

bone marrow

Dear colleagues,

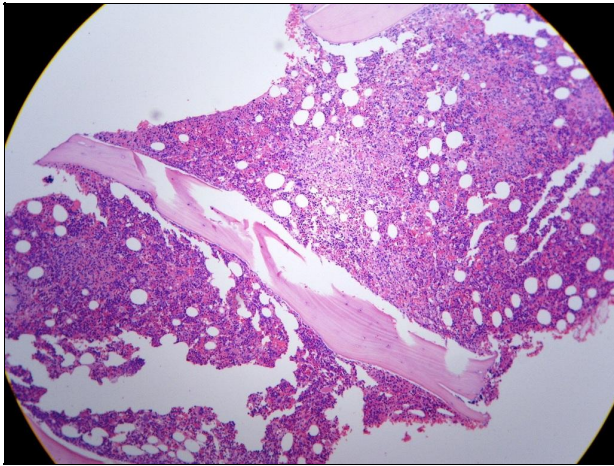
First I must to apologize cause I put haematopathology case in this group. This case present a 58-years-old male with splenomegaly, high fever, icterus, very high rate of total bilirubin (300 mmol/l), pancytopenia, high IgG, low albumin, no hepatomegaly, no hepatitis markers or other serologic tests in this moment.

We received clot section of bone marrow with reduced myeloid cells, proliferation of erithroid cells, proliferation of T ly (CD3, CD7, CD4, and CD8- medium sized T-ly), few large B- ly (CD20+, CD30-, CD15-, Bcl6-, CD10- , EBV-, kappa-, lambda-), few reactive lymphatic follicles, and "granuloma " like changes.

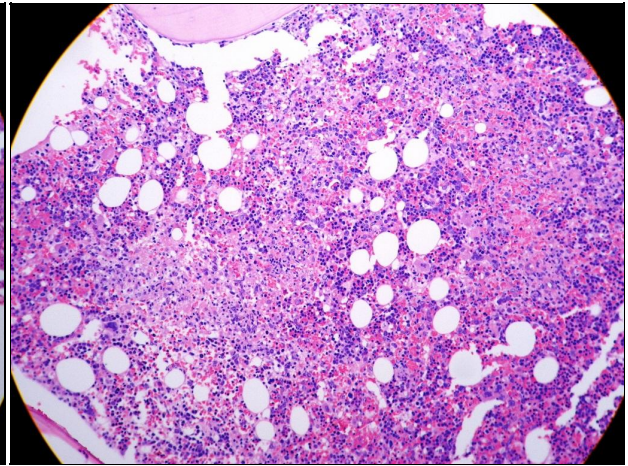
Dg question: T-cell lymphoma??? Reactive changes???

Please, give us your opinion in this interesting case.

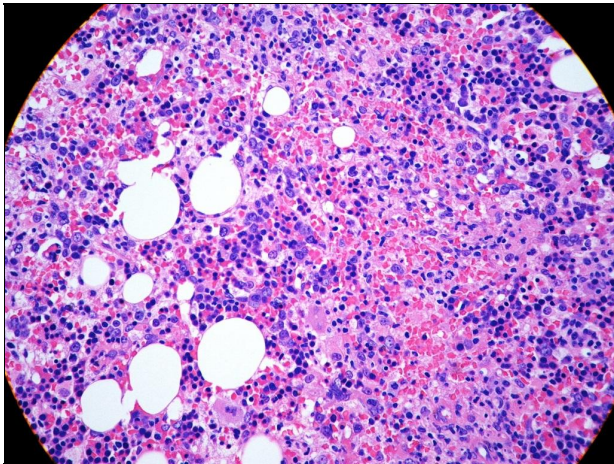
Thank you!



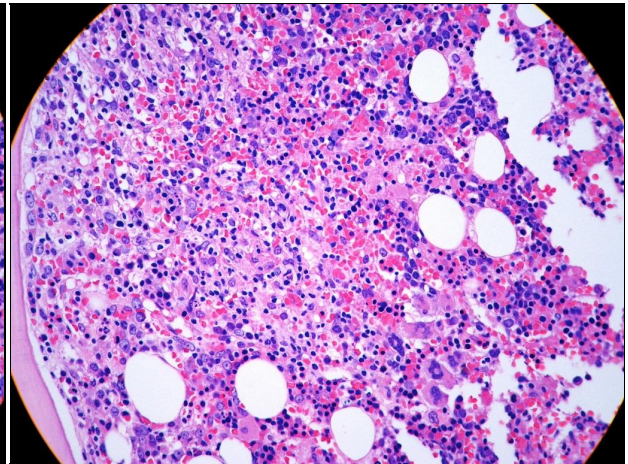
HE1 x 10.jpg



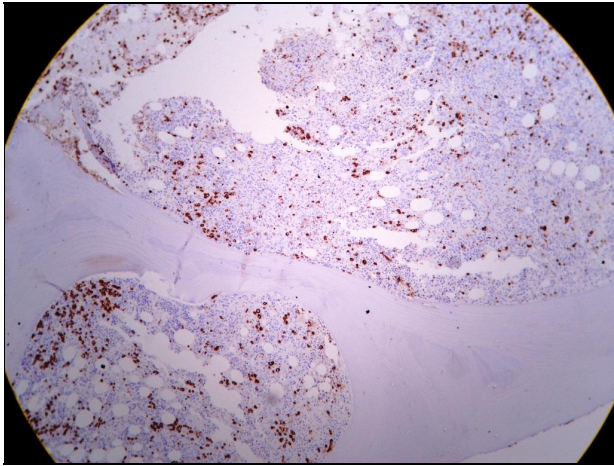
HE2 x 20.jpg



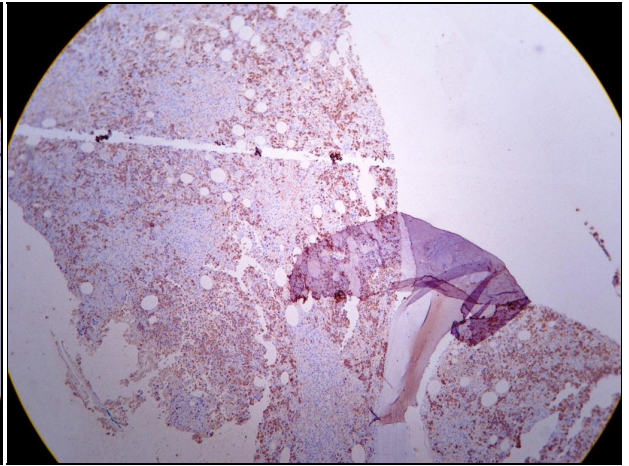
HE3 x 40.jpg



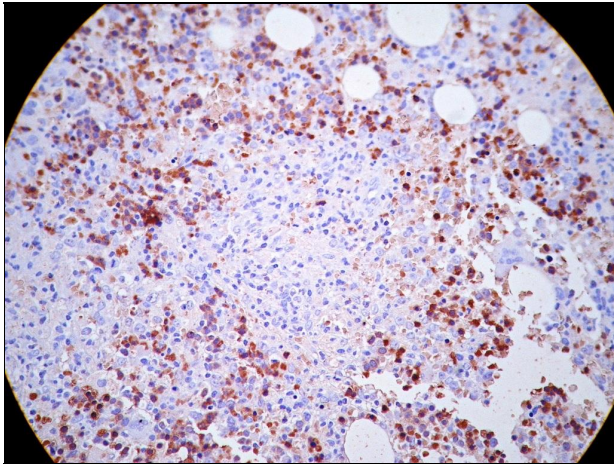
HE4 x 40.jpg



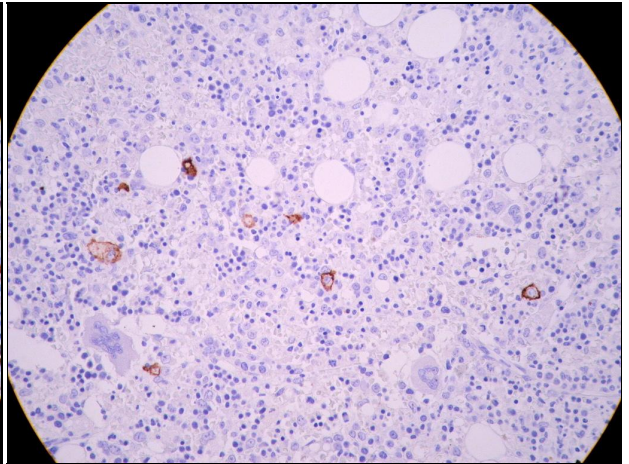
MPO x 10.jpg



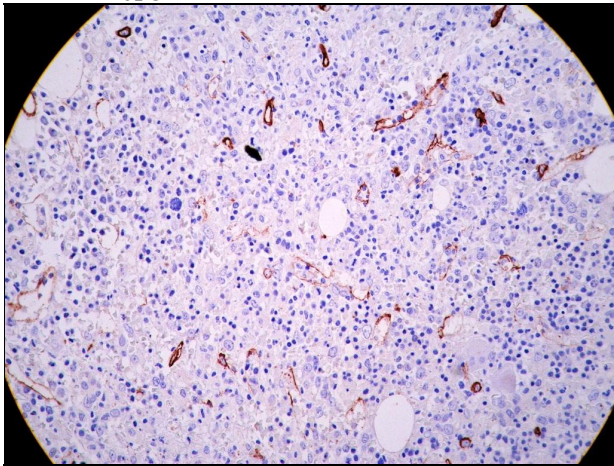
HbA x 10.jpg



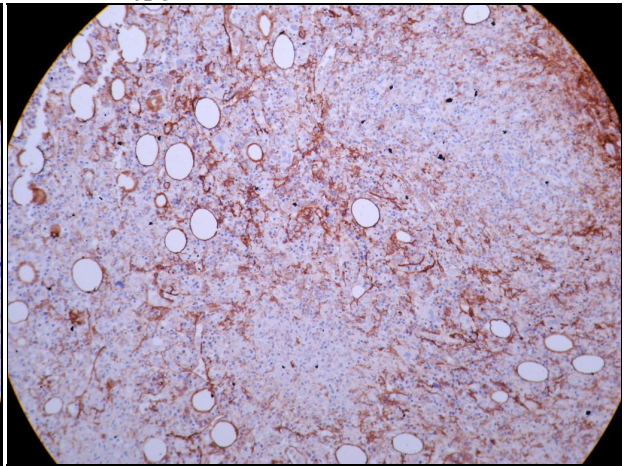
HbA x 40.jpg



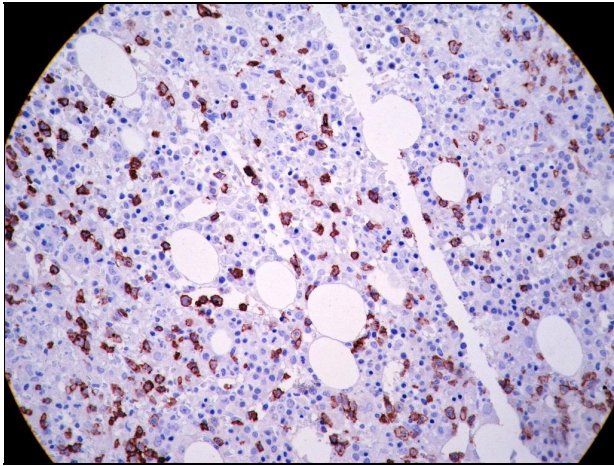
Cd20 x 40.jpg



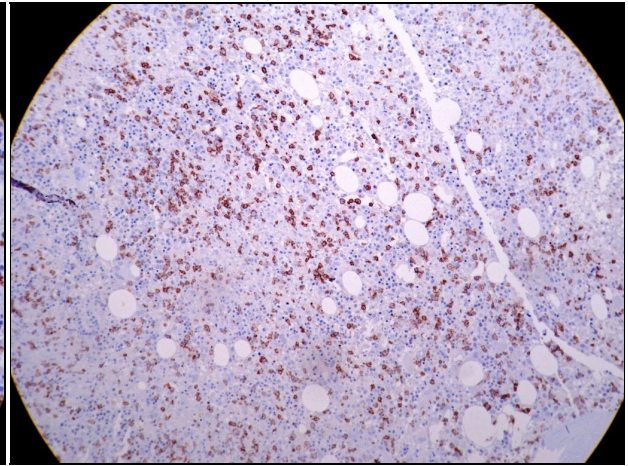
Cd34 x 40.jpg



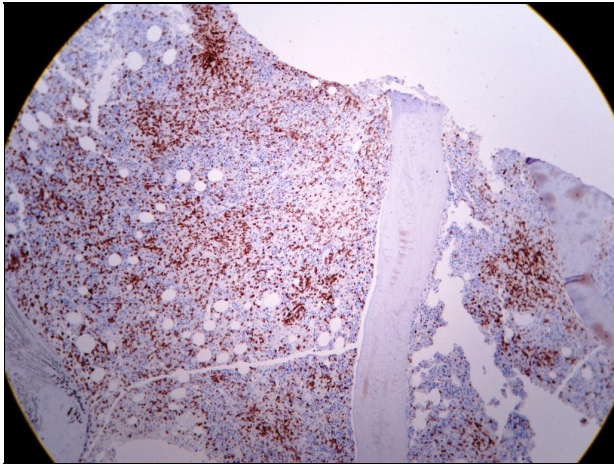
Cd10.jpg



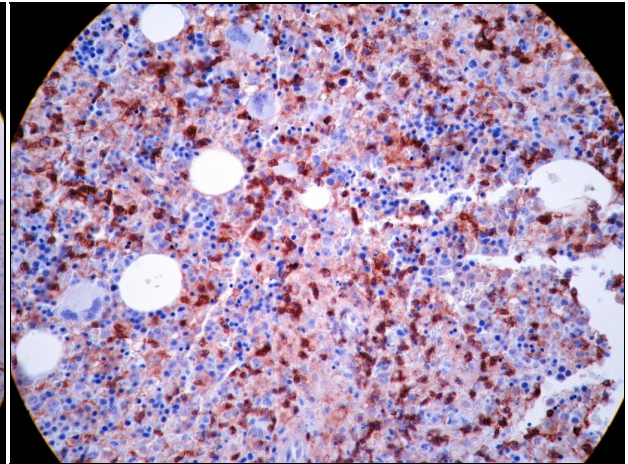
CD8 x 40.jpg



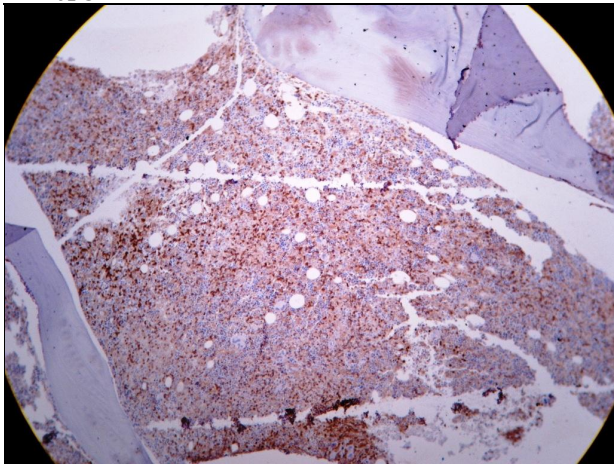
CD8 x 20.jpg



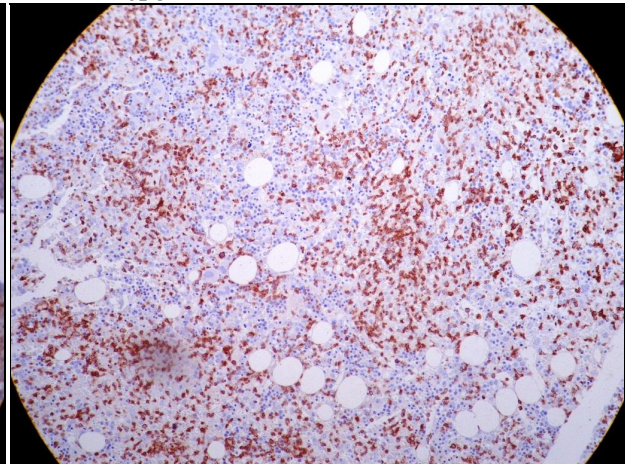
Cd7.jpg



CD4 x 40.jpg



CD4 x 10.jpg



CD3 x 20.jpg

Annotations

jclaro (2009-07-07 12:30):
Lymphoproliferative disease, for me. I will wait ours collegues.

bvrugt (2009-07-07 17:23):
Cellular bone marrow with granulomas. I consider an infection (e.g. tuberculosis) or a malignancy (e.g. Hodgkin). Additional stains (auramin, Ziehl-Nielsen, PAS and Giemsa) are required to exclude an infection.

drellellar (2009-07-07 20:06):
Lymphoproliferative disease-Possibly Hodgkins

Annotations