

Bilineage involvement of the fusion gene in a patient with FIP1L1-PDGFR α positive chronic eosinophilic leukemia and T-cell lymphoblastic lymphoma: A CASE REPORT

Degulyš A.^{1,2}, Pileckyte R.^{1,2}, Gineikiene E.¹, Valceckiene V.¹, Stoskus M.¹, Dambrauskiene R.³, Mickys U.^{2,4}, Griskevicius L.^{1,2}

¹Vilnius University Hospital Santariskiu Clinics, Vilnius, Lithuania, ²Vilnius University, Vilnius, Lithuania,

³Department of Hematology, Kaunas University of Medicine, Kaunas, Lithuania, ⁴National Centre of Pathology, Vilnius, Lithuania.

INTRODUCTION

There are successful attempts treating FIP1L1-PDGFR α positive chronic eosinophilic leukemia (CEL) with low dose imatinib mesylate. However, FIP1L1-PDGFR α fusion gene can induce both proliferation and differentiation of eosinophils, neutrophils, monocytes, lymphocytes and mast cells. A recent report noted three cases with association of FIP1L1-PDGFR α positive CEL and T-cell lymphoblastic lymphoma (T-LBL).

CASE:

A 42 years-old man admitted to the hospital.

Clinical presentation:

- General fatigue
- Hepatosplenomegaly
- Cervical and axilar lymphadenopathy.

Peripheral blood:

- Leucocytosis $51 \times 10^9/l$
- Marked eosinophilia $22 \times 10^9/l$
- Evated promyelocytes and myelocytes
- No blasts.

Hystological findings:

• **Bone marrow biopsy** exhibited diffuse eosinophilic hyperplasia with iron deposition, II° reticulin fibrosis and secondary/reactive mastocytosis and minor population of CD3+ TdT+ precursors (<5%): histological features compatible with diagnosis of **chronic eosinophilic leukaemia (CEL)** with possible minimal T-LBL. The flow cytometry was recommended. (Figure 2).

• **Cervical lymph node biopsy** showed T-LBL.

• **Immunophenotype:** TdT+; CD34-; CD1a+; CD117-; CD3+; CD2+; CD4+; CD5+; CD7+; CD10+/-; CD79a-/-; MPO-. (Figure 1).

Treatment:

6 cycles of ACVBP chemotherapy was administered resulting

- complete remission of T-LBL
- decrease of eosinophil counts to upper normal range.

However, **eosinophilia progressed** again to more than $51 \times 10^9/l$ in a couple of months after completion of chemotherapy.

Molecular diagnostics:

• G-band karyotyping showed no abnormalities and BCR-ABL was absent in the peripheral blood.

• FIP1L1-PDGFR α transcripts (Figure 4) by RT-PCR were identified in

- Peripheral blood and bone marrow (Figure 3).
- Lymph nodes affected by T-LBL (Figure 3).

Final diagnosis:

FIP1L1-PDGFR α positive chronic eosinophilic and T-lymphoblastic lymphoma.

Follow up:

- Blood and bone marrow counts normalized after the initiation of imatinib mesylate 100 mg/d.
- 2 years after the final diagnosis the patient is alive in complete clinical, hematological and molecular remission (Figure 5) on imatinib 100 mg/d.

CONCLUSION

• FIP1L1-PDGFR α positive CEL in conjunction with T-cell LBL suggests a bilineage cell involvement probably arising from an early hematopoietic progenitor.

• Identification of FIP1L1-PDGFR α in cases of T-LBL with concurrent eosinophilia is essential in selecting the targeted tyrosine kinase therapy.

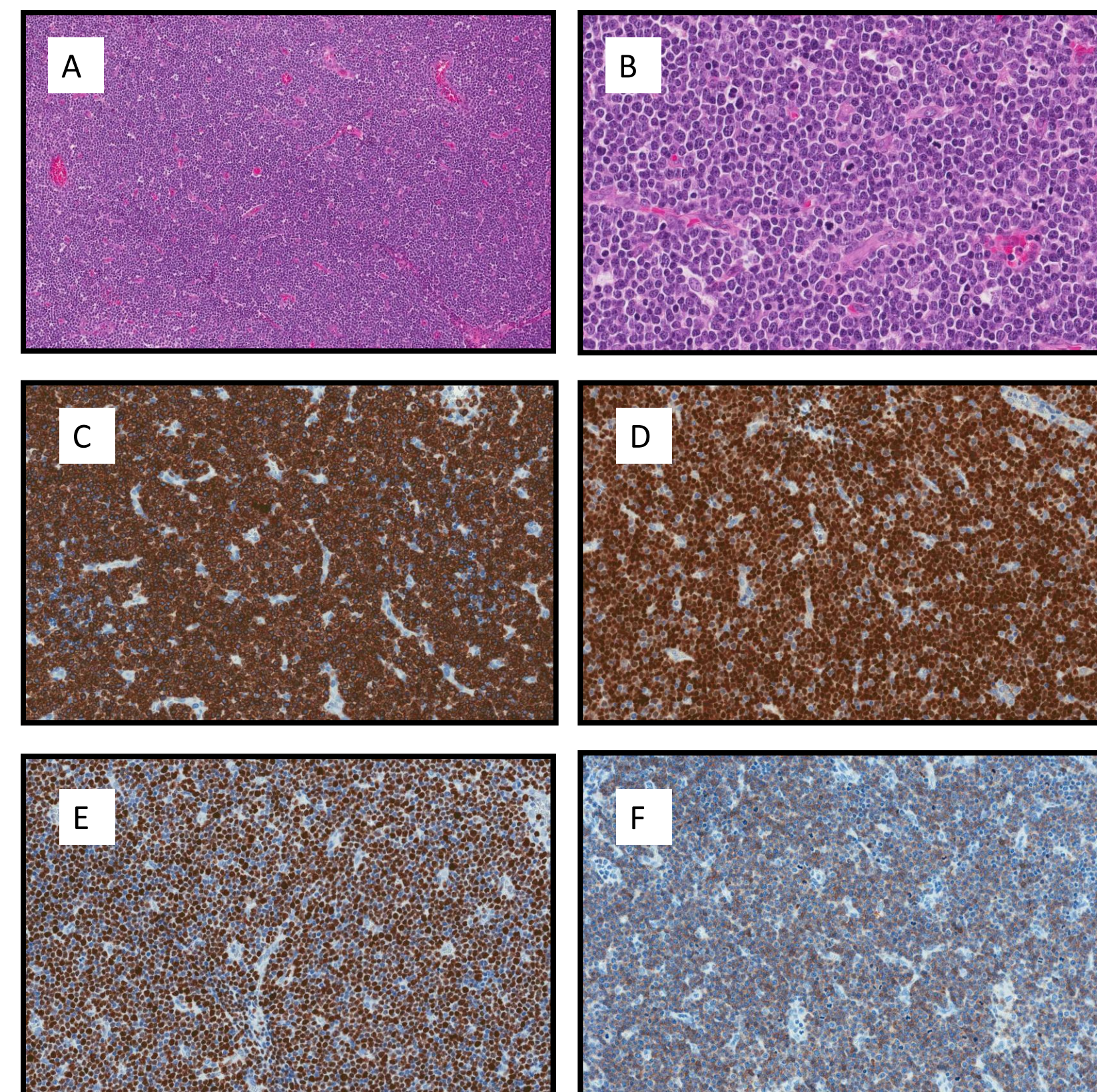


Figure 1: A. HE, 10x. T-LBL: the diffuse infiltration of blastic cells with dense neovascularisation and poorly visible interstitial macrophages ("starry sky" pattern). B. HE, 40x. T-LBL: the medium sized blastic cells with the scant cytoplasm, ovoid and slightly irregular and lobated nuclei and multiple mitoses. C. CD3, 20x. The diffuse and strong cytoplasmic positivity of the tumor cells. D. TdT, 20x. The diffuse and strong nuclear positivity of the tumor cells. E. Ki67, 20x. High proliferative activity in the tumor cells (~90%). F. CD1a, 20x. The diffuse and weak-moderate cytoplasmic positivity of the tumor cells.

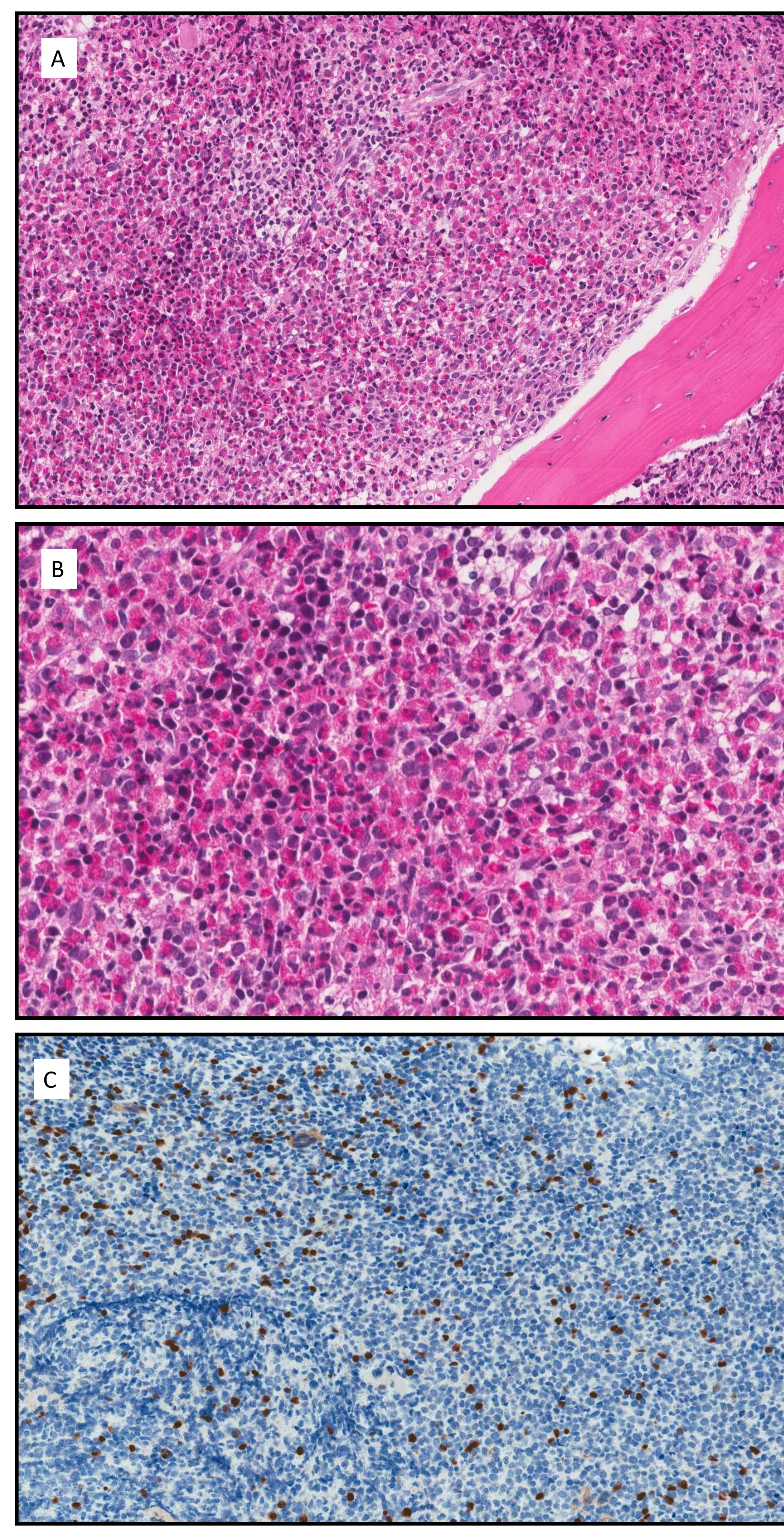


Figure 2: A. HE, 20x. CEL: the hypercellular bone marrow with the prominent hyperplasia of the eosinophilic lineage. B. HE, 40x. CEL: diffuse hyperplasia of the eosinophilic lineage with scattered erythroid islands and single megakariocytes. C. TdT, 20x. The TdT+ (CD3+) precursor population in the bone marrow was elevated, but do not exceed 5% limit in the course of disease.

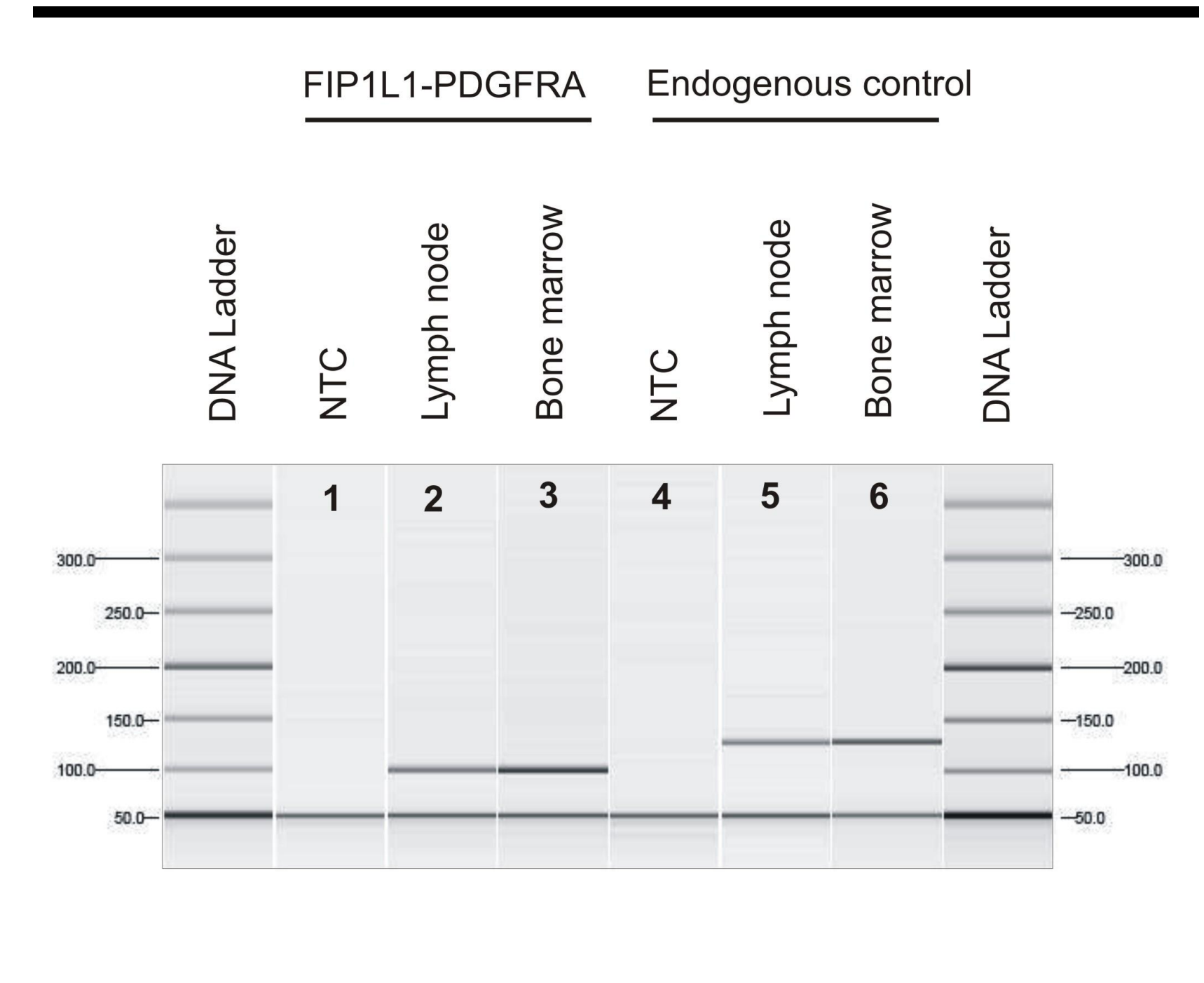


Figure 3: RT-PCR analysis of FIP1L1-PDGFR α fusion transcripts in lymph node and bone marrow samples. Obtained PCR products (Lanes 2 and 3) correspond to a fusion of FIP1L1 exon 10 and PDGFR α exon 12. ABL was used as an endogenous control (Lanes 5 and 6). The sizes of DNA Ladder are indicated.

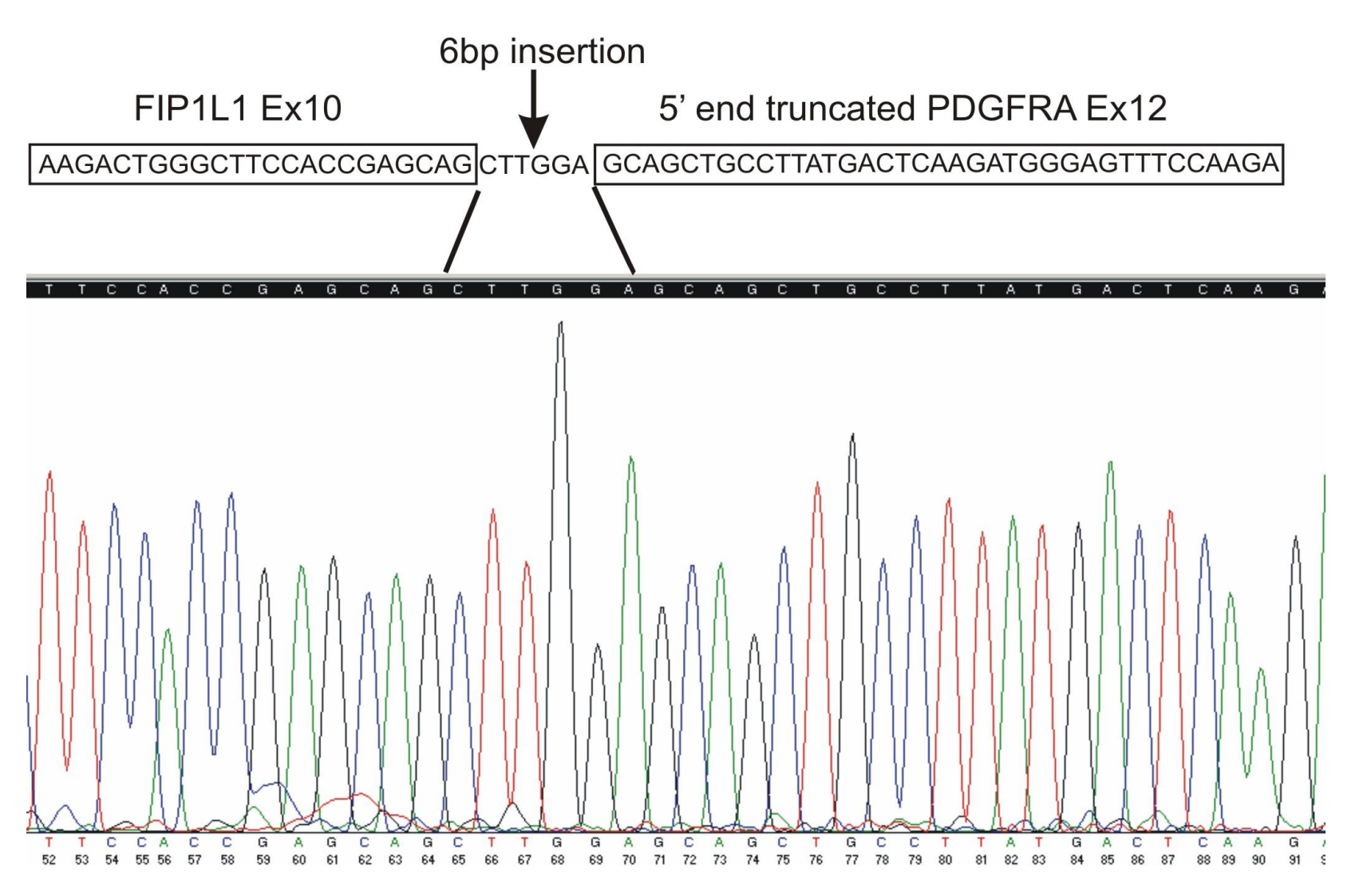


Figure 4: Sequencing of PCR product. Sequence analysis of PCR product of rearranged FIP1L1-PDGFR α confirmed an in-frame fusion between FIP1L1 exon 10 and 5'-end truncated PDGFR α exon 12 with intervening 6 nucleotides.

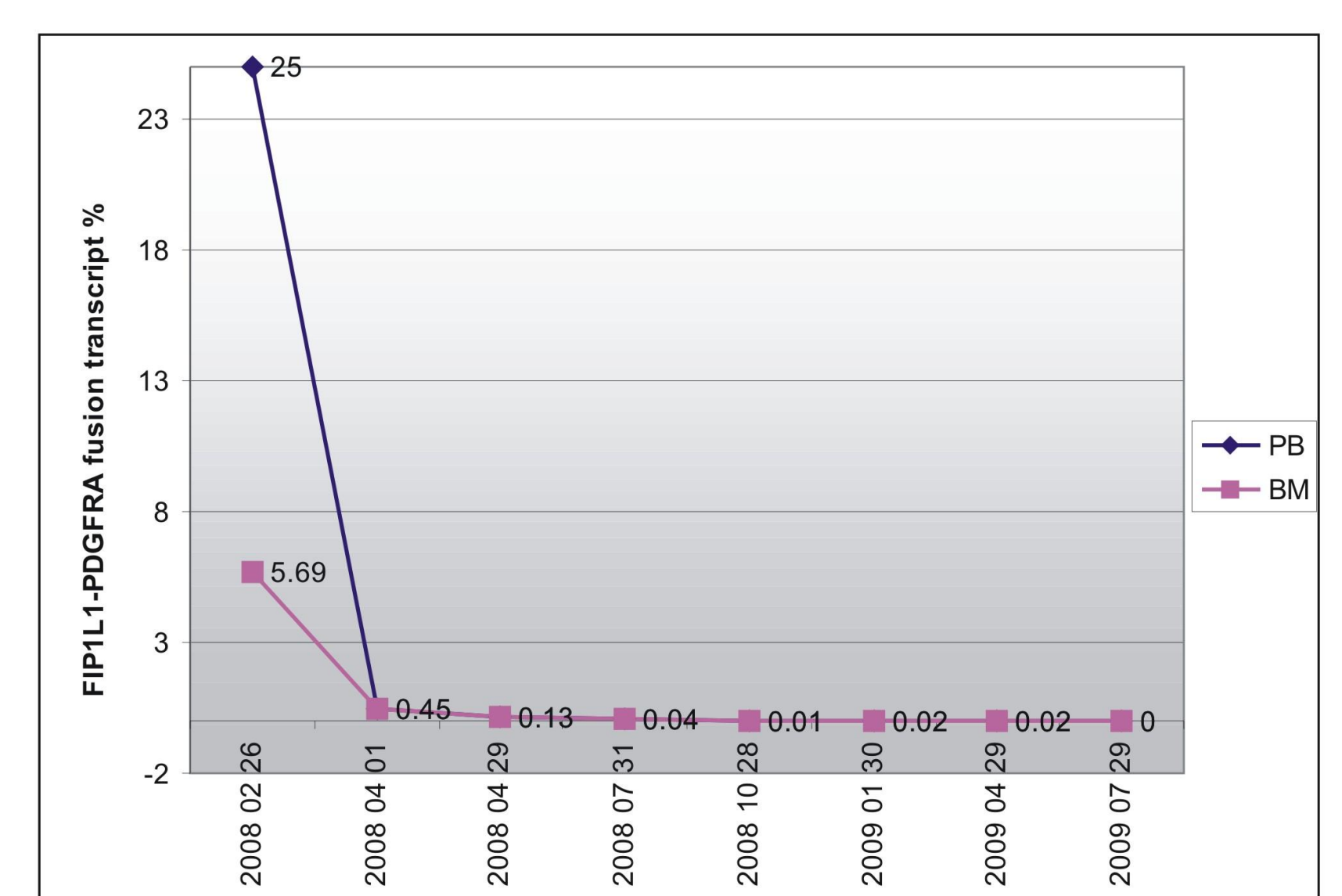


Figure 5: MRD monitoring of FIP1L1-PDGFR α fusion transcripts in PB and BM. Quantification of FIP1L1-PDGFR α transcripts was performed as described elsewhere (Jovanovic, J. V. et al. Low-dose imatinib mesylate leads to rapid induction of major molecular responses and achievement of complete molecular remission in FIP1L1-PDGFR α -positive chronic eosinophilic leukemia, Blood 2007, Vol 109, No 11, p4635-4640). The rate of FIP1L1-PDGFR α fusion transcripts was normalized to the ABL gene. The relative quantities of FIP1L1-PDGFR α transcripts at different sampling intervals are indicated.