Dic(1;15)(p11;p11) as a non-random abnormality in atypical MPD

Olivier Theisen, Steven Richebourg, Jean-Luc Lai, Catherine Roche-Lestienne

Laboratoire de Genetique Medicale, Hopital Jeanne de Flandre, CHRU de Lille, France (OT), Institut de Recherche sur le Cancer, Centre JP Aubert, Unite Inserm 837, Lille, France (SR, JLL, CRL)

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Clinics

Age and sex
59 years old female patient.

Previous history
No preleukemia. No previous malignancy. No inborn condition of note.

Organomegaly
No hepatomegaly, no splenomegaly, no enlarged lymph nodes, no central nervous system involvement.

Blood

WBC: 8.5X 10^9/l
HB: 19g/dl
Platelets: 600X 10^9/l
Blasts: 0%

Cyto-Pathology Classification

Cytology: -
Immunophenotype: -
Rearranged Ig Tcr: -
Pathology: MPD
Electron microscopy: -
Diagnosis:
Atypical myeloproliferative disease, presenting polycythemia and thrombocythemia with myelofibrosis.

Survival

Date of diagnosis: 09-1988
Treatment: Hydroxyurea

Partial karyotype (R-banding) at diagnosis presenting the dic(1;15)(p11;p11) associated with trisomy 9.
Complete remission: was obtained
Treatment related death: no
Phenotype at relapse: AML with unknown phenotype due to bone marrow aspiration failure.
Status: Dead. Last follow up: 12-1997.
Survival: 111 months.

Karyotype

Sample: bone marrow
Culture time: 48 h
Banding: RHG
Results: 47,XX,+9,-15,+dic(1;15)(p11;p11)[20]
Karyotype at Relapse:
47,XX,t(1;6)(q21;q23),+9,-15,+dic(1;15)(p11;p11)[13]

Other molecular cytogenetics technics: NA.

Other Molecular Studies

Technics:
NA

Comments

This is an additional MPD case presenting this recurrent abnormality, with a 10 years survival. However in this case the death is related to the GVH disease after allograft.

This article should be referenced as such: