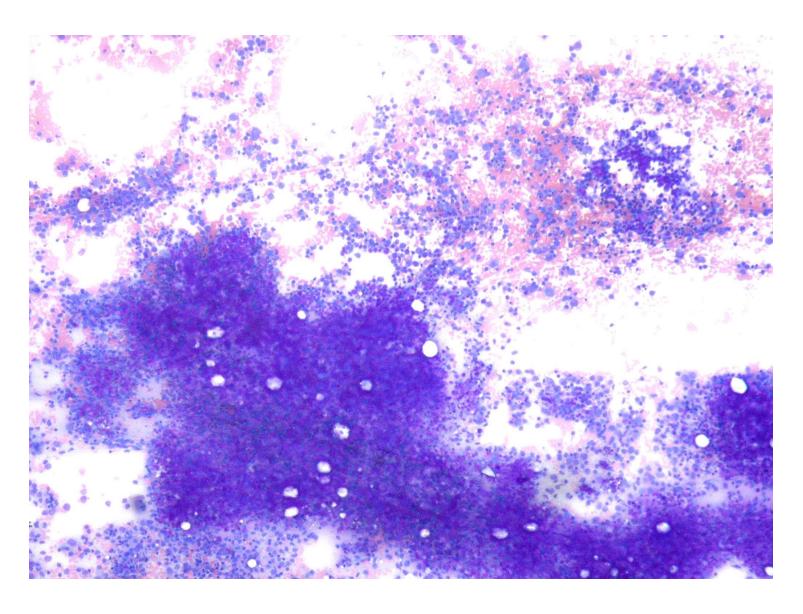
Peripheral Blood Smear (S/P Chemo with Ara-C)

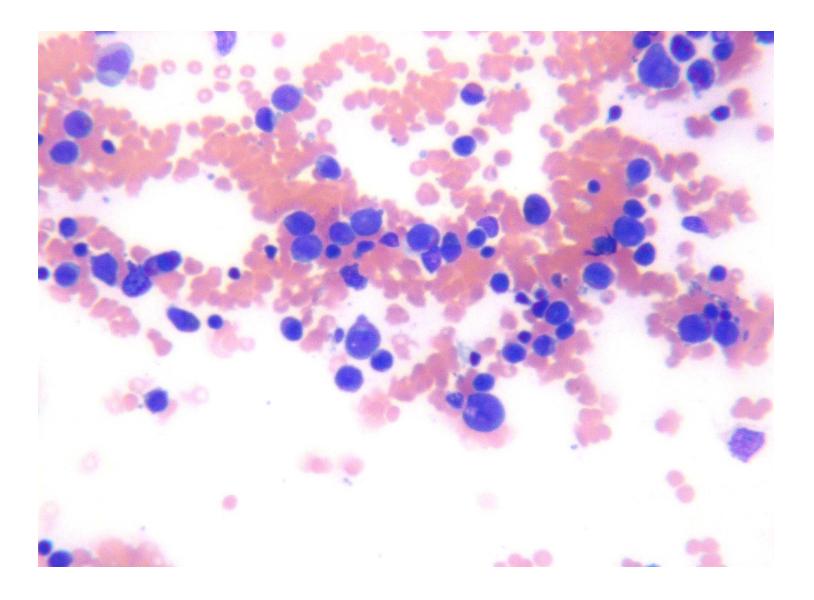


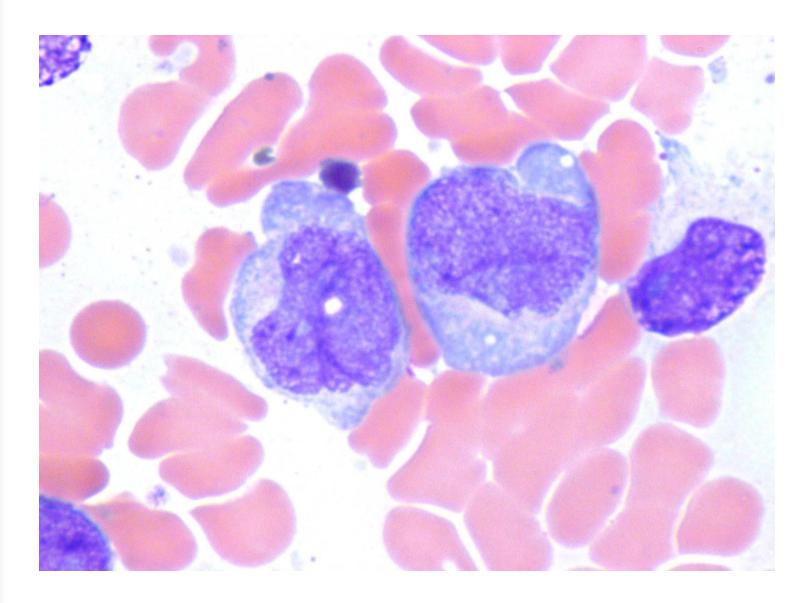


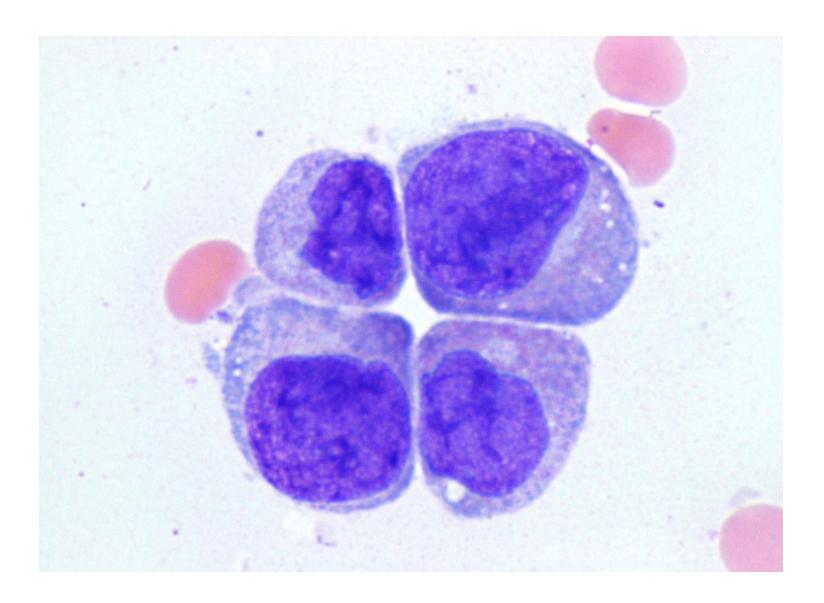


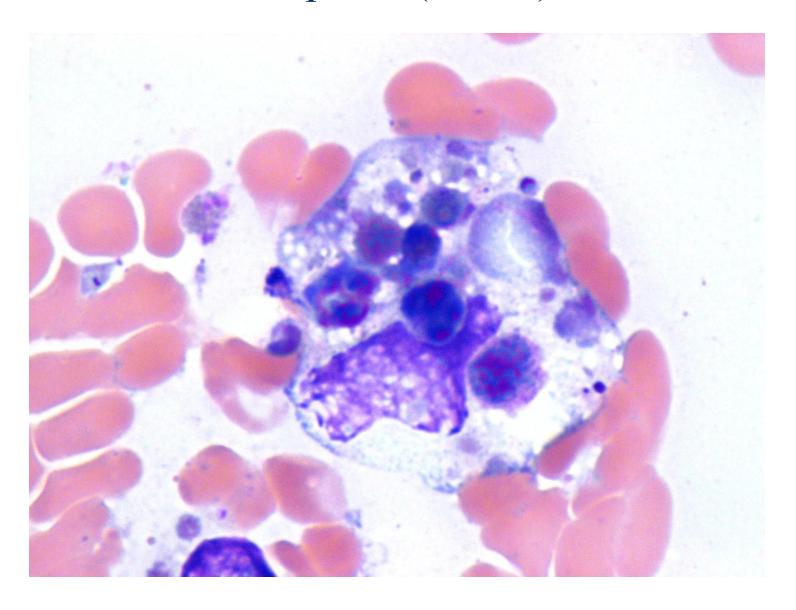
Bone Marrow Aspirate

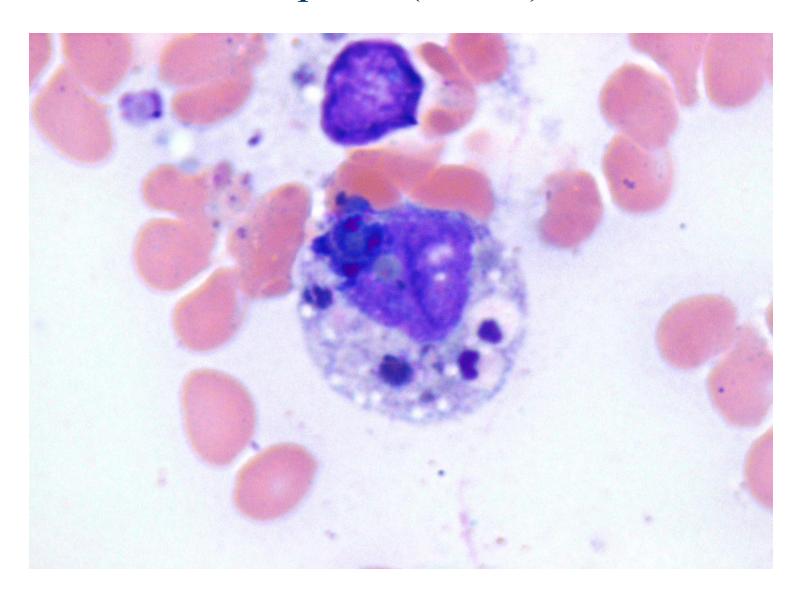


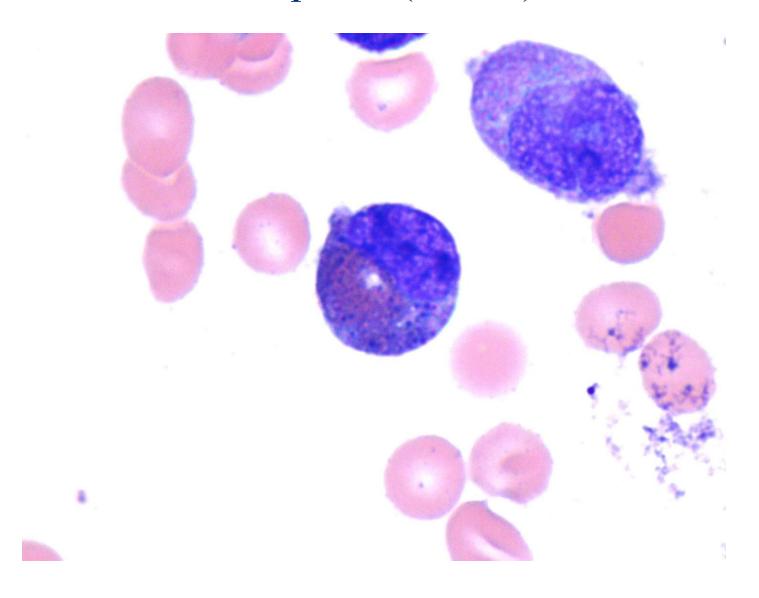




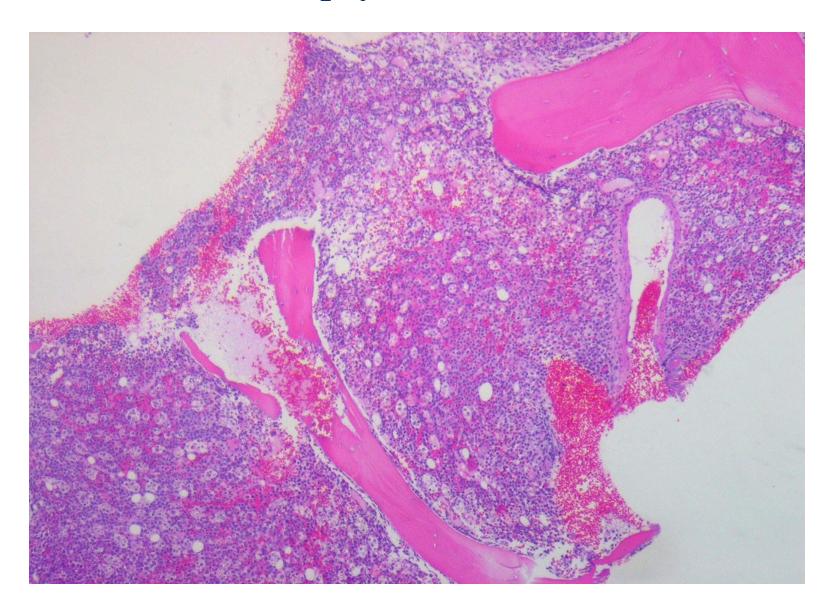




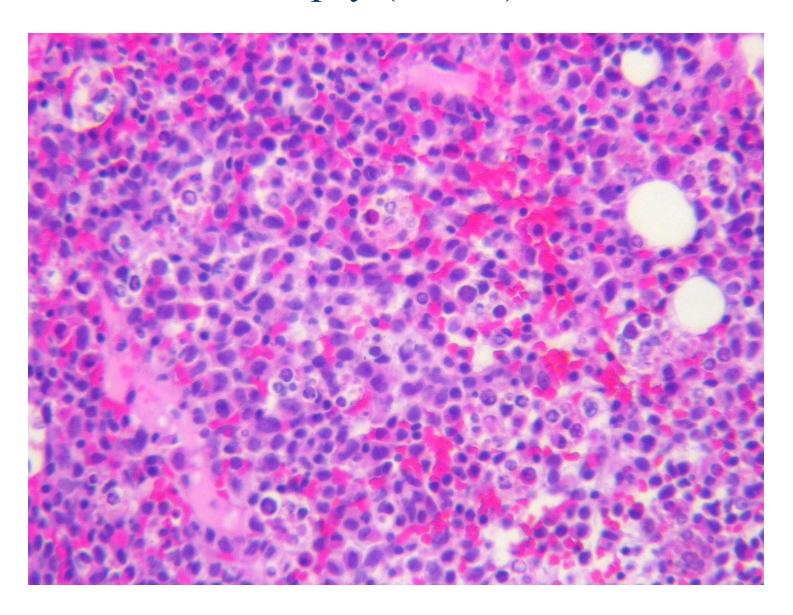




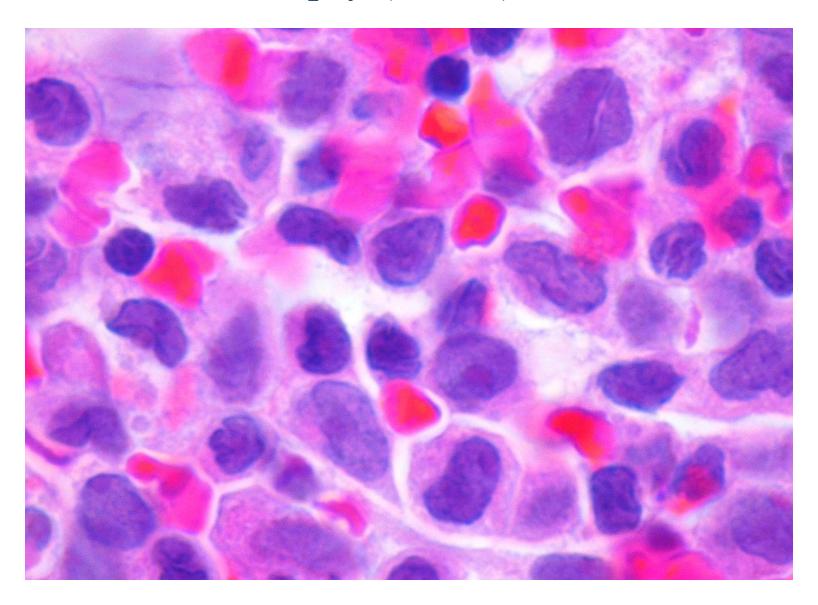
Bone Marrow Biopsy

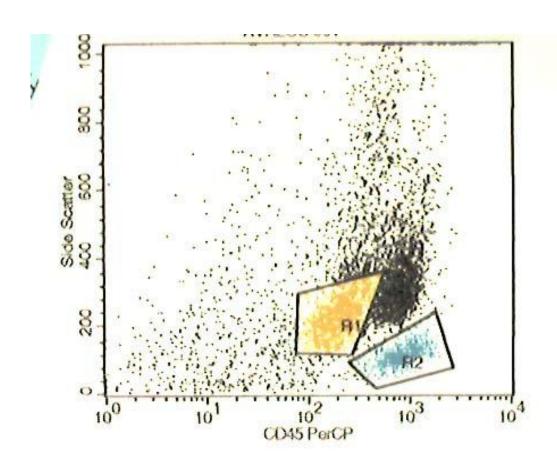


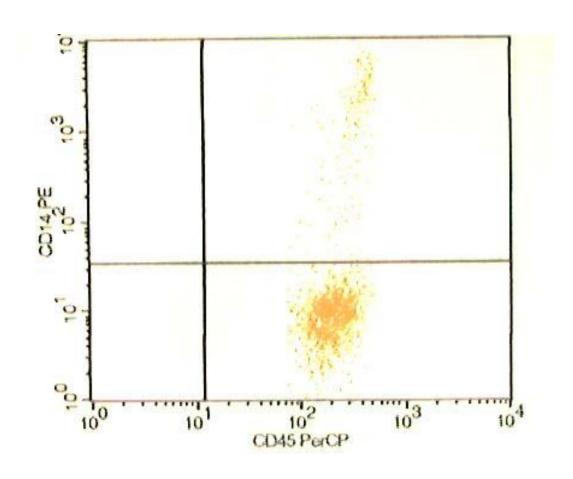
Bone Marrow Biopsy (cont'd)

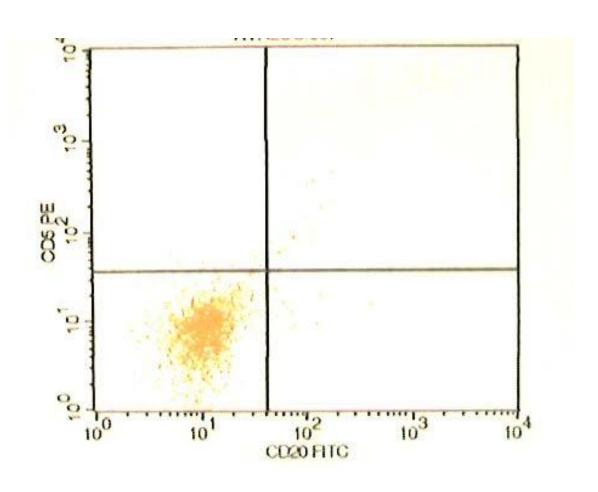


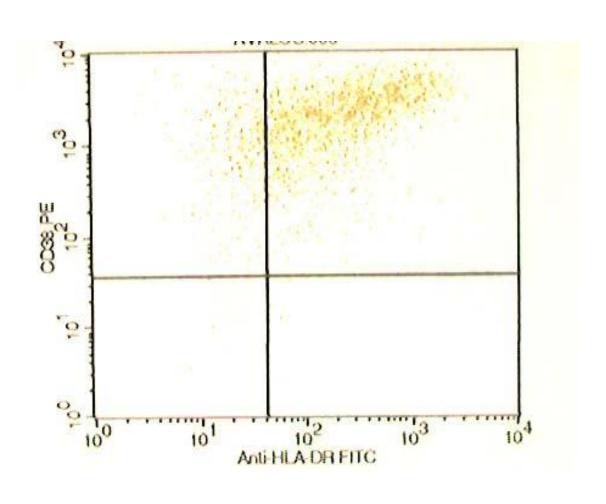
Bone Marrow Biopsy (cont'd)

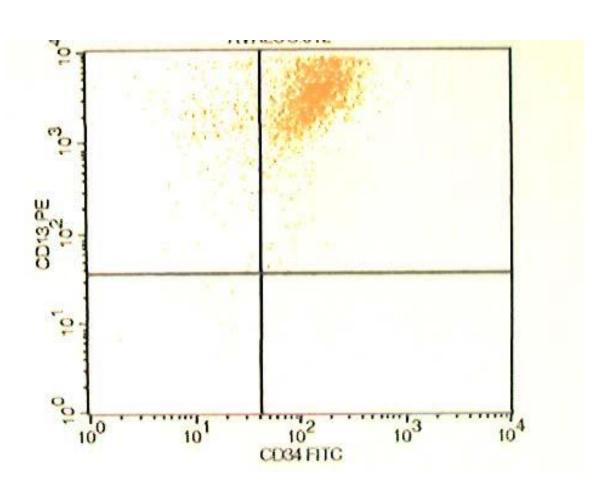


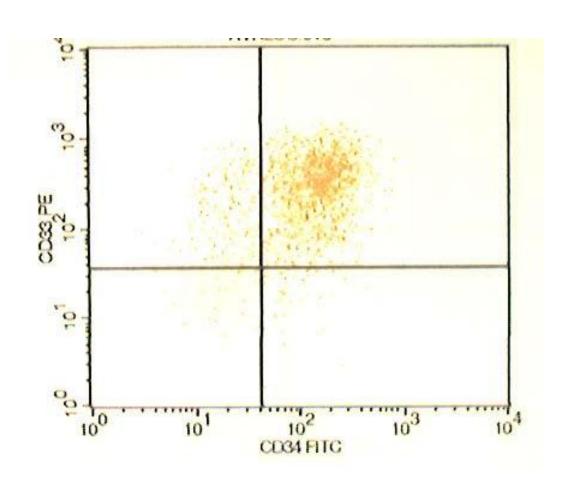


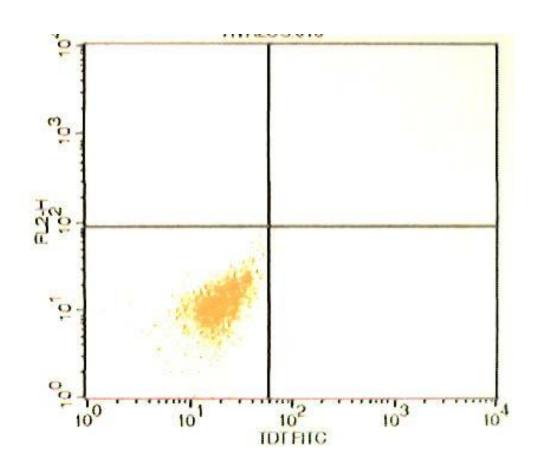


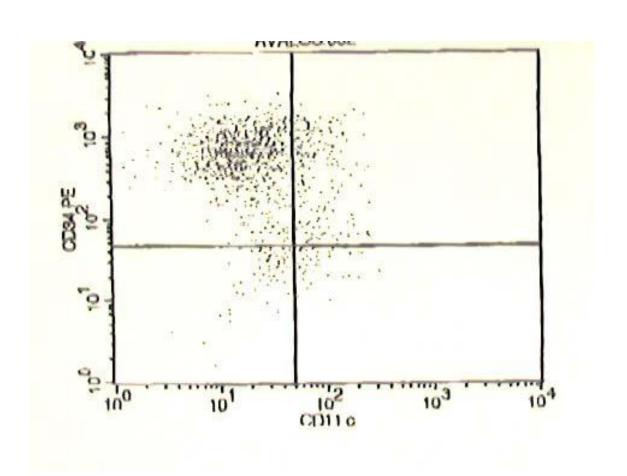












Diagnosis

Flow cytometry:

Blast cells

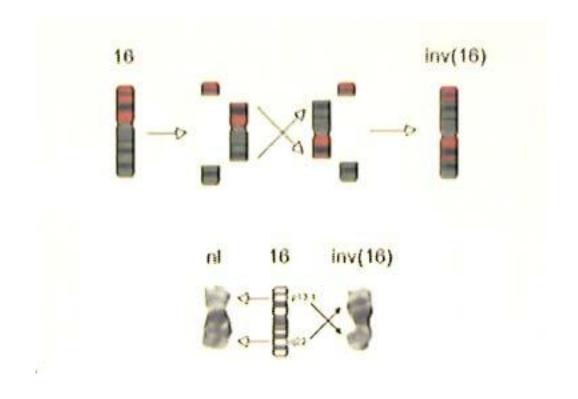
-Pos: CD34, CD13, CD33, HLA-DR

-Neg: CD14, CD11c

Bone marrow aspirate differential:
 Blast 71.5%, Erythroid 14%
 Only 8.5% of the myeloid cells show maturarion beyond the blast stage

DX: Acute myeloblastic leukemia without maturation, AML-M1

Cytogenetics: inv (16), +22



Diagnosis

- WHO: AML with inv(16)
 - (a) inv(16)
 - (b) 6.5% eosinophils with a few abnormal eos -> AMML Eo
 - (c) monocytic differentiation (neg in this case?)

[Note: inv(16) also seen in AML-M2, M4, M5; MDS]

FAB: AML-M1

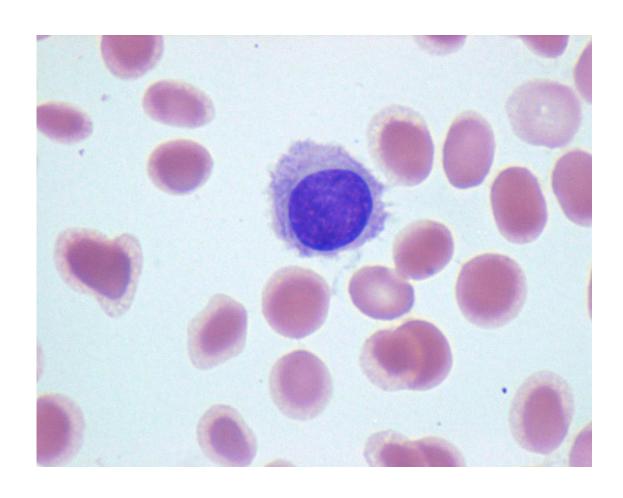
Follow-up

Post-chemo day #	WBC count
1	133
2	29.5
3	5.3

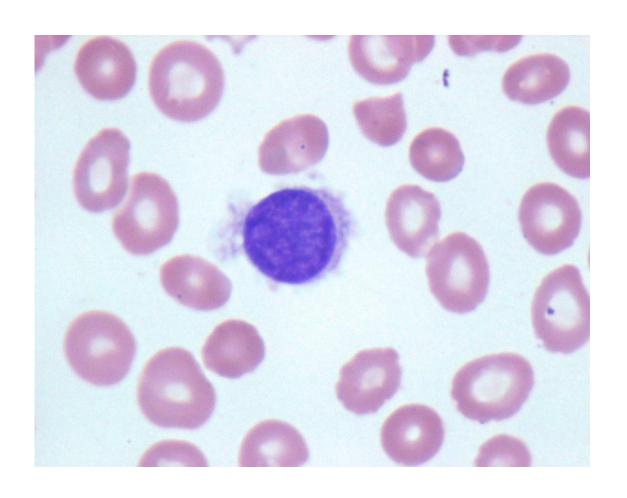
Bone Marrow Case Patient: Jamxxx Bacxxx

- 49 year old white male with abdominal distension x 6 months, found to have splenomegaly, and pancytopenia. No lymphadenopathy is noted.
- WBC=2.6, Hgb=5.5, Plt=16K, MCV=98.6, Retic 2.1% Lymph 68%, NRBC 3

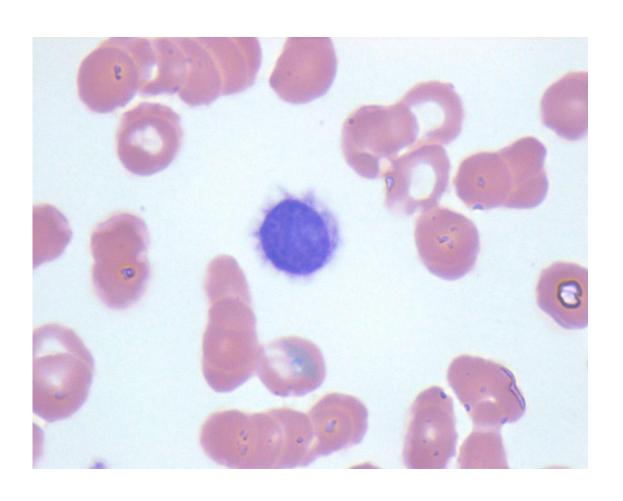
Peripheral Blood Smear



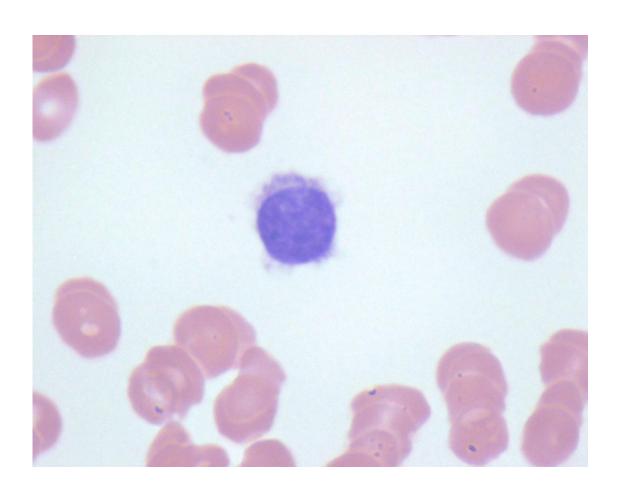
Peripheral Blood Smear



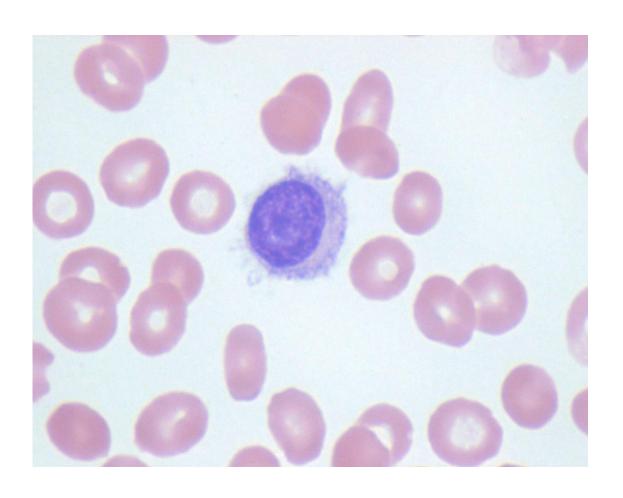
Peripheral Blood Smear

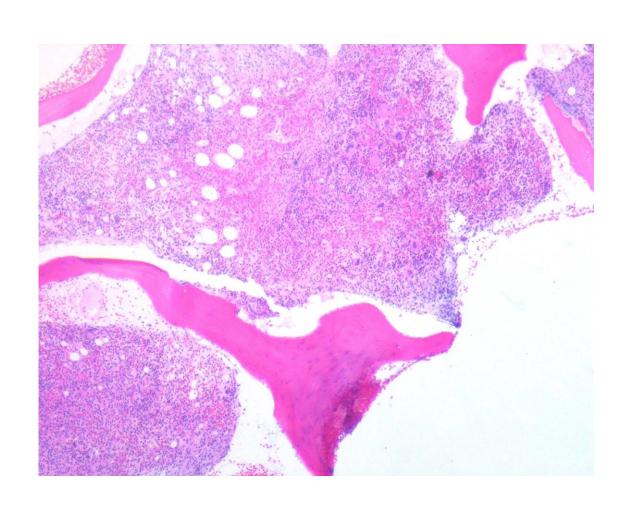


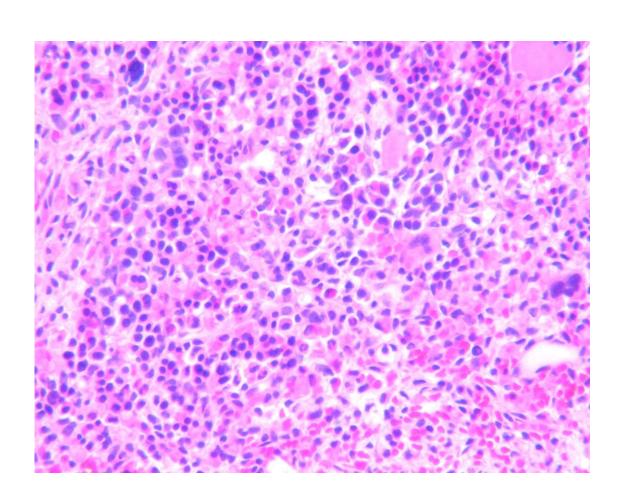
Peripheral Blood Smear

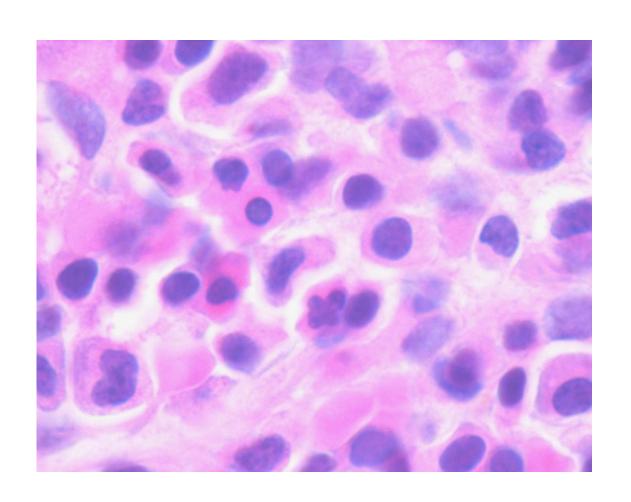


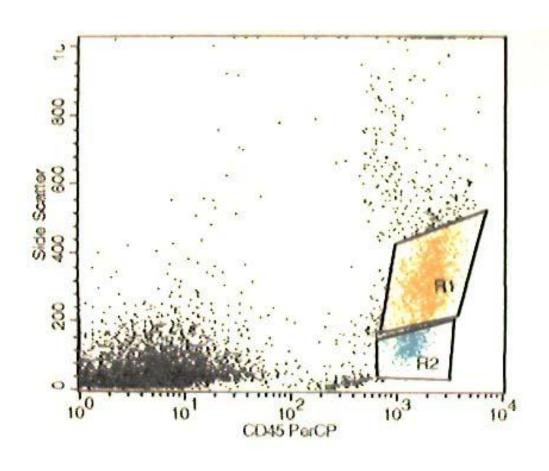
Peripheral Blood Smear

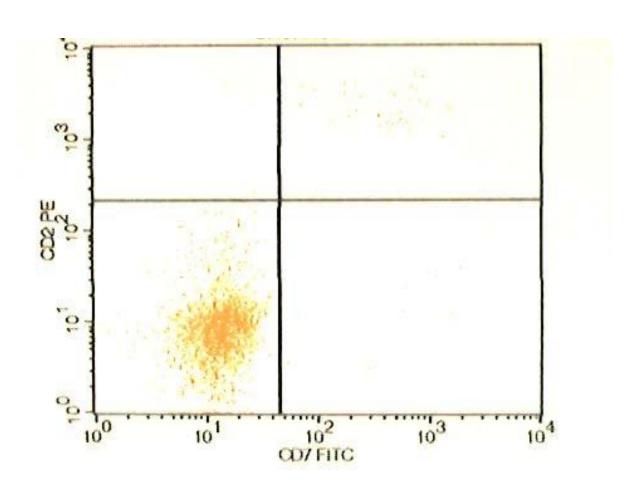


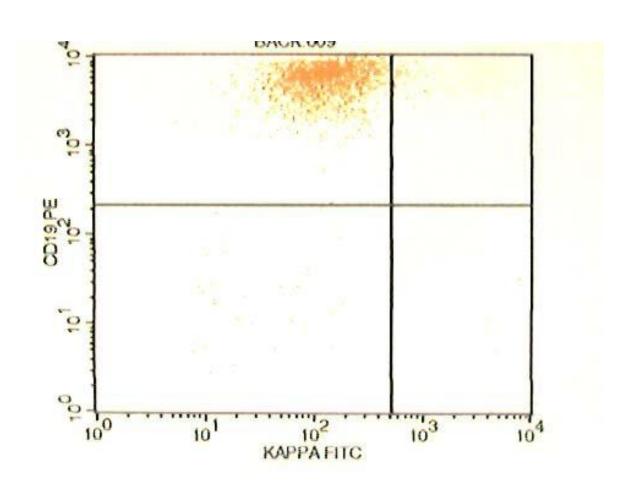


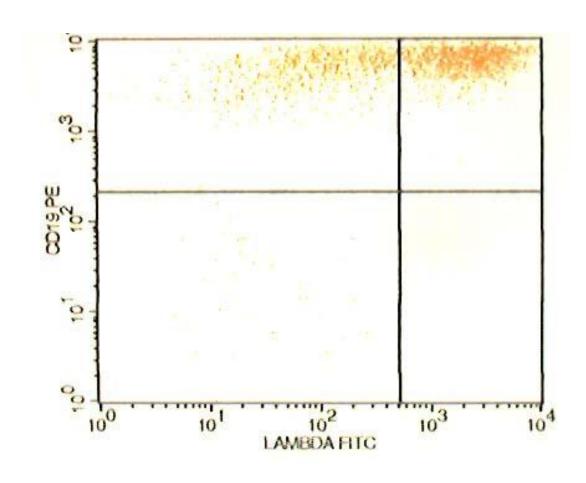


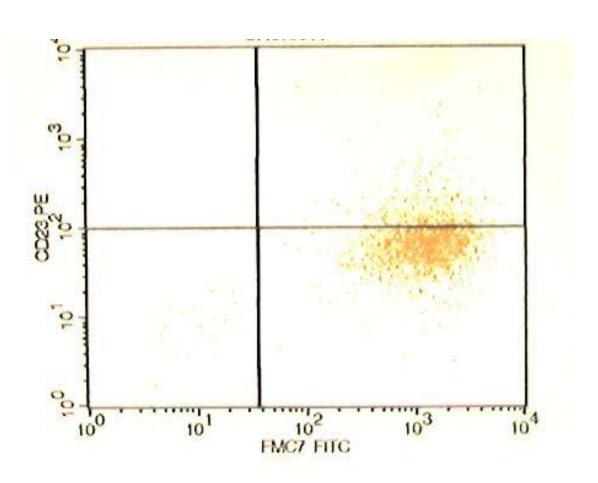


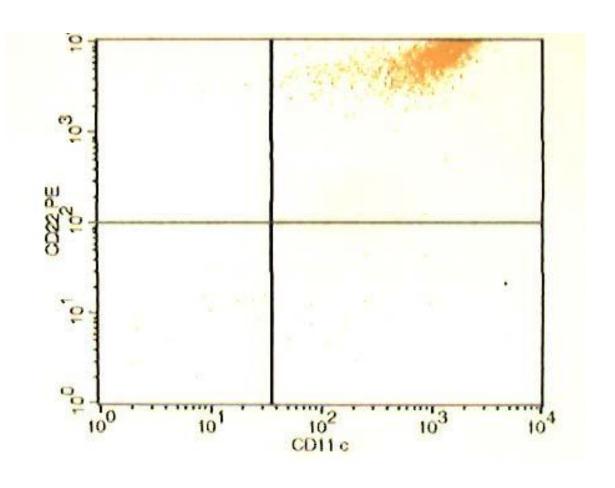


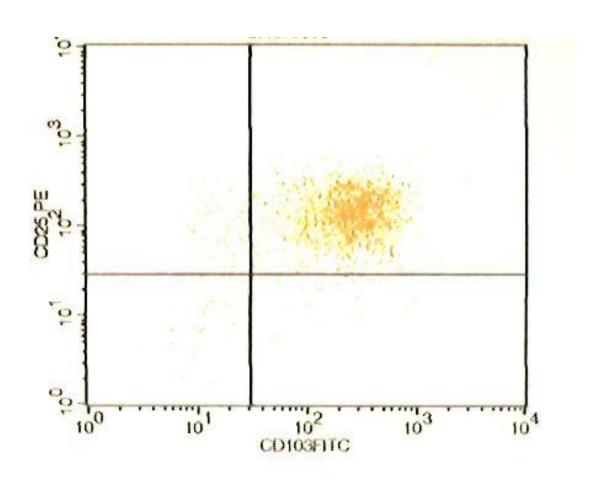












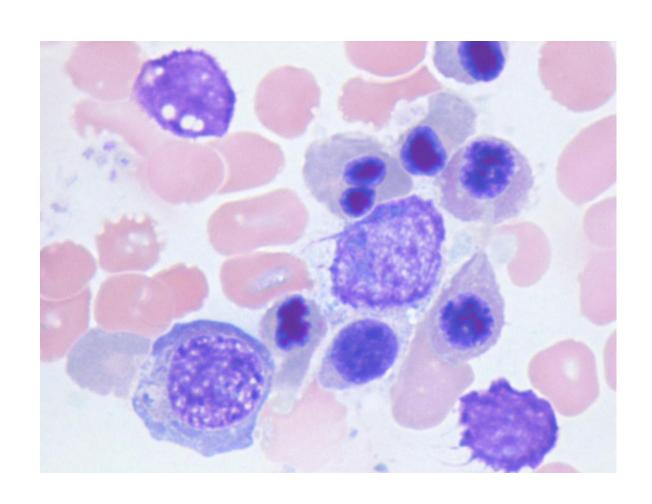
Diagnosis

- Flow cytometry: Lymphocytic subpopulation pos for CD19, CD20, CD22, CD11c, CD25, CD103, FMC7, Lambda restriction (strong intensity of CD22, CD11c)
- DX: hairy cell leukemia
- Tests not performed:
 - Tartrate resistant acid phosphotase (TRAP)
 - Reticulin stain
 - EM

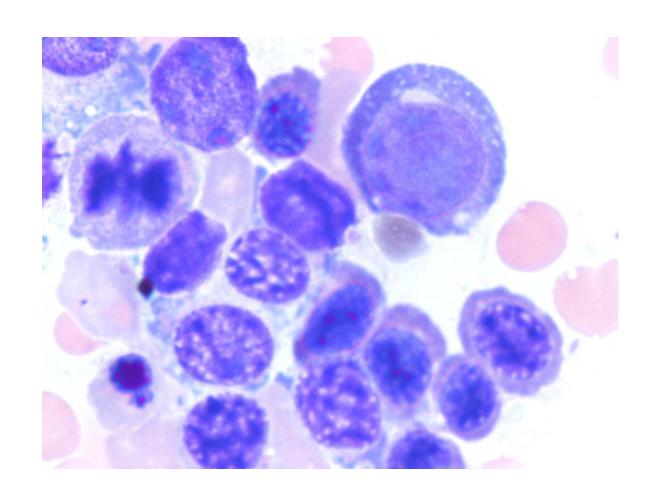
Bone Marrow Case Patient: Gilxxx Curxxx

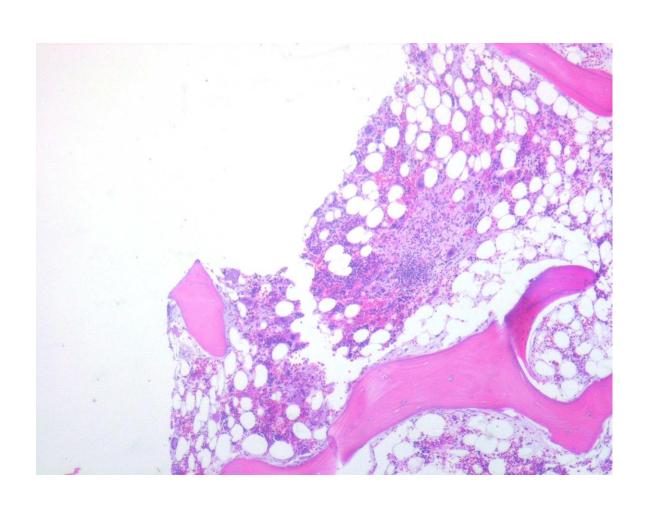
- 75 year-old African-American male with CLL, Status-post chemotherapy (last chemo on 4/26/03),
- Presented with neutropenic fever. Patient was started on neupogen and procrit.
- WBC=0.2, Hgb= 7.7, Plt=375, retic 2.1%Lymph 76%
- Bone marrow biopsy: 20-30% cellularity, increased erythropoiesis. Presence of lymphocytic aggregate

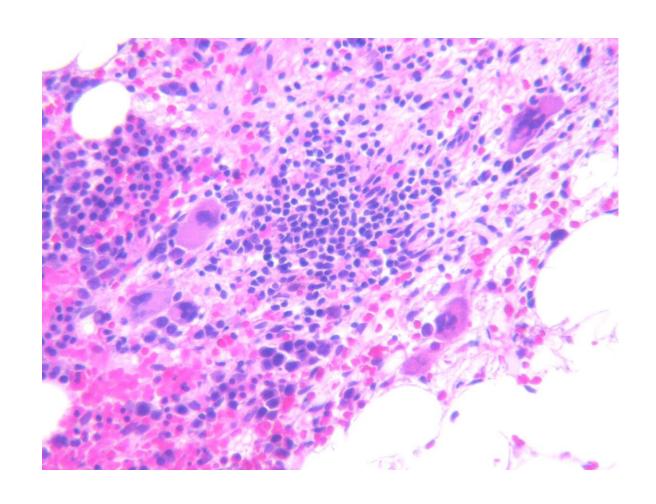
Bone Marrow Aspirate Smear

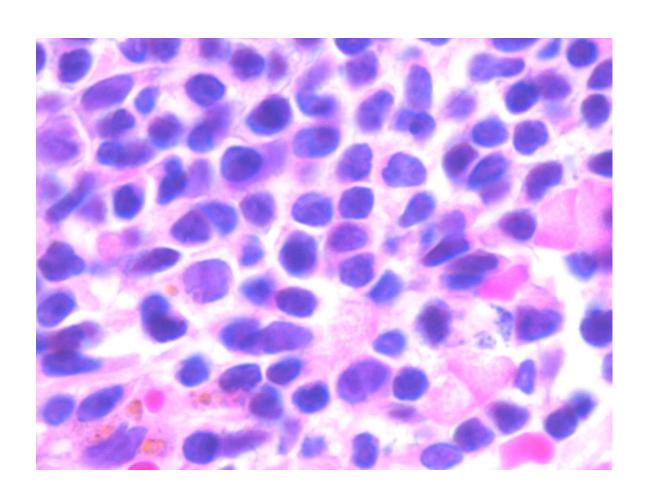


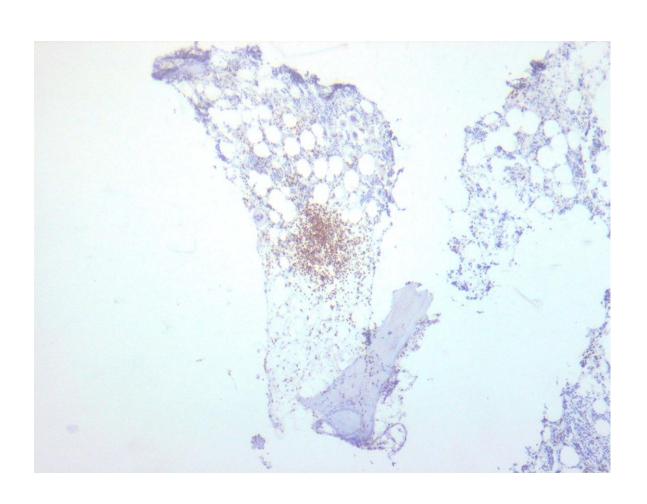
Bone Marrow Aspirate Smear (cont'd)

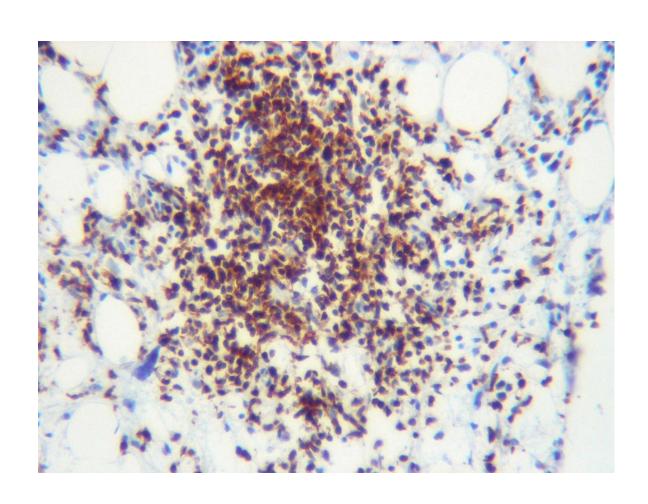


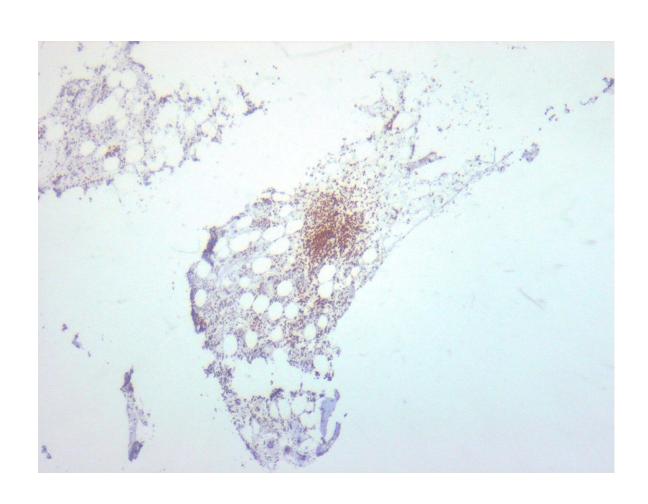


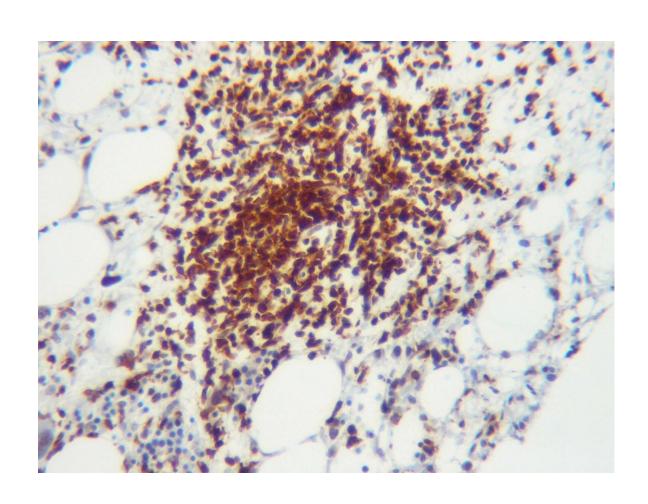


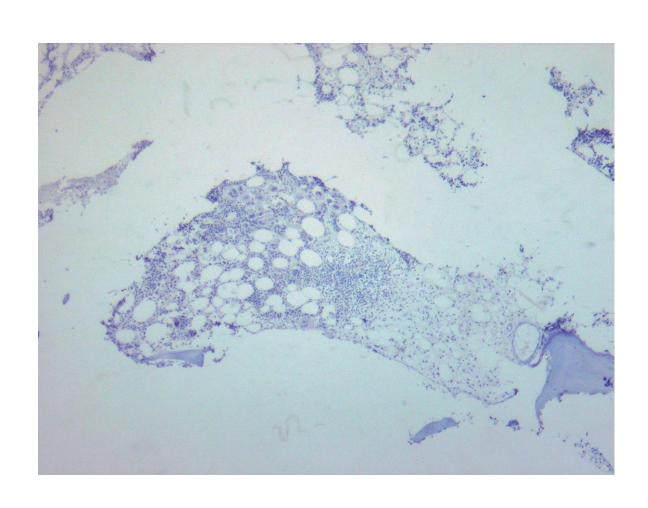


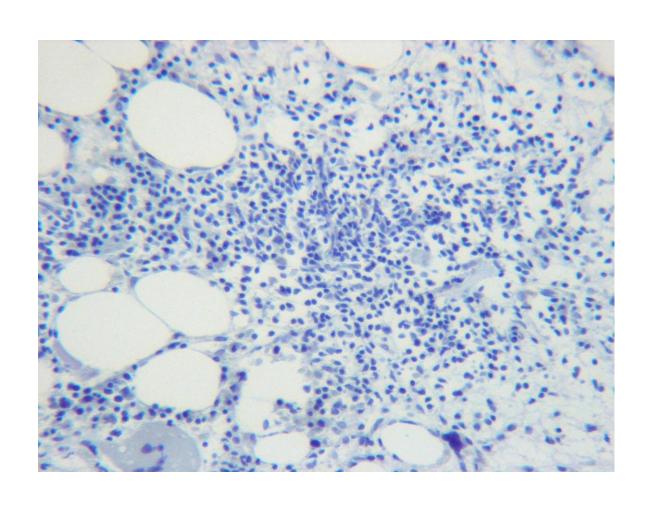


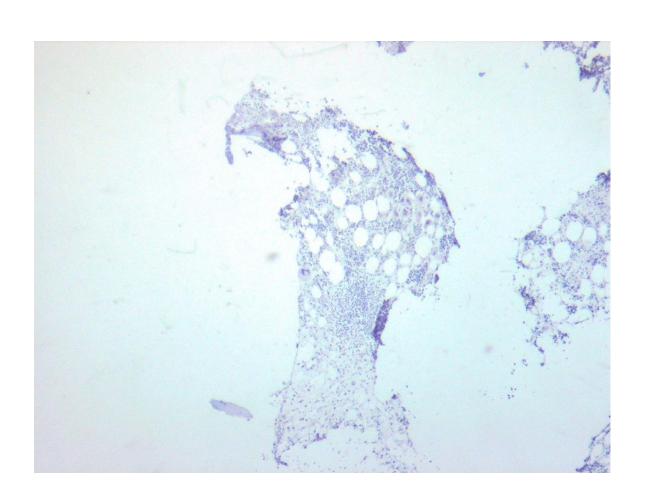


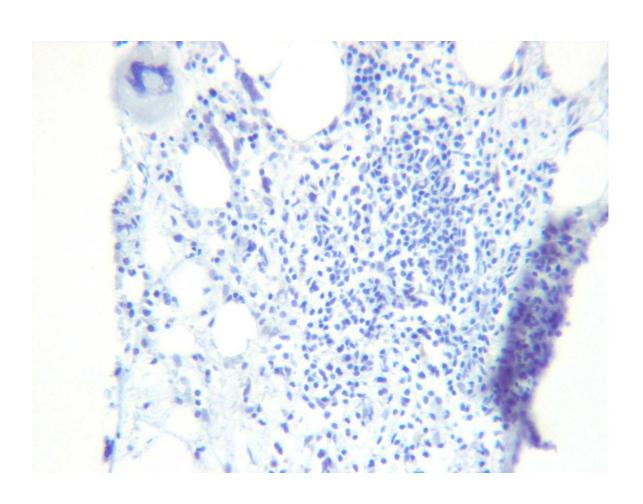












Diagnosis

Immunostains:

Lymphocytes in aggregate are

-Pos: CD3, CD5

-Neg: CD20, CD23

Note: residual CLL cells would be

-Pos: CD5, CD20, CD23

-Neg: CD3

DX: benign lymphoid aggregate