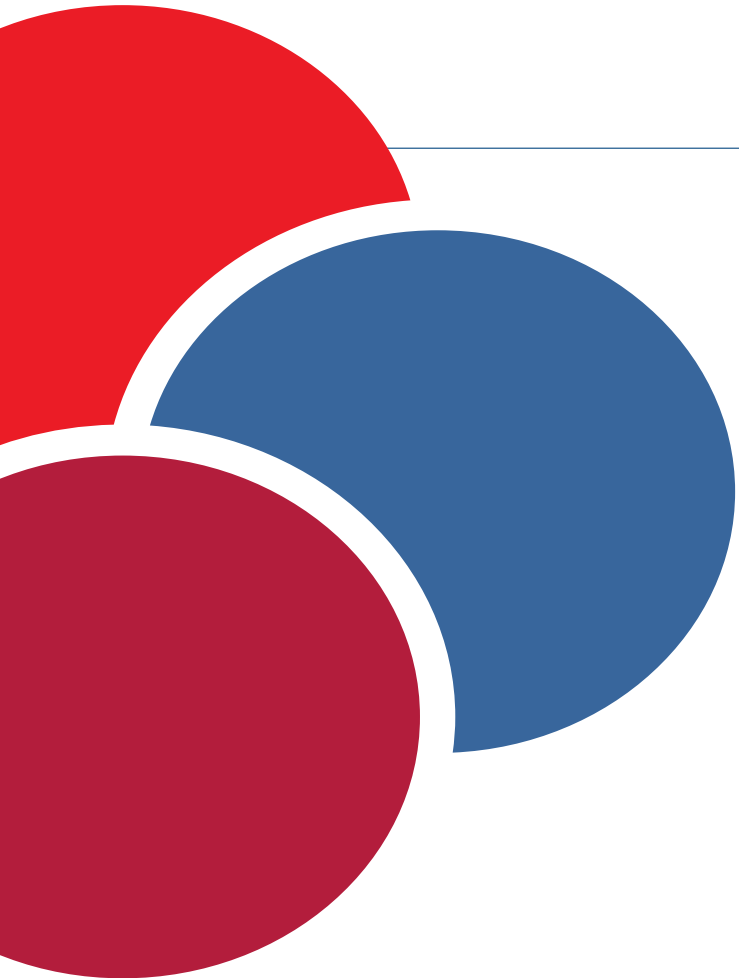


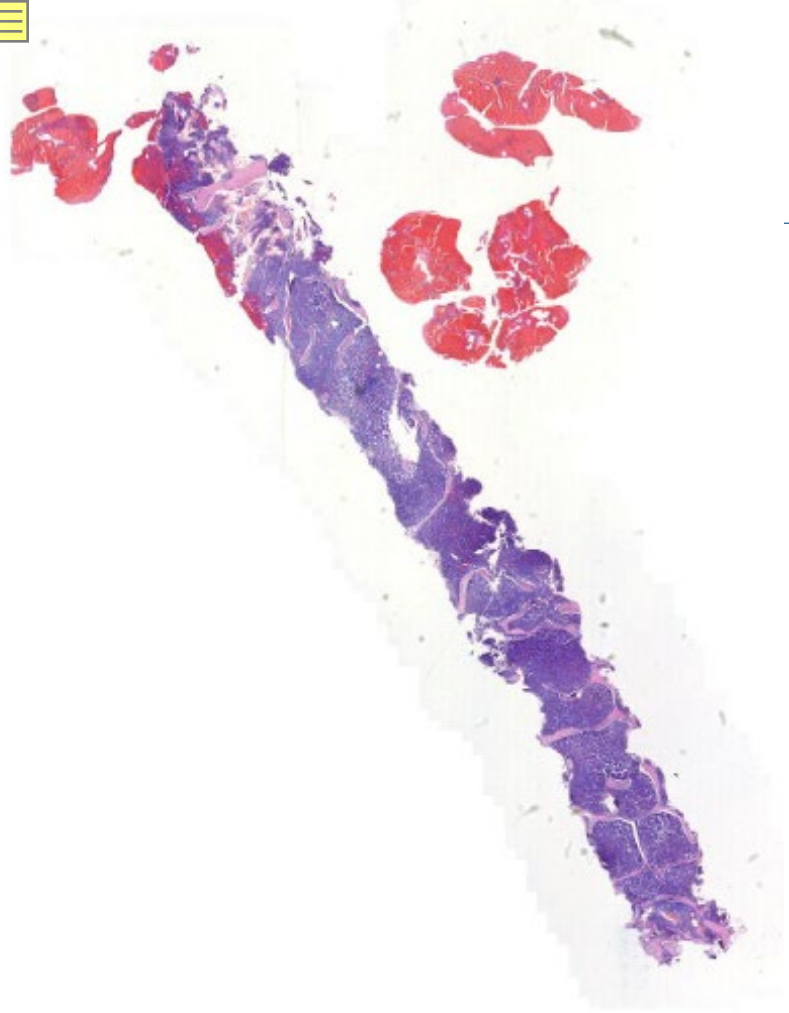


Case 7

Presented by Dr Alan Mitchell
ST5
Barts Health NHS Trust

Case 7

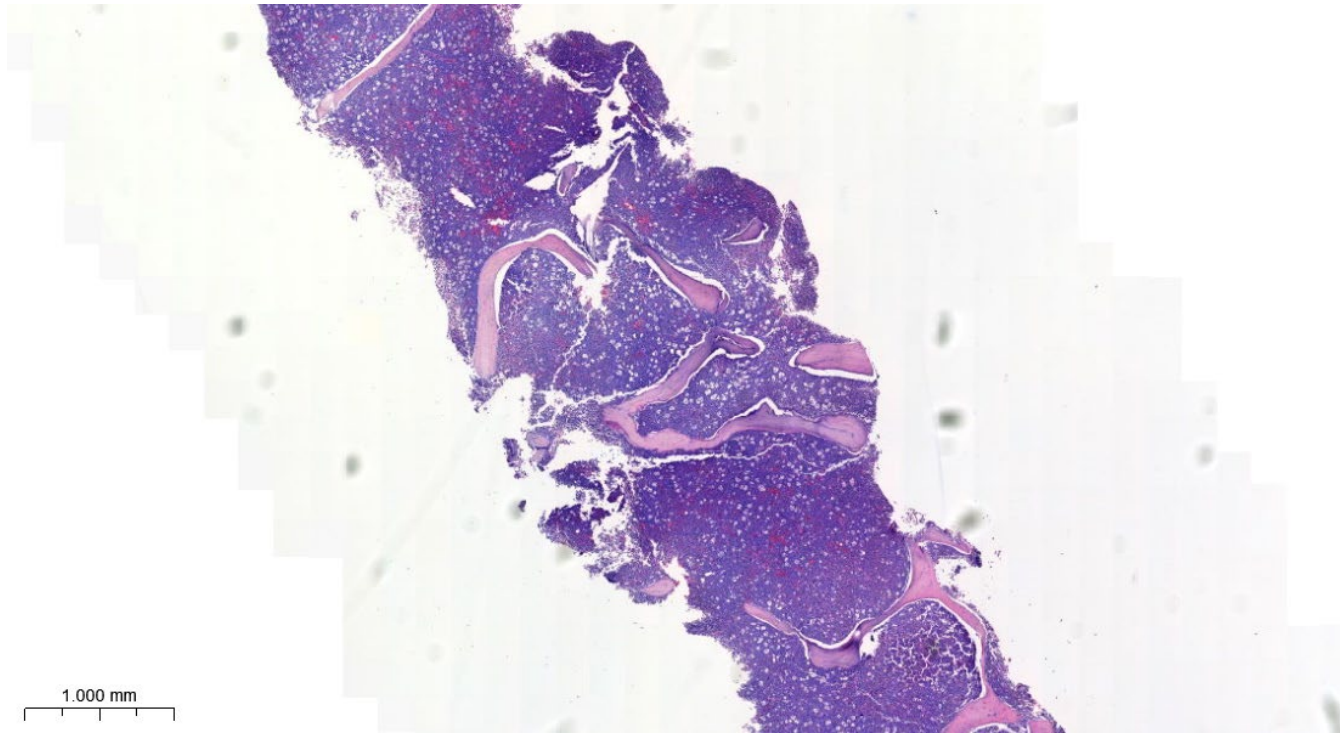
- 73 year old male
- PMH: Obesity, nil else. No regular medication.
- Presents to his GP with fatigue and shortness of breath
- Bloods with GP: Hb 115, WBC 255.9, Neut 28.1, Plt 55
- Lab reviewed a film



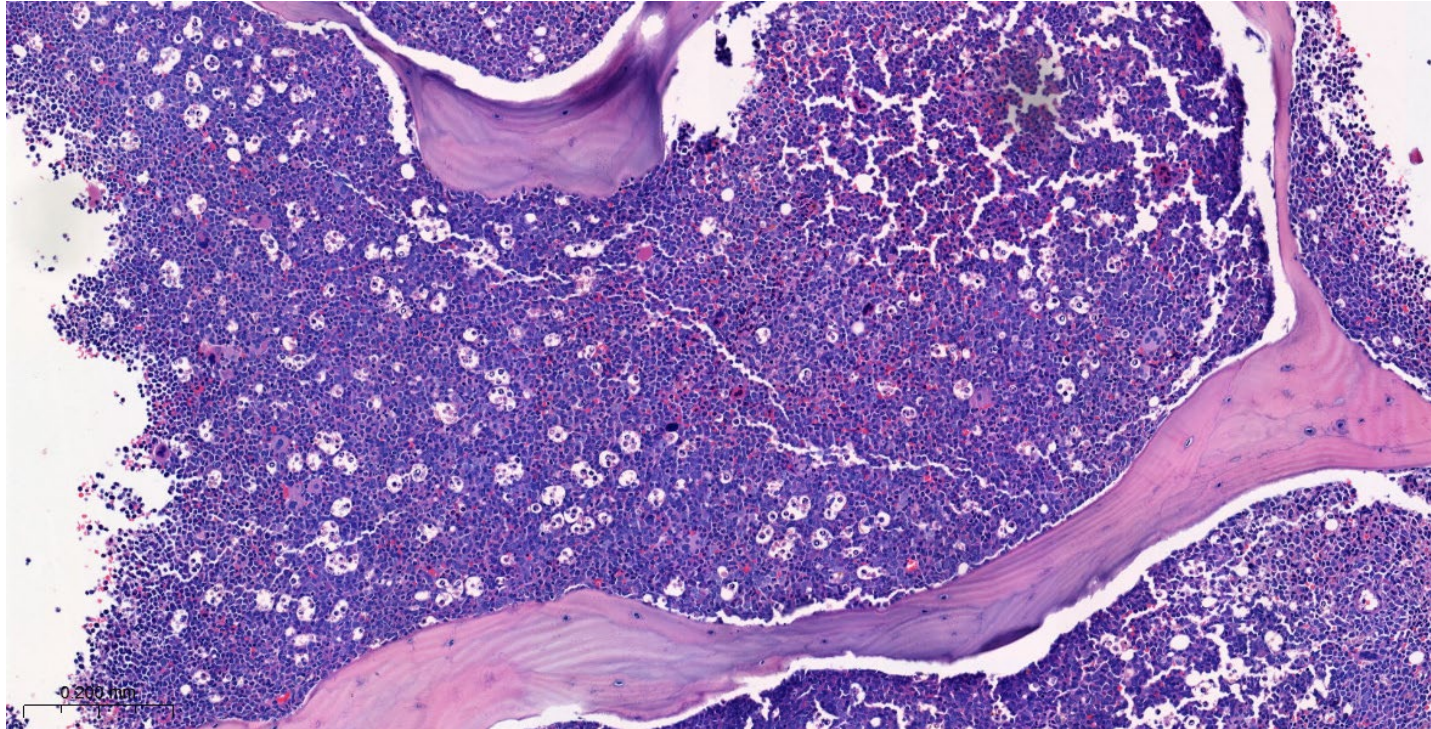
Bone marrow trephine



Bone marrow trephine x 2

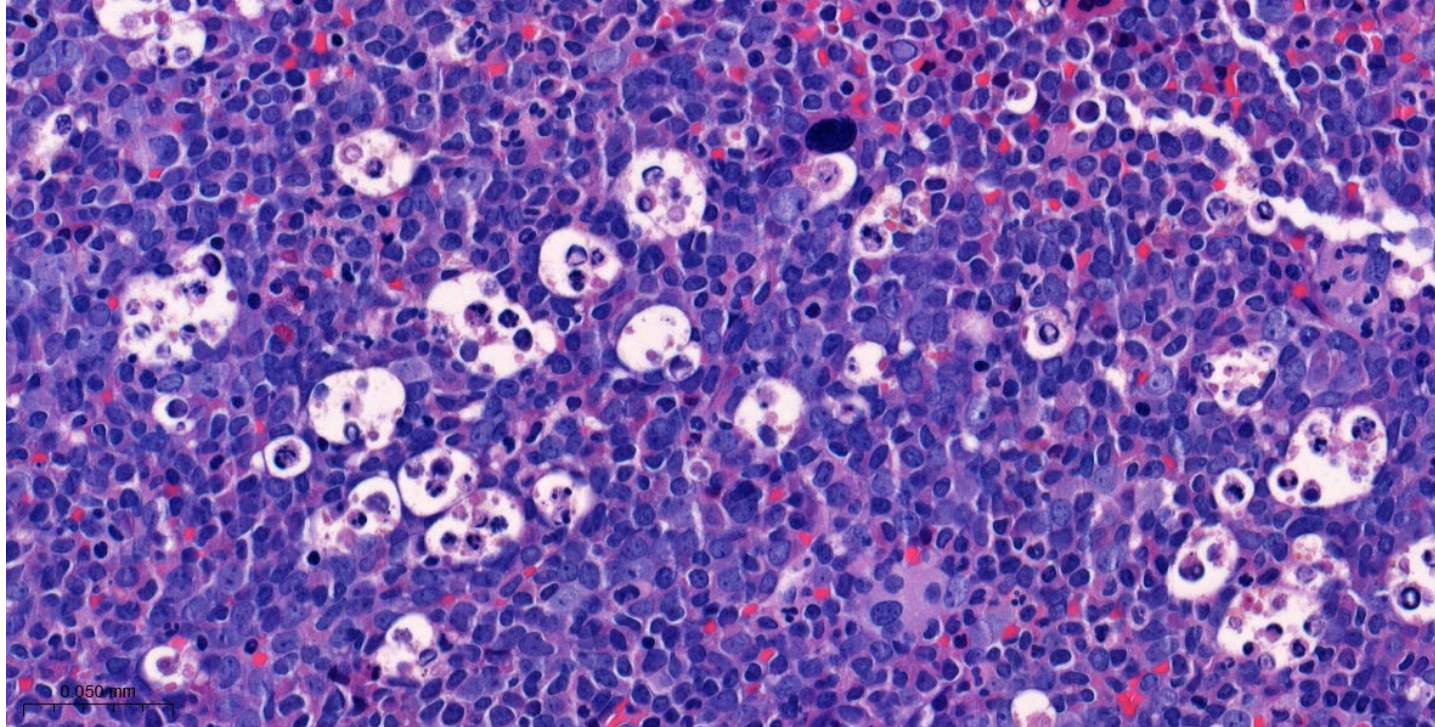


Bone marrow trephine x 10





Bone marrow trephine x 40

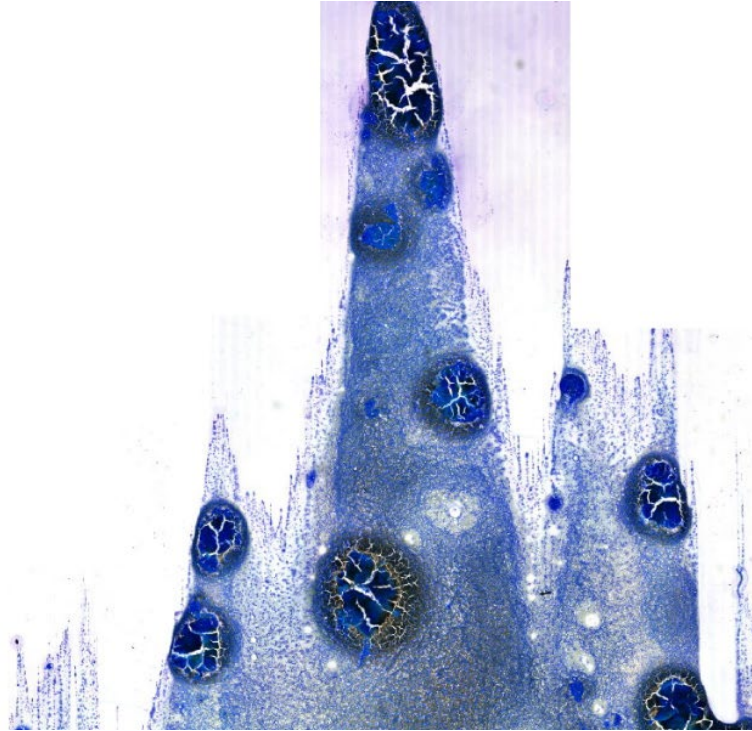


What's your suspected diagnosis?

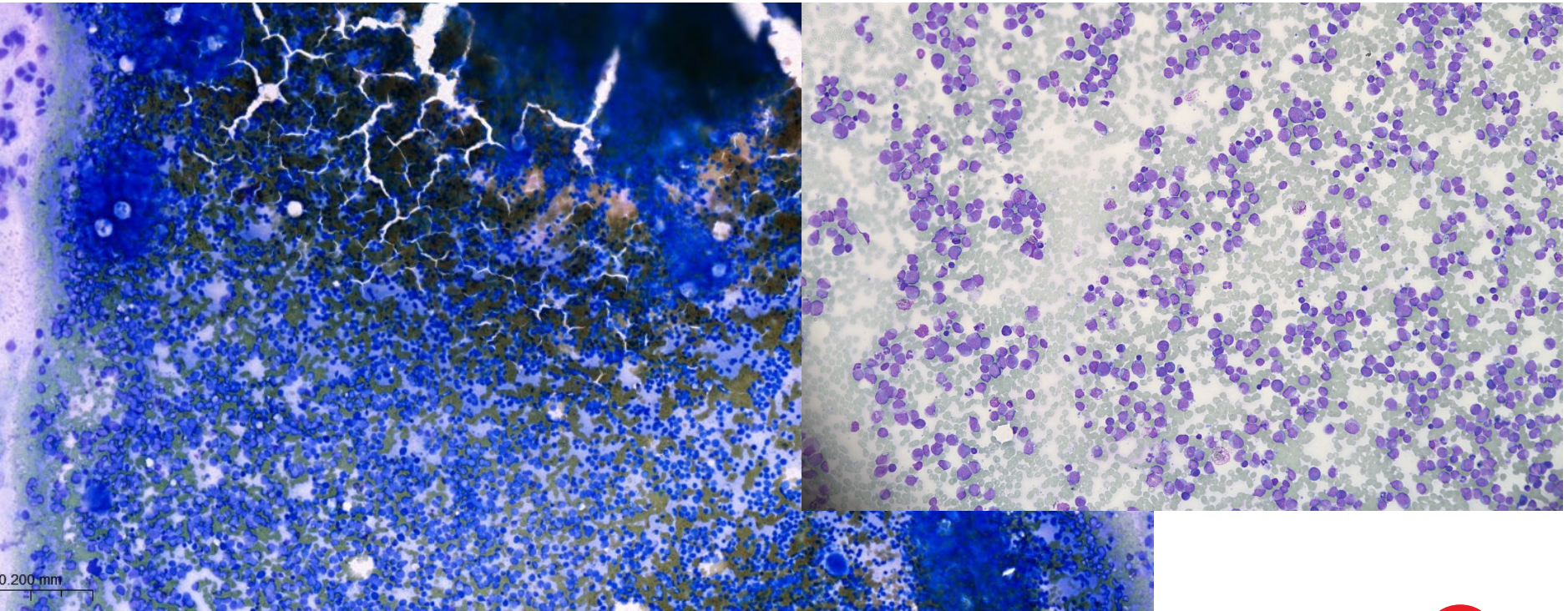


- a) Acute lymphoblastic leukaemia
- b) Burkitt lymphoma
- c) Hemophagocytic lymphohistiocytosis
- d) Acute myeloid leukaemia, not otherwise specified
- e) AML with mutated *NPM1*
- f) AML with myelodysplasia-related cytogenetic abnormalities
- g) APML

Bone marrow aspirate x2

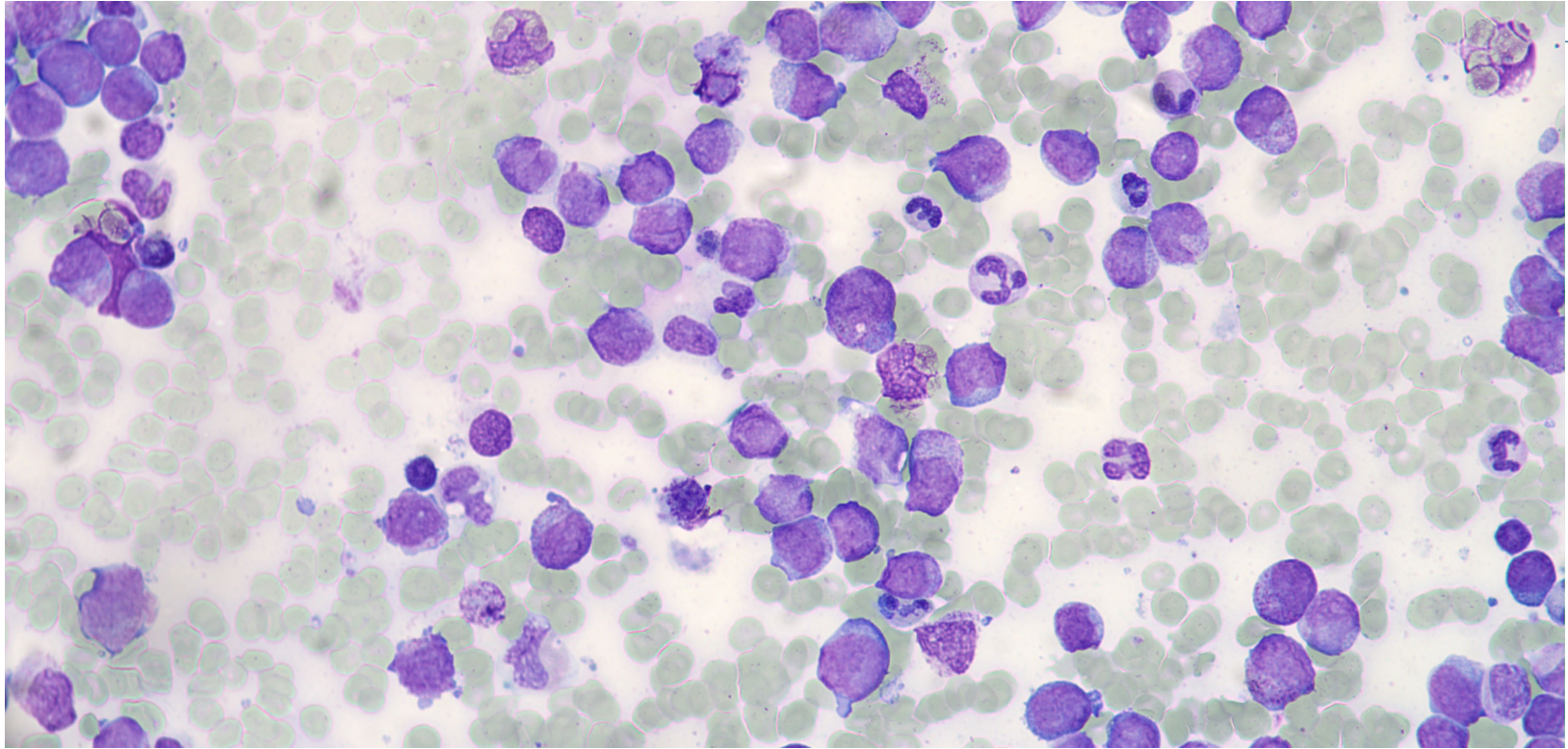


Bone marrow aspirate x 10



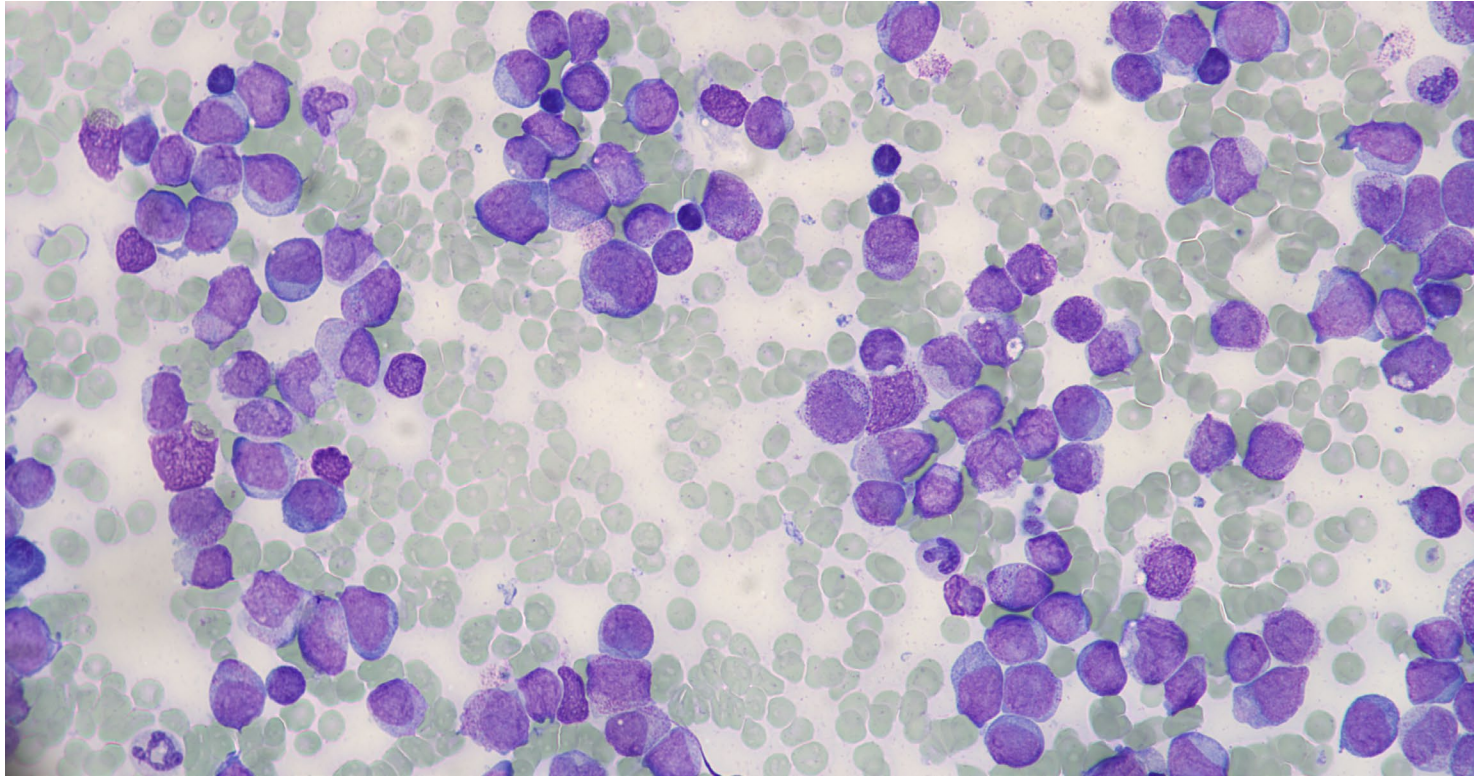


Bone marrow aspirate x 40



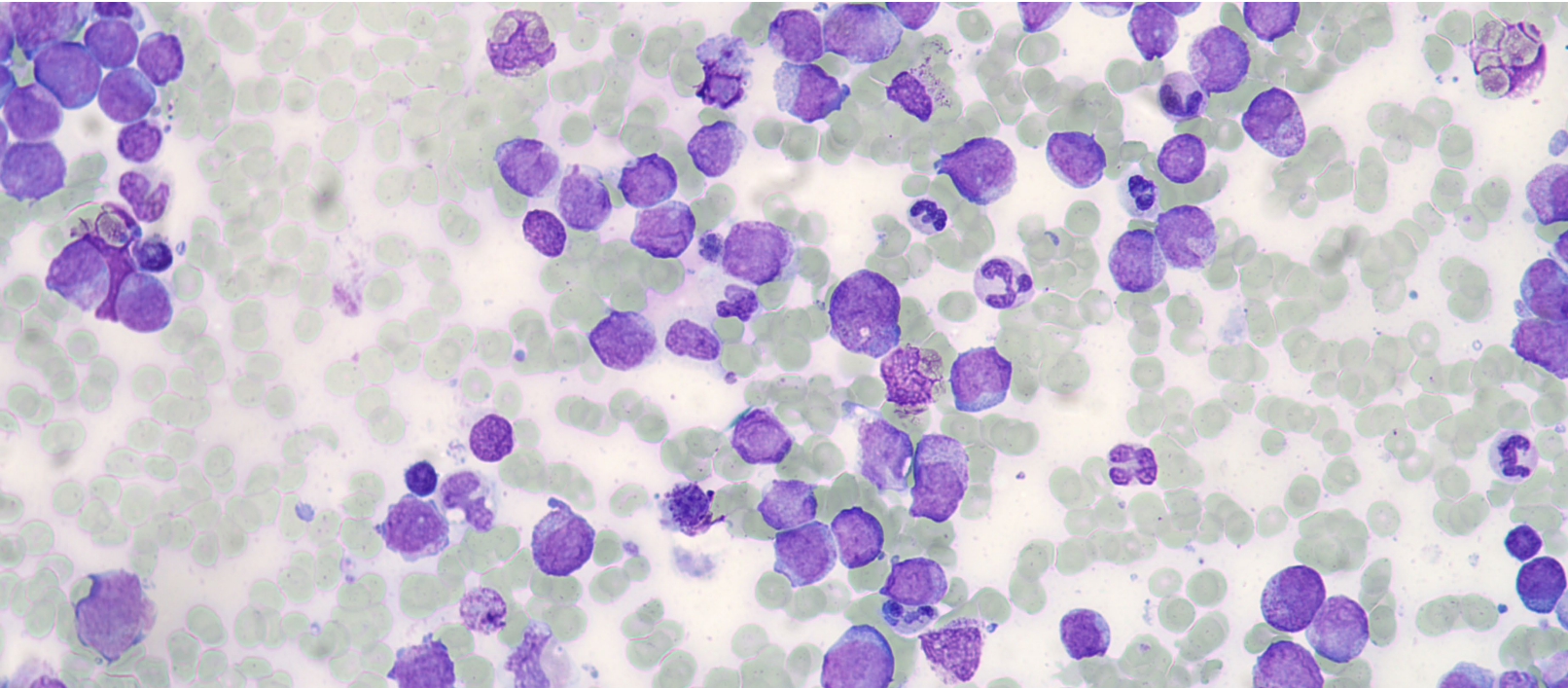


Bone marrow aspirate x 40



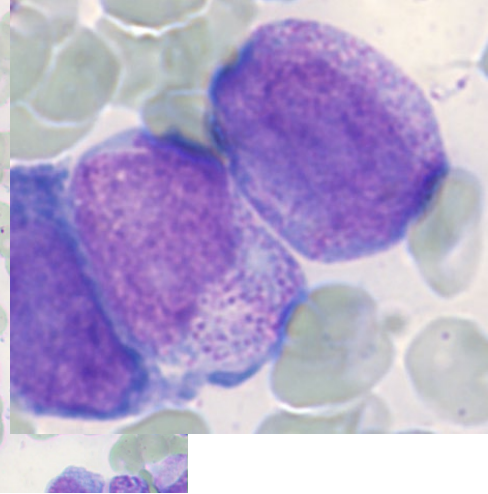
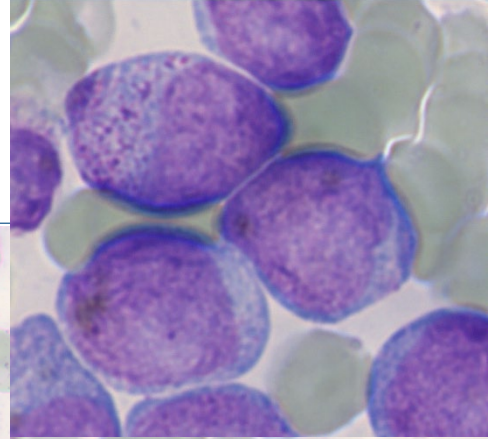
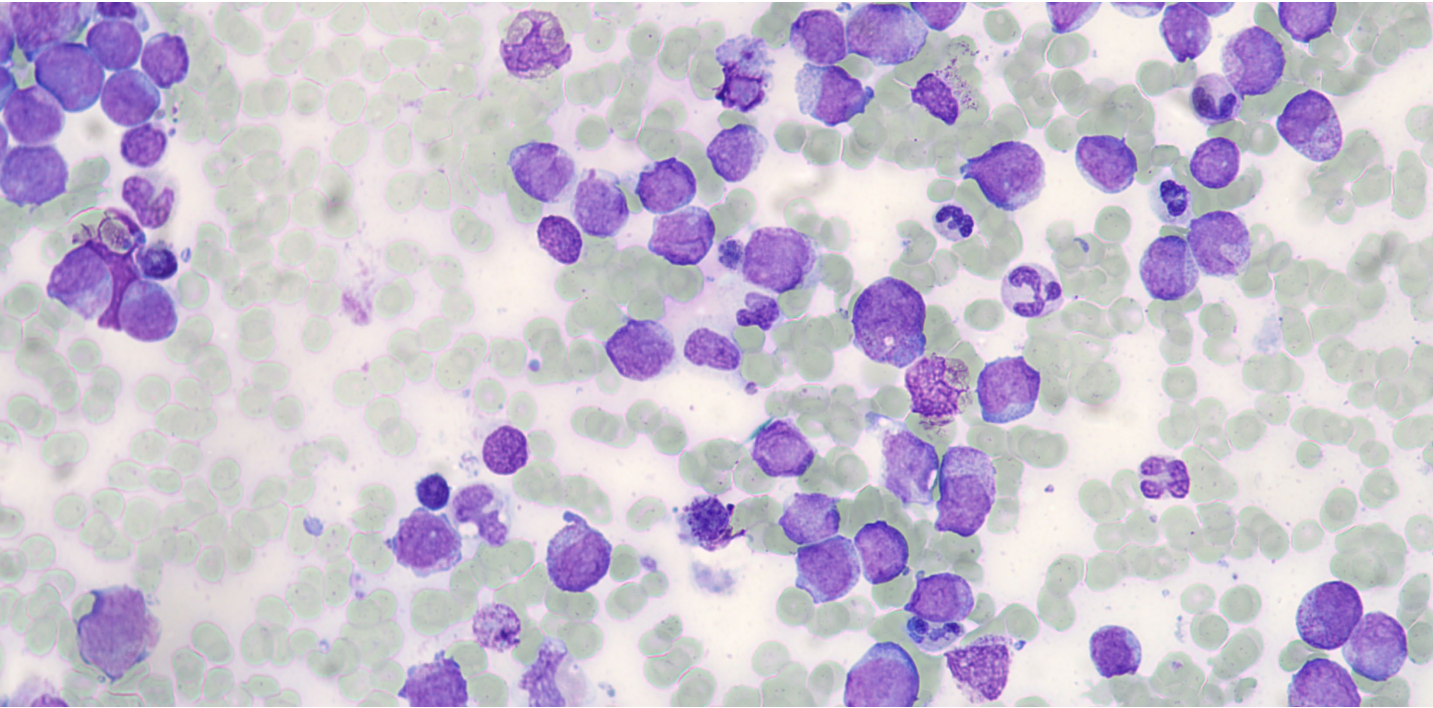


Bone marrow aspirate x 40





Bone marrow aspirate x 40

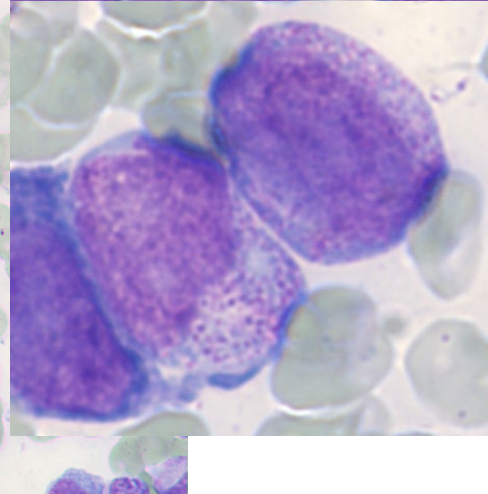
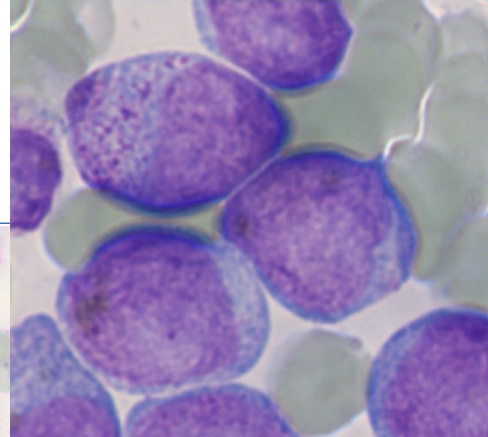
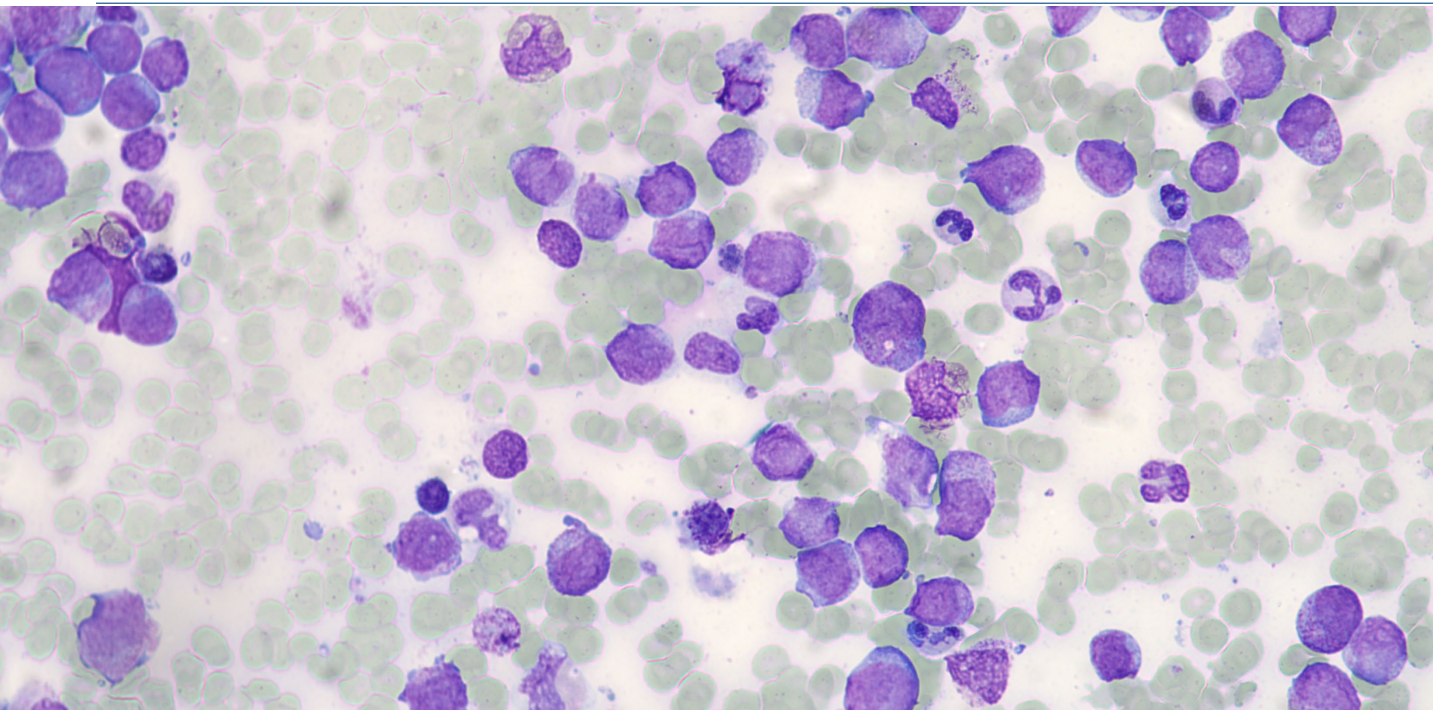


What's your revised diagnosis?

- a) Acute lymphoblastic leukaemia
- b) Burkitt lymphoma
- c) Hemophagocytic lymphohistiocytosis
- d) Acute myeloid leukaemia, not otherwise specified
- e) AML with mutated *NPM1*
- f) AML with myelodysplasia-related cytogenetic abnormalities
- g) APML

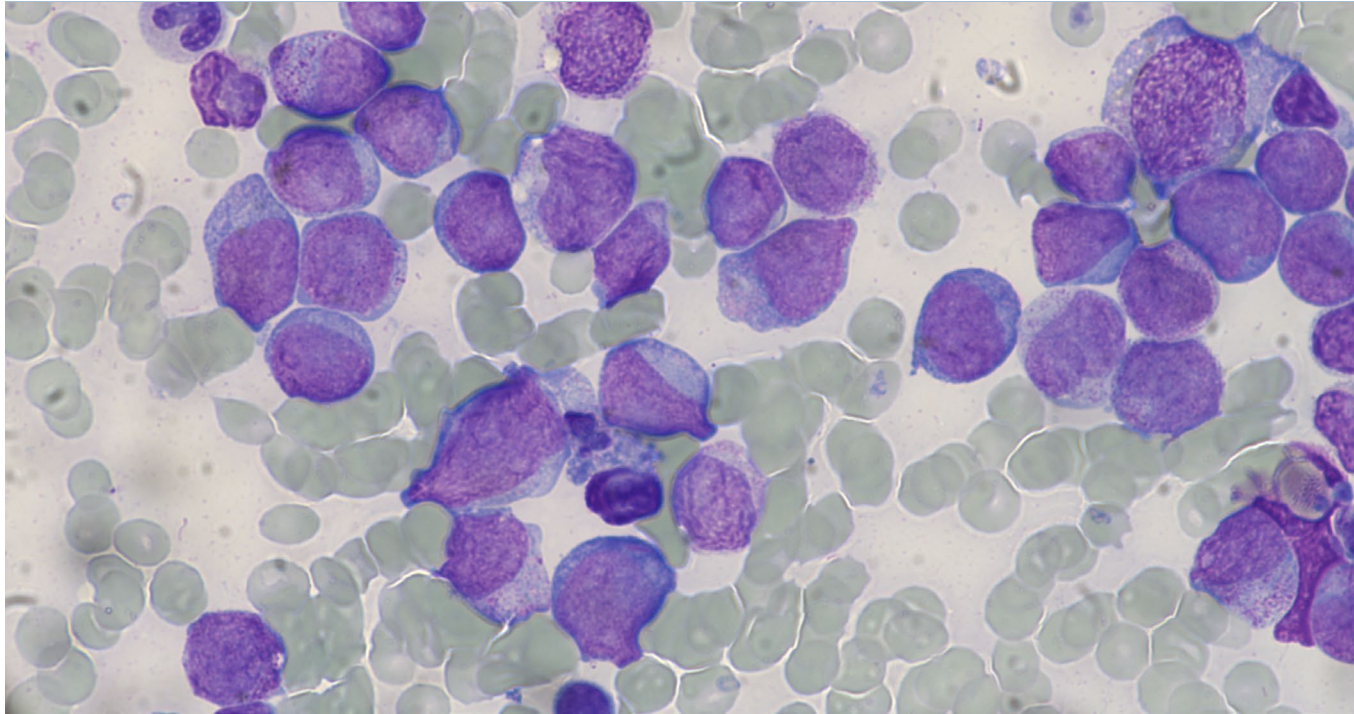


Bone marrow aspirate x 40

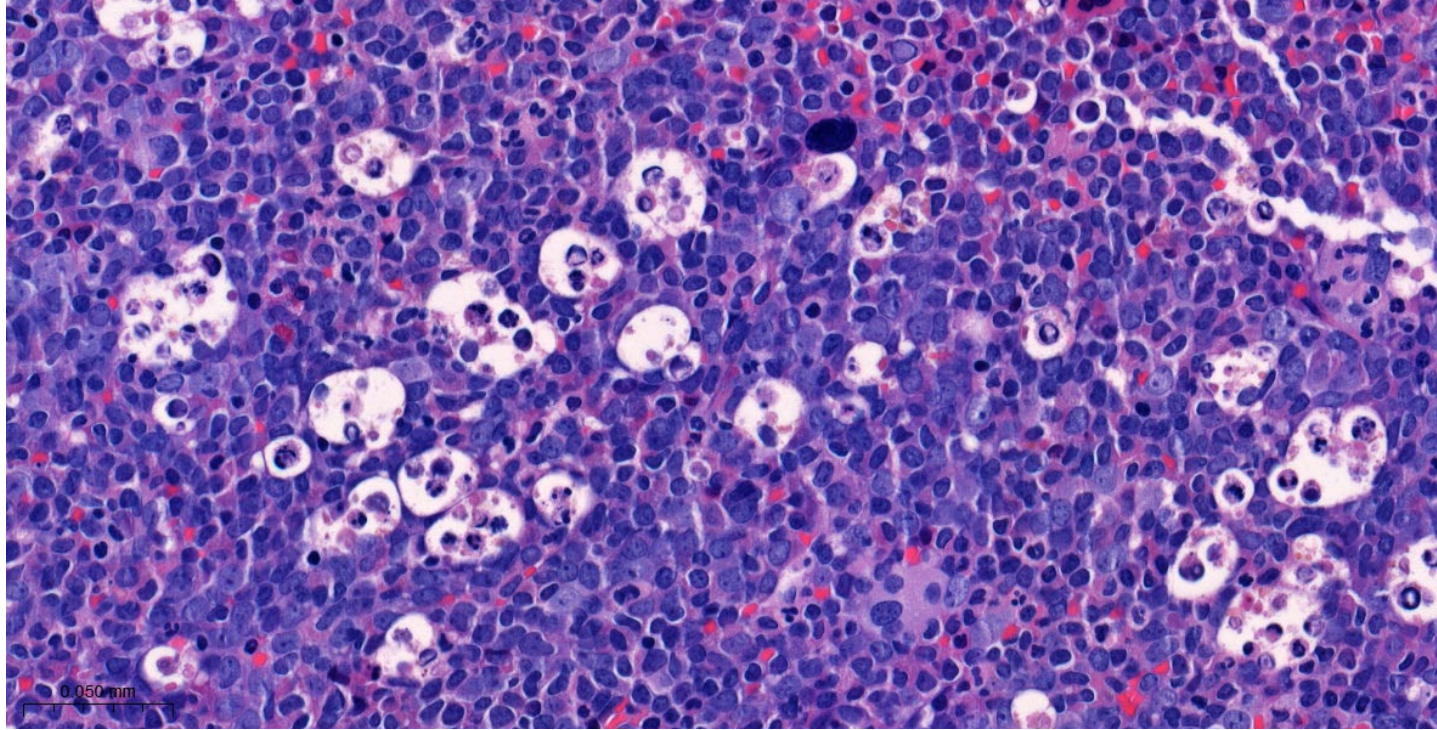




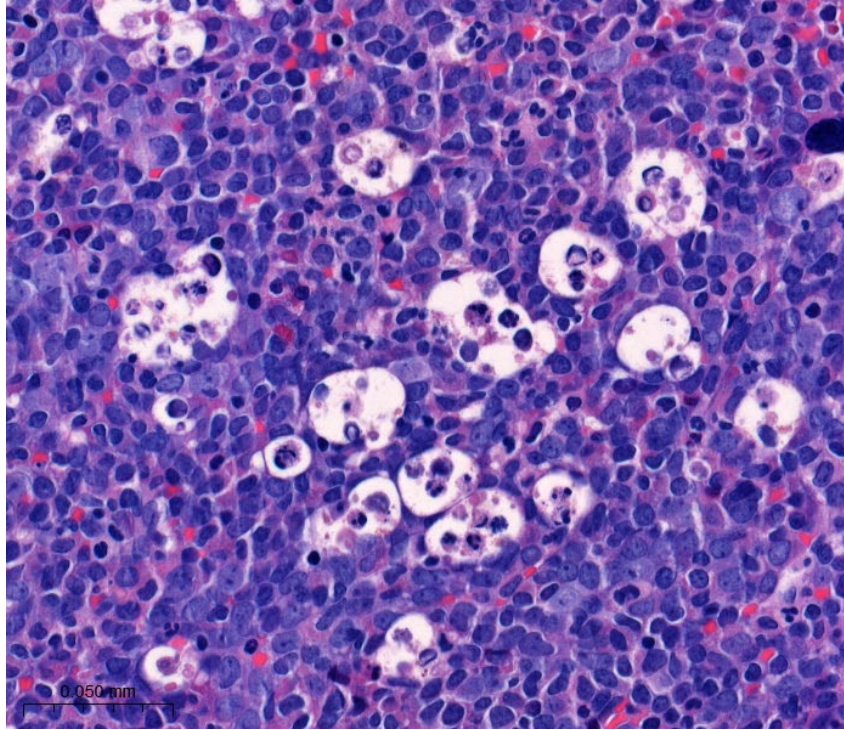
Bone marrow aspirate x 100



Bone marrow trephine x 40

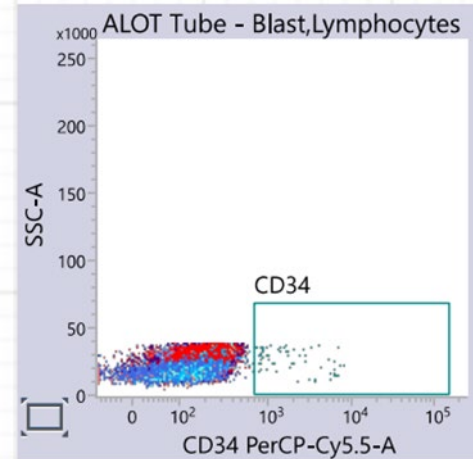
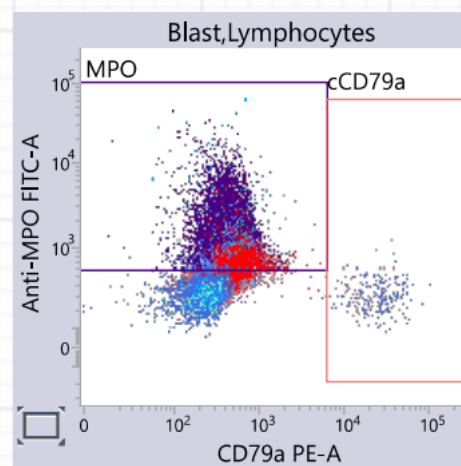
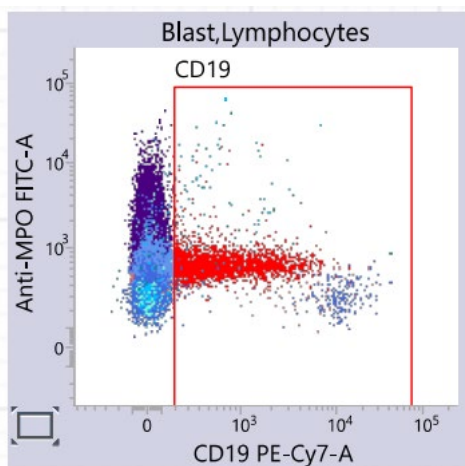
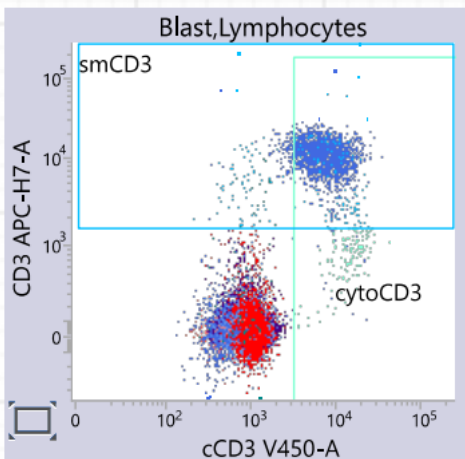
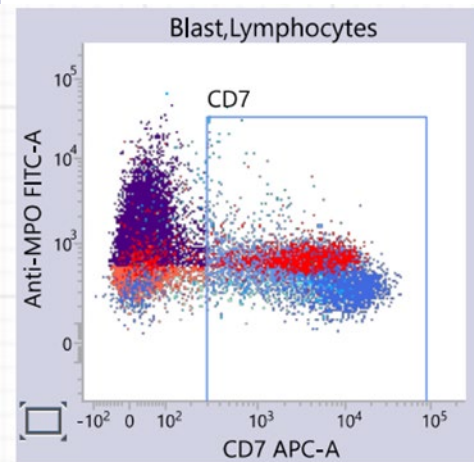
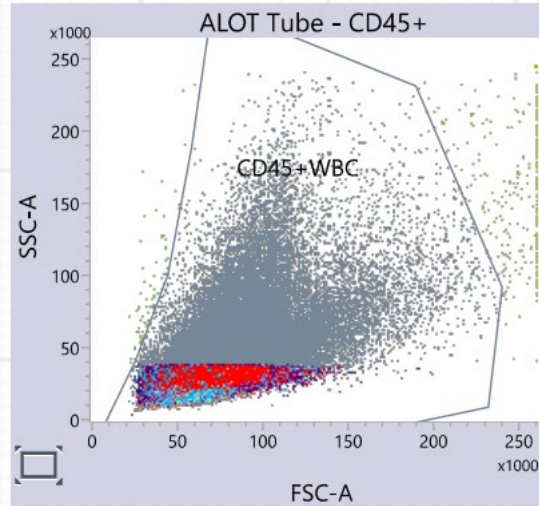
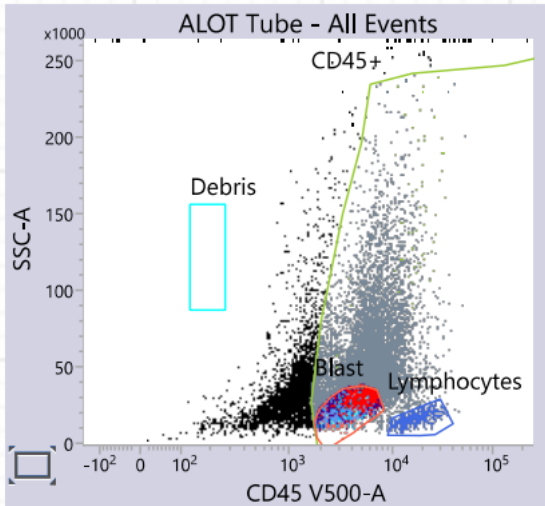


Bone marrow trephine x 40



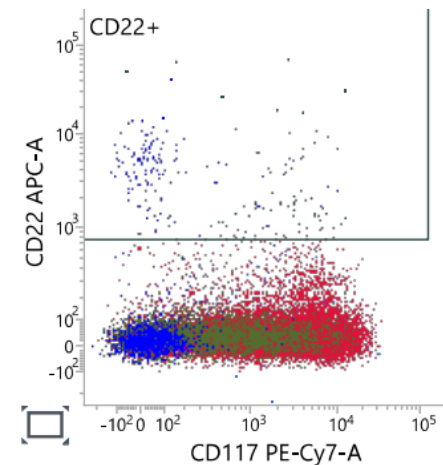
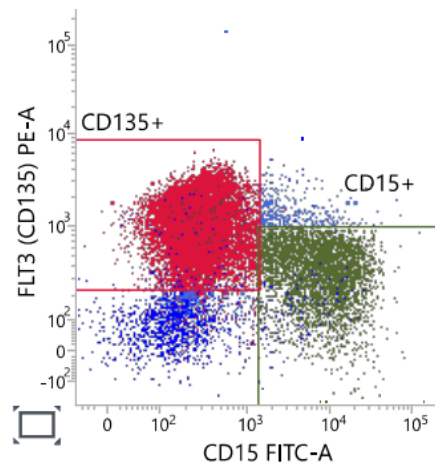
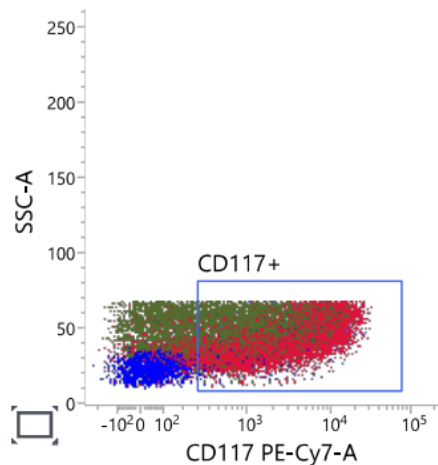
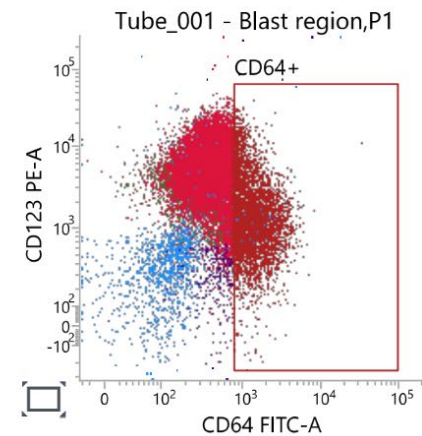
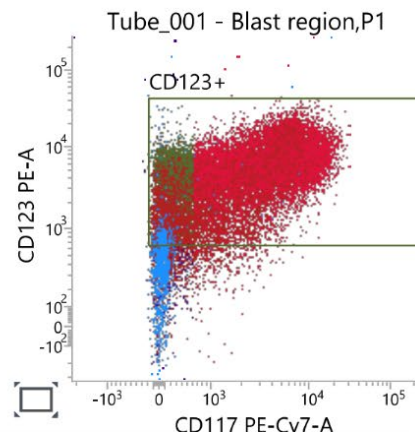
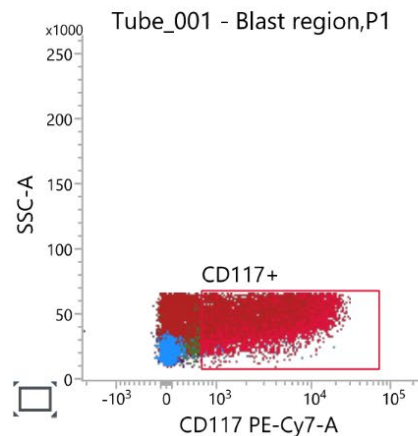


Flow





Flow

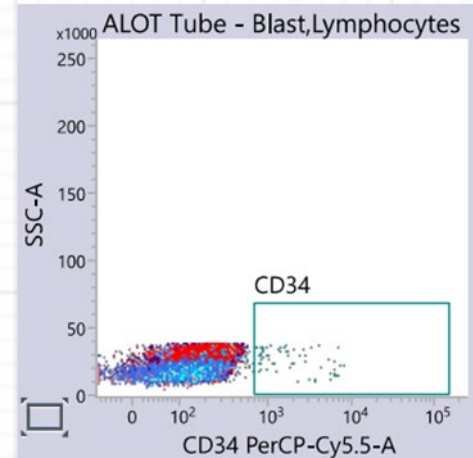
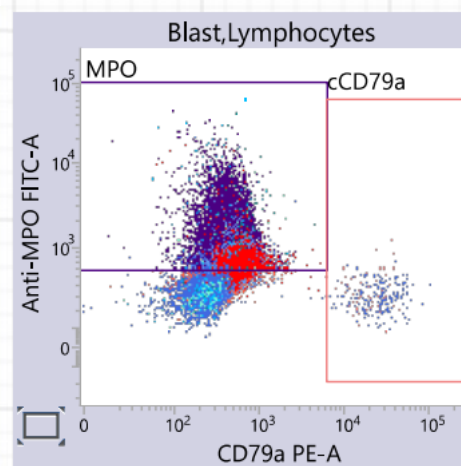
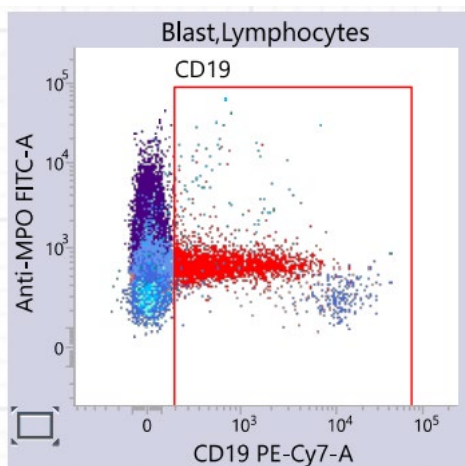
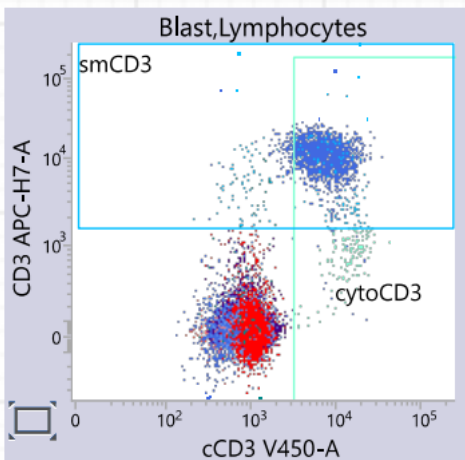
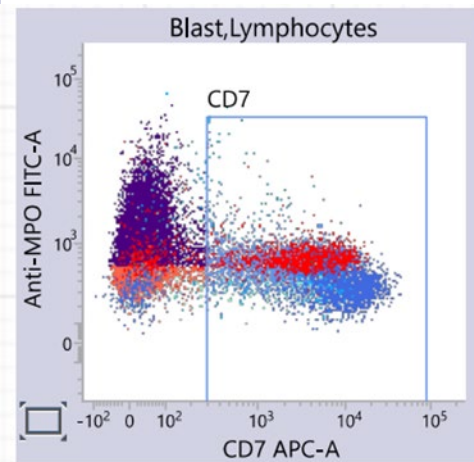
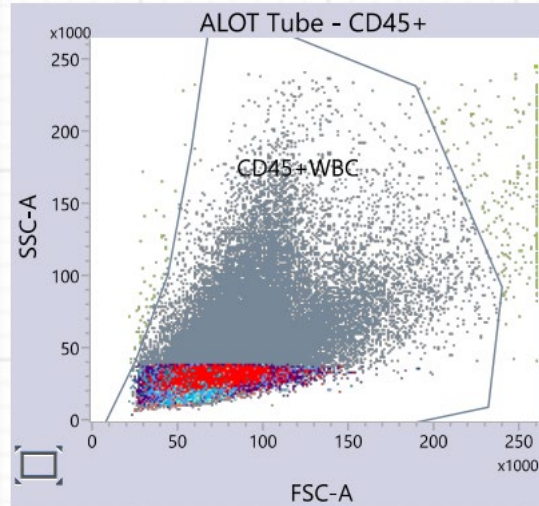
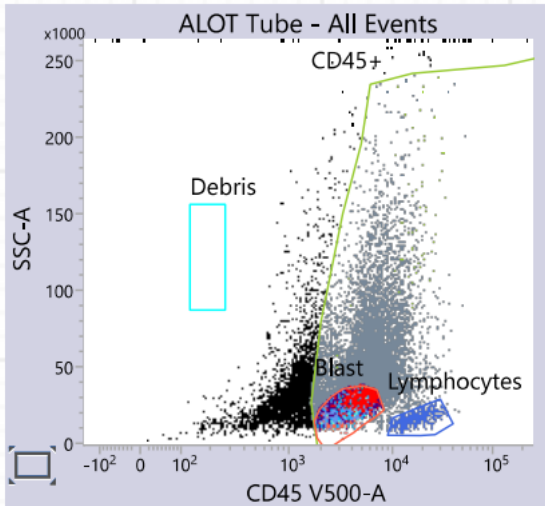


What's your revised diagnosis?

- a) Acute lymphoblastic leukaemia
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- c) Hemophagocytic lymphohistiocytosis
- d) Acute myeloid leukaemia, not otherwise specified
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- g) APML

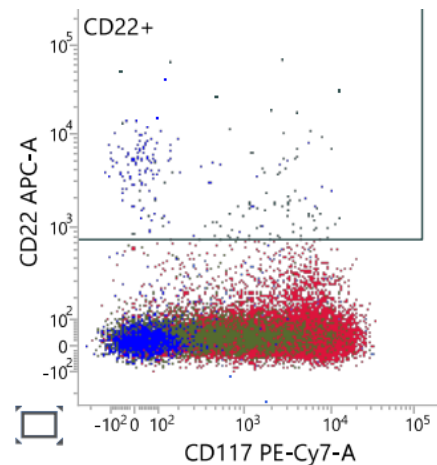
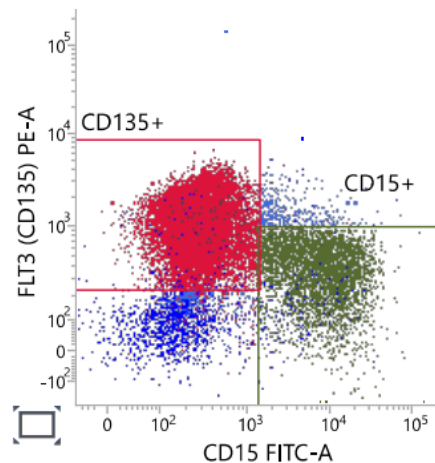
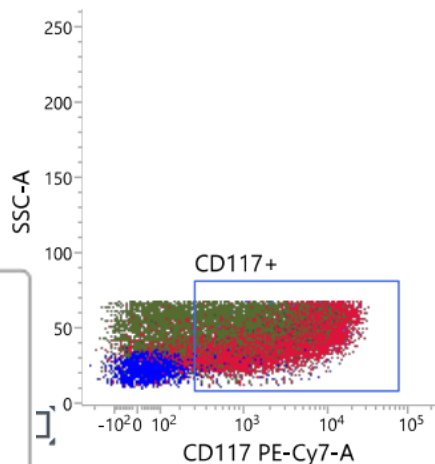
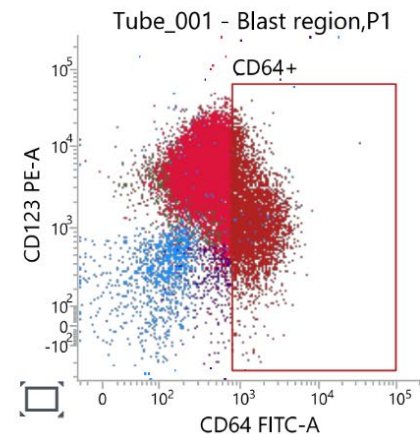
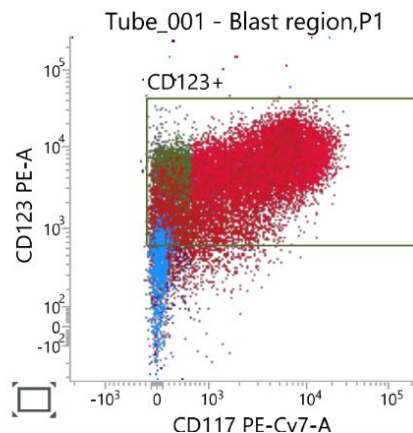
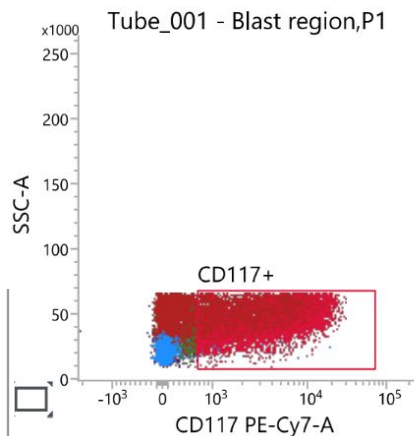


Flow



Flow

Blasts of TNCs: 47.3 %
 CD117+ of blasts: 69.7 %
 CD123+ of blasts: 93.3 %
 CD64+ of blasts: 21.6 %



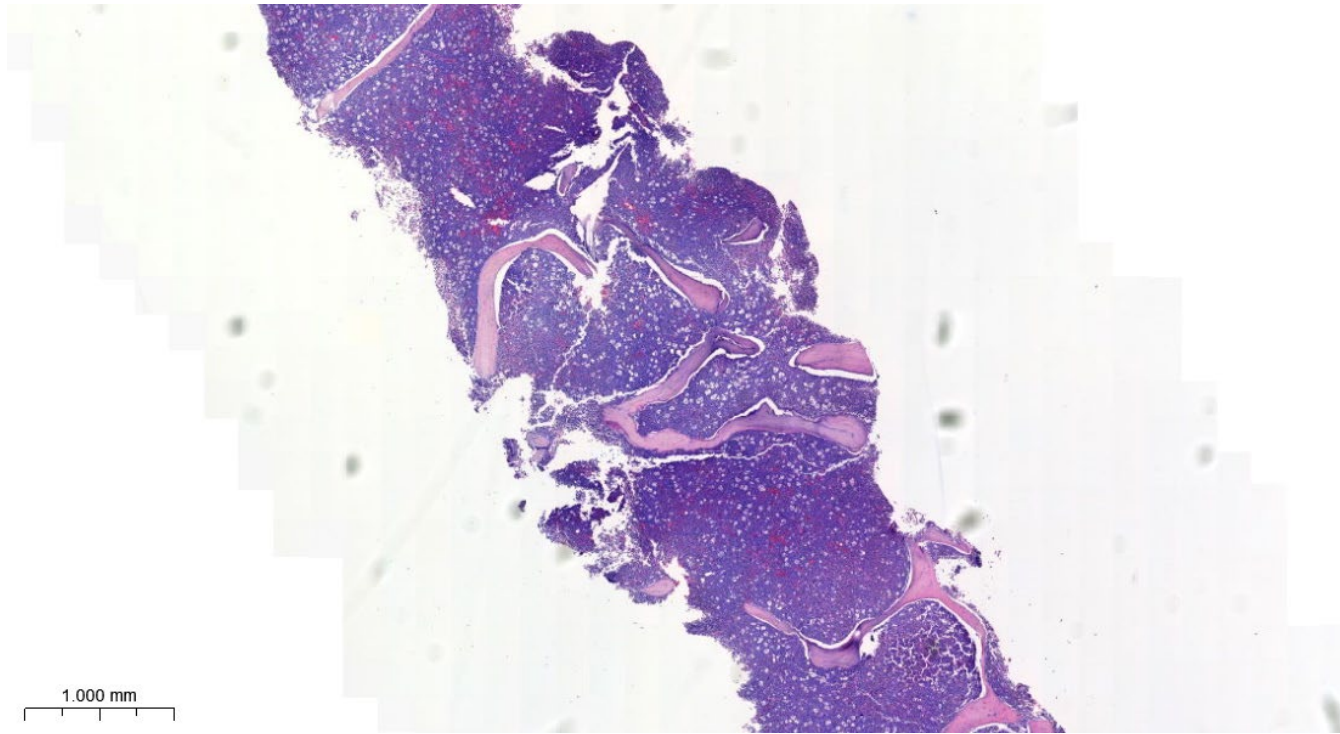
Statistics

Blasts of TNCs: 48.9 %
 CD117+ of blasts: 82.5 %
 CD15+ of blasts: 17.9 %
 CD135+ of blasts: 77.8 %
 CD22+ of blasts: 0.4 %

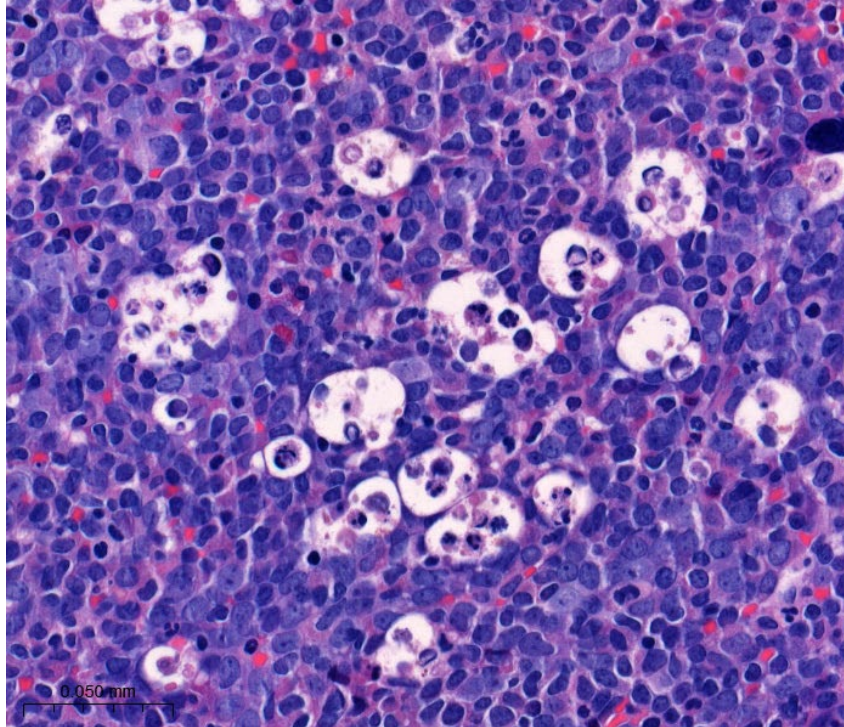
Molecular

- Cytogenetics show add(4p)
- Molecular analysis found an NPM1 mutation 28%
- (SF3B1 48%, FLT3 4%, TET2 47%, TET2 43%, KIT 43%, TET2 11%).

Bone marrow trephine x 2

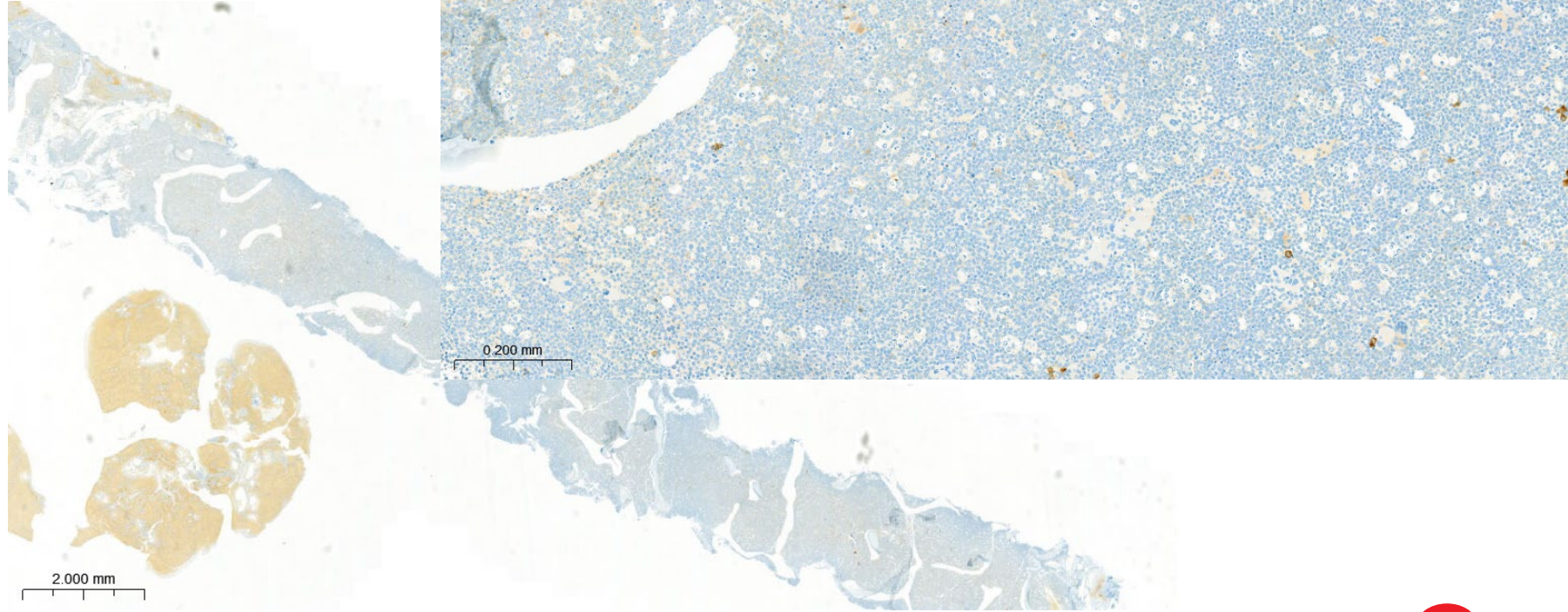


Bone marrow trephine x 40



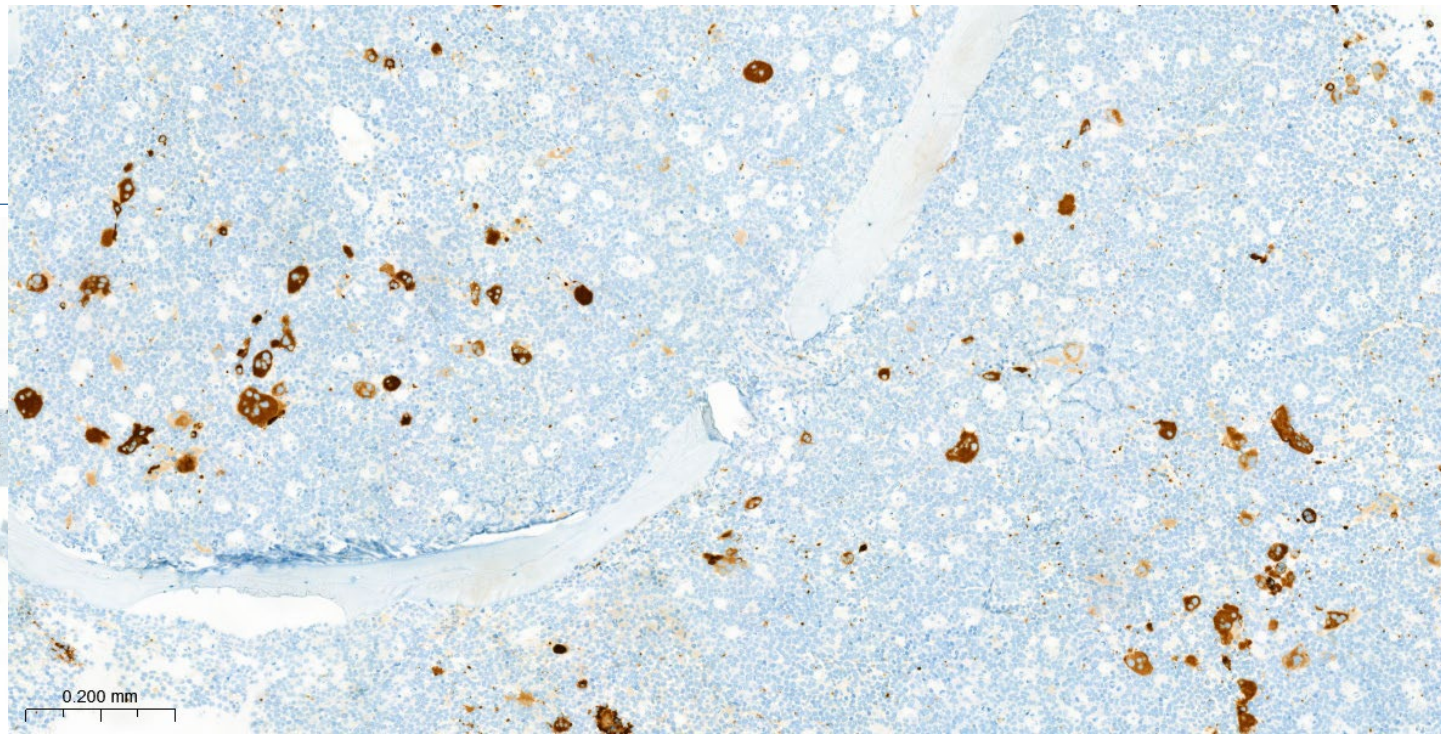
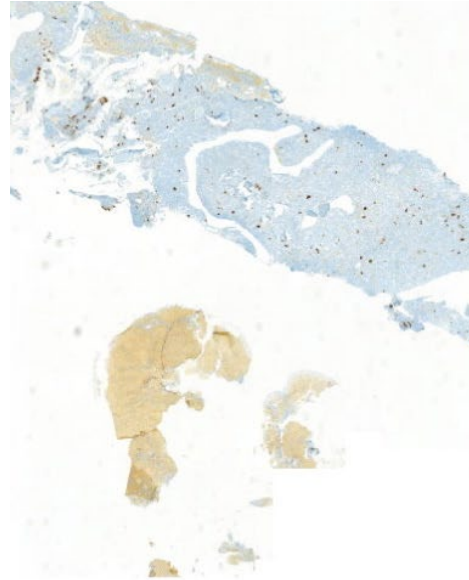


CD71





CD61

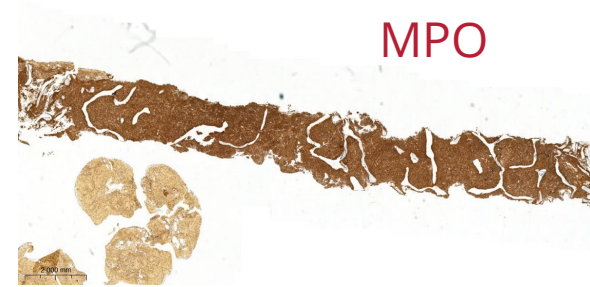


2.000 mm





What about the blasts?

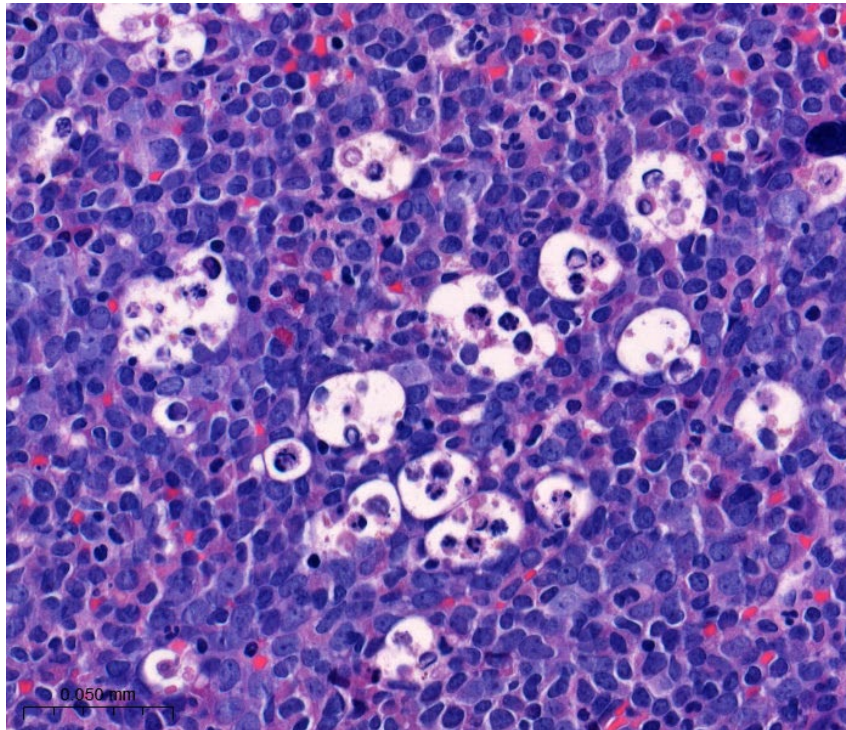




What about the blasts?

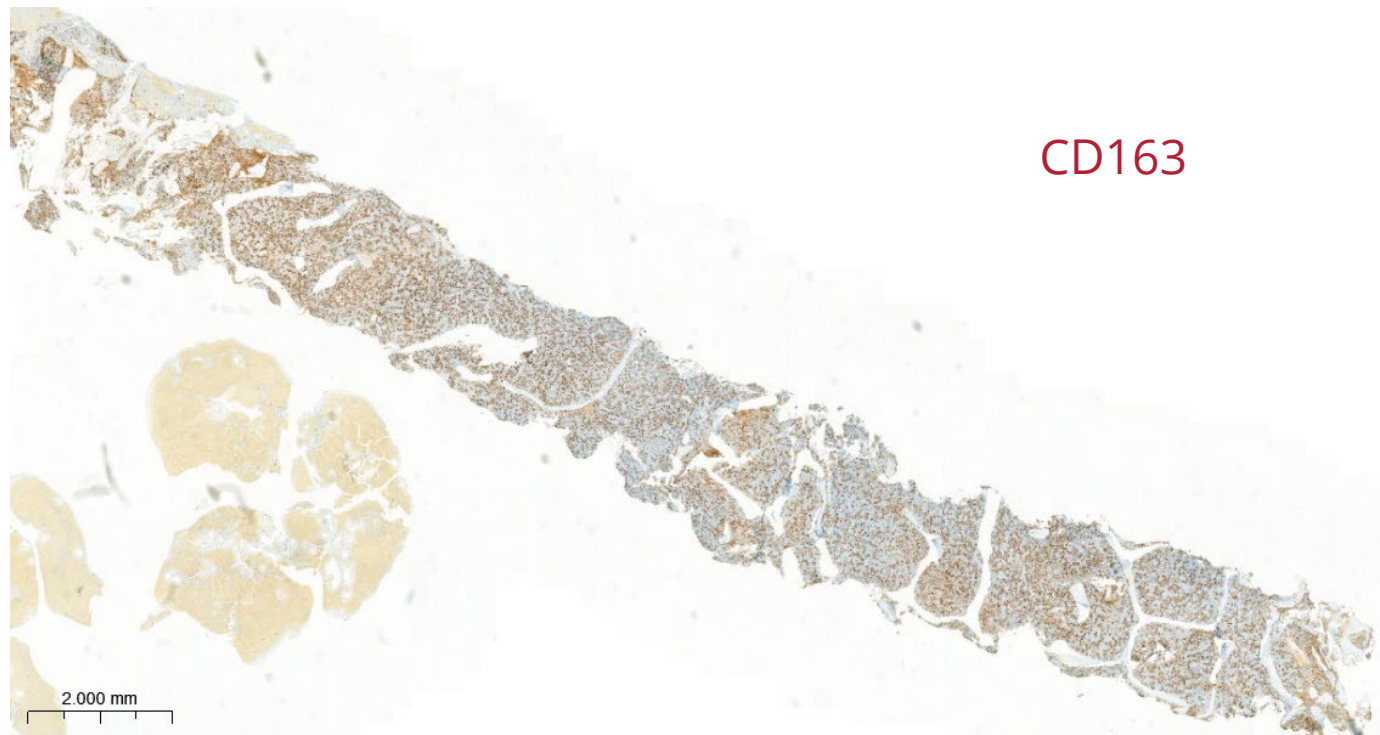


The starry sky?





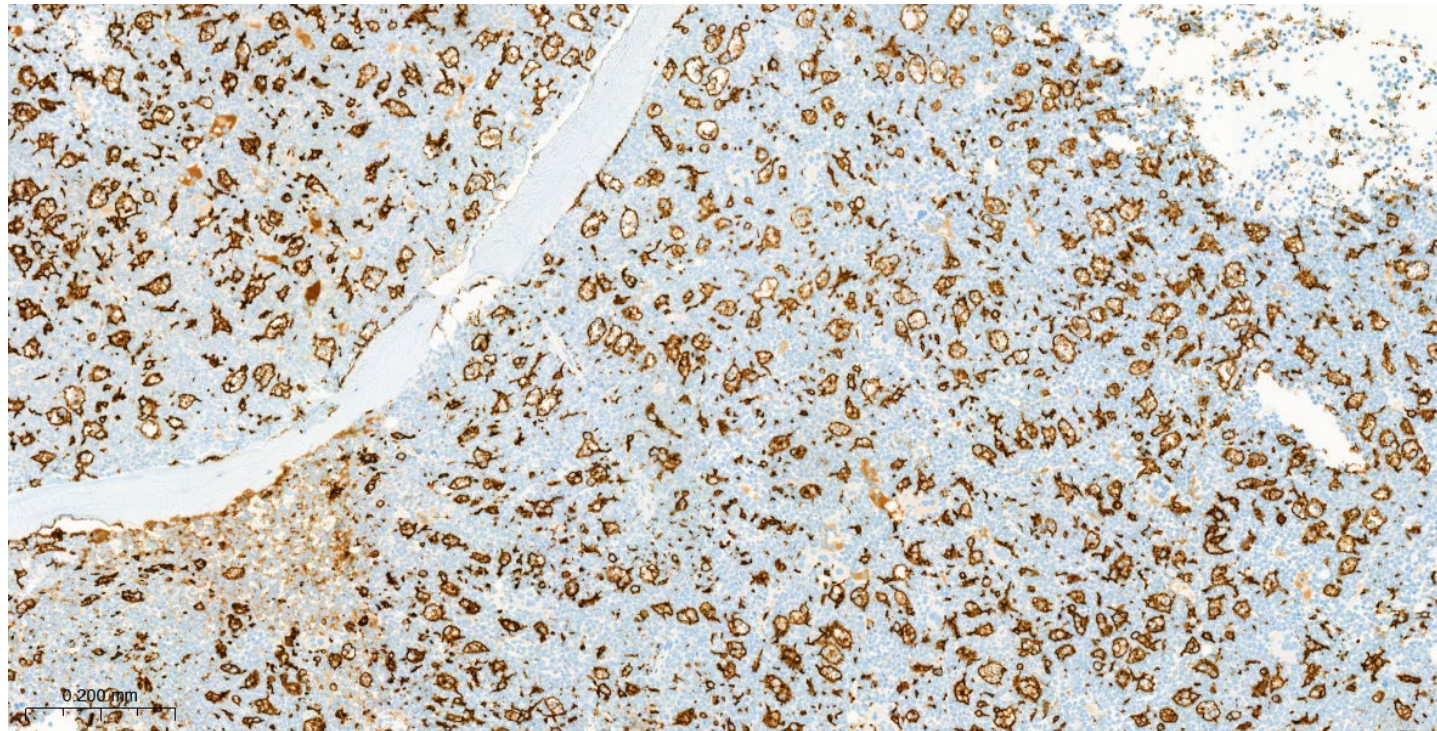
The starry sky?



CD163



The starry sky?



CD163





What's your final diagnosis?

- a) Acute lymphoblastic leukaemia
- b) Burkitt lymphoma
- c) Hemophagocytic lymphohistiocytosis
- d) Acute myeloid leukaemia, not otherwise specified
- e) AML with mutated *NPM1*
- f) AML with myelodysplasia-related cytogenetic abnormalities
- g) APML

Diagnosis

- *AML with NPM1 mutation*

Management

- Refractory to two cycles of Ven/Aza
- Trial of gliteritinib
- Severe disease with poor outcome

Literature

- NPM1 gene rearrangement in about a third of AML cases
- AML with starry sky appearance has been reported – associated with high proliferation index
- Found to have co-mutations activating RAS pathway – which may result in the presentation with a high WCC and LDH



IMAGES IN HEMATOLOGY | Full Access

Starry sky pattern predicts RAS pathway activation in *NPM1*-mutated acute myeloid leukemia

Alessandra Venanzi, Valeria Cardinali, Vincenzo Perriello, Francesco Albano, Gaetano Cimino, Giovanni Martino, Andrea Marra, Paolo Sportoletti, Vibeke Andresen, Bjorn T. Gjertsen, Simona Sica, Patrizia Chiusolo, Maria Paola Martelli, Enrico Tiacci, Brunangelo Falini ✉ ... [See fewer authors](#) ^

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- Dr G Campbell at Colchester Hospital