t(4;12)(q11;p13) in an acute myeloid leukemia without maturation with myelodysplasia

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Clinics

Age and sex: 67 years old male patient.
Previous History: no preleukemia; no previous malignant disease; no inborn condition of note.
Organomegaly: no hepatomegaly; no splenomegaly; no enlarged lymph nodes; no central nervous system involvement.

Blood

WBC: 3.6 x 10^9/l; Hb: 8.6 g/dl; platelets: 151x 10^9/l; blasts: 56%.
Bone marrow: Cellularity fewer than usual. Rare megakaryocytes, presence of micromegakaryocytes. Infiltration by blasts at a level of 58% with myeloid features. Dysgranulopoiesis >10% of non erythoblastic cells.

Cytopathology classification

Immunophenotype: CD34 (85%), HLA DR (91%) and myeloid cluster: CD11c (7%), CD13 (97%), CD13c (99%), CD33 (98%), CD117 (81%), MPO 5% and only one lymphoid cluster CD7 (87%). Conclusion: immature myeloid population. Phenotype FAB M0.
Rearranged Ig or Tcr: Not done.
Pathology: Secondary Acute Respiratory disease due to a bilateral alveolar pneumopathy on June 2005, without suitable microbiological data, following an aplasia phase with fever at D+16 (chemotherapy induction step).
Electron microscopy: No.
Precise diagnosis: AML type Mo with myelodysplasia.

Survival

Date of diagnosis: 04-2005.
Treatment: LAM SA 2002 Protocol. Idarubicine: 15mg per day from J1 to J5 / Aracytine: 180 mg per day from J1 to J7 / Belustine: 360 mg only at J1 then Aracytine and Idarubicine each three month during 15 days (6 cures).
Complete remission: Yes during induction phase.
Treatment related death: No.
Relapse: No.
Survival: 5 months.

Karyotype

Sample: Bone marrow; Culture time: 24/48h; Banding: R.
Results: 46, XY, t(4;12)(q11;p13.1) [27] / 46, XY [3]
Karyotype at relapse: No relapse.

Comments

No AML/ETO t(8;21)(q22;q22) translocation, no split of MLL performed by FISH analysis.
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References


This article should be referenced as such: