t(8;14)(q11;q32)

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**Disease**

Acute lymphoblastic leukemia (ALL) most often (14 cases); chronic myelogenous leukemia (CML) (3 cases); one case of histioyte-rich B-cell lymphoma.

**Etiology**

Strikingly, of 18 patients, 4 have Down syndrome, 1 has neurofibromatosis Type I, and another one is dysmorphic and mentally retarded.

**Epidemiology**

Highly unbalanced sex ratio (13M/2F).

**Clinics**

Still poorly known.

**Cytogenetics**

**Cytogenetics morphological**

Sole anomaly in 4 ALL cases; accompany a t(9;22)(q34;q11) in 4 of the 14 ALL cases (and in the CML cases); unbalanced form with a der(14) t(8;14) in 3 cases, indicating that the crucial event is likely to lie on der(14).

**Additional anomalies**

t(8;14) seems to be typically an anomaly secondary to t(9;22) (7/18 cases (40%), see above); anomalies additional to t(8;14) are +X, and +8 (2 cases each).

**Genes involved and proteins**

**Note**

The gene involved in 8q11 is unknown; the gene involved in 14q32 is IgH, found rearranged in a case where it was tested.

**References**


Lee AC, Chan LC, Kwong KW. Down syndrome, acute lymphoblastic leukemia, and t(8;14)(q11;q32) Cancer Genet Cytogenet. 1996 May;88(1):92


This article should be referenced as such: