



Images/Videos in Hematology

Journal of Hematology and Allied Sciences



A case of myelodysplastic syndrome with acute myeloid leukemia or excess blasts

Kriti Chauhan¹

¹Consultant pathologist, Polo Labs Pvt. Ltd., Mohali, Punjab, India.

*Corresponding author:

Kriti Chauhan, Consultant pathologist, Polo Labs Pvt. Ltd., Mohali, Punjab, India.

kritichauhan25@gmail.com

Received: 31 December 2021 Accepted: 21 January 2022 EPub Ahead of Print: 02 March 2022 Published: 19 April 2022

DOI 10.25259/JHAS_33_2021

Quick Response Code:



A 57-year-old man presented with pancytopenia and hepatosplenomegaly. Peripheral smear revealed a leukoerythroblastic picture. Bone marrow aspirate smears revealed marked dysplasia in all three hematopoietic lineages. The morphological changes varied from hyposegmented Pelger–Huet, ring forms to gigantic flower-like forms in neutrophils. The erythroblasts showed budding yeast-like and branching tree-like nuclei [Figure 1]. Blasts and myelocytes were



Figure 1: High-power view of dyspoietic changes observed in erythroid series and granulocytic series of cells marked with stars (black=neutrophil, red=erythroblasts, brown=eosinophil, green=myeloblast, and white=myelocyte) (H&E, ×400).

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. ©2022 Published by Scientific Scholar on behalf of Journal of Hematology and Allied Sciences



Figure 2: (a) High-power view of bone marrow biopsy showing dyspoietic features in megakaryocytes (black), eosinophils (brown) and (b) paratrabecular aggregate of blast-like cells (green) (H&E, ×400).

enormously large in size and the bespectacled nucleus of eosinophils had transformed into a telephone receiver like shape. The biopsy revealed paratrabecular aggregates of large blast-like cells having large prominent nucleoli [Figure 2] which were positive for CD117 but negative for CD34 and HLADR on both flow cytometry and immunohistochemistry. CD34 positivity was found only in 3% of the blasts scattered elsewhere. Cytogenetics for MDS revealed del(7q). Therefore, the case was diagnosed as a myelodysplastic syndrome with excess blasts-1 (2016 WHO Criteria)^[1] with a differential of acute myeloid leukemia with myelodysplasia-related changes expressing aberrant phenotypes^[2] in view of paratrabecular cell aggregates showing characteristic myeloblast-like morphology.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Hong M, He G. The 2016 revision to the World Health Organization classification of myelodysplastic syndromes. J Transl Int Med 2017;5:139-43.
- Nagy A, Neubauer A. Acute myeloid leukemia with myelodysplasia related changes. Atlas Genet Cytogenet Oncol Haematol 2017;21:404-8.

How to cite this article: Chauhan K. A case of myelodysplastic syndrome with acute myeloid leukemia or excess blasts. J Hematol Allied Sci 2021;1:118-9.