

# **INTERESTING CASES IN HEMATOLOGY**

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**February 16, 2012**

# 1. What is the specificity of DCIP test in screening for HbE?

	DCIP+	DCIP-	
HbE	185	15	200
Not HbE	20	80	100
	205	95	300

- A. 80%
- B. 84.2%
- C. 88.3%
- D. 90.2%
- E. 92.5%

# Diagnostic accuracy of test

	Disease+	Disease-	
Test+	TP	FP	TP+FP
Test-	FN	TN	FN+TN
	TP+FN	FP+TN	Total

- Sensitivity =  $TP / (TP + FN)$
- Specificity =  $TN / (TN + FP)$
- PPV =  $TP / (TP + FP)$
- NPV =  $TN / (TN + FN)$
- Accuracy =  $(TP + TN) / \text{total}$

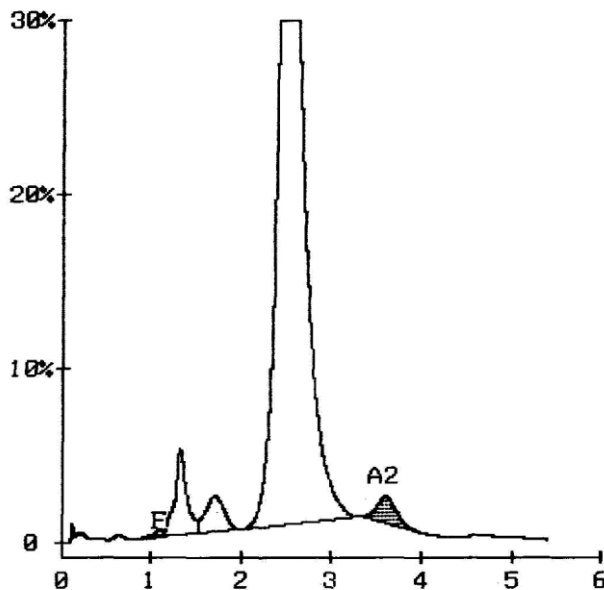
# Diagnostic accuracy of DCIP test

	DCIP+	DCIP-	
HbE	185	15	200
Not HbE	20	80	100
	205	95	300

- Sensitivity =  $185/200 = 92.5\%$
- Specificity =  $80/100 = 80\%$
- PPV =  $185/205 = 90.2\%$
- NPV =  $80/95 = 84.2\%$
- Accuracy =  $88.3\%$

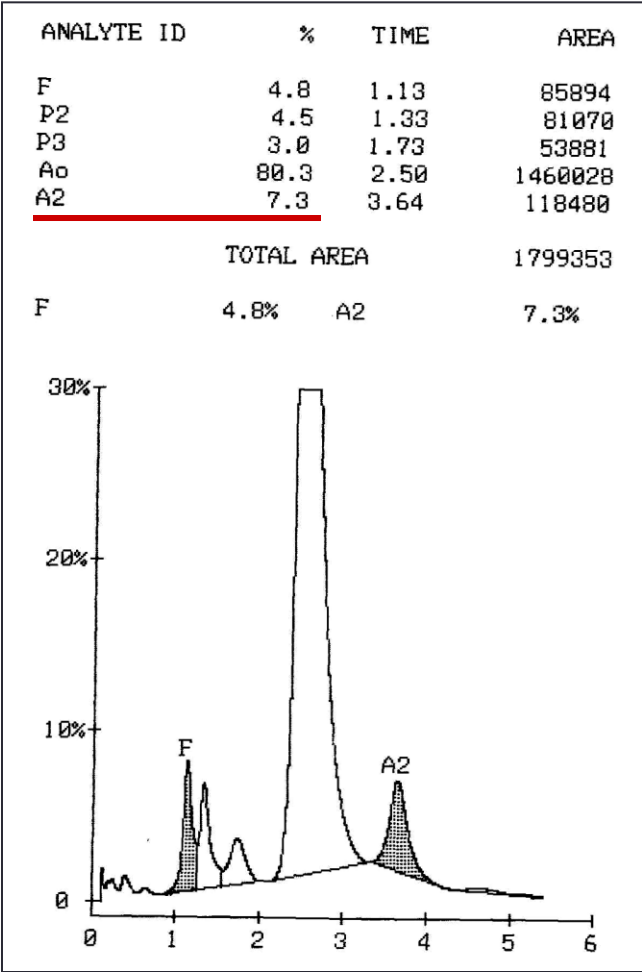
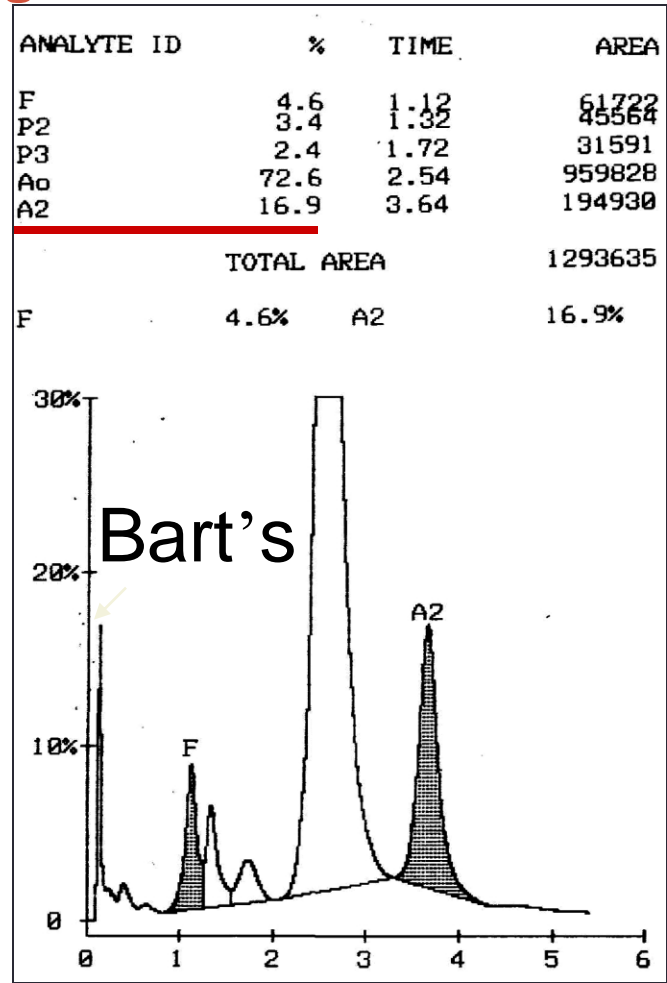
## 2. A 5 yr boy of parents with $\alpha^0$ -thalassemia carriers

ANALYTE ID	%	TIME	AREA
F	0.3	1.10	6209
P2	4.8	1.32	86891
P3	3.2	1.70	57290
Ao	88.8	2.48	1593268
A2	2.7	3.60	43974
TOTAL AREA			1787632
F	0.3%	A2	2.7%



- What is a risk of  $\alpha^0$ -thalassemia carrier of this child?
- A. 0%
- B. 25%
- C. 33%
- D. 50%
- E. 67%

3. A couple came to pre-natal diagnosis clinic. Their Hb analysis were shown. They had a fetus with Hb Bart's hydrops fetalis at previous gestation.



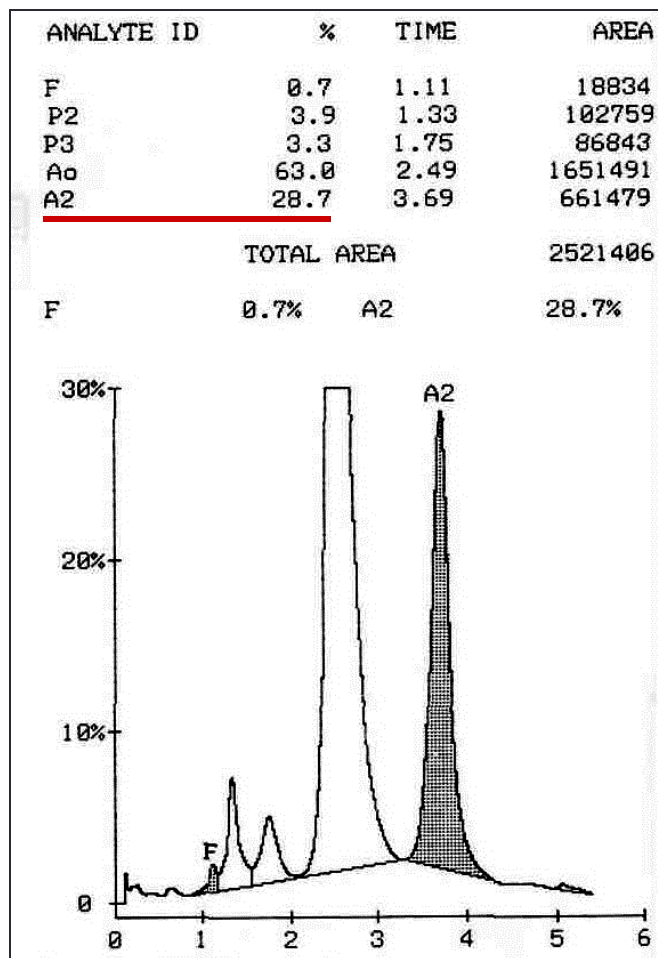
- Risk of Hydrops?
- A. 0%
  - B. 25%
  - C. 50%
  - D. 75%
  - E. 100%

Hb 8.9 g/dL MCV 66 fL  
RDW 20%

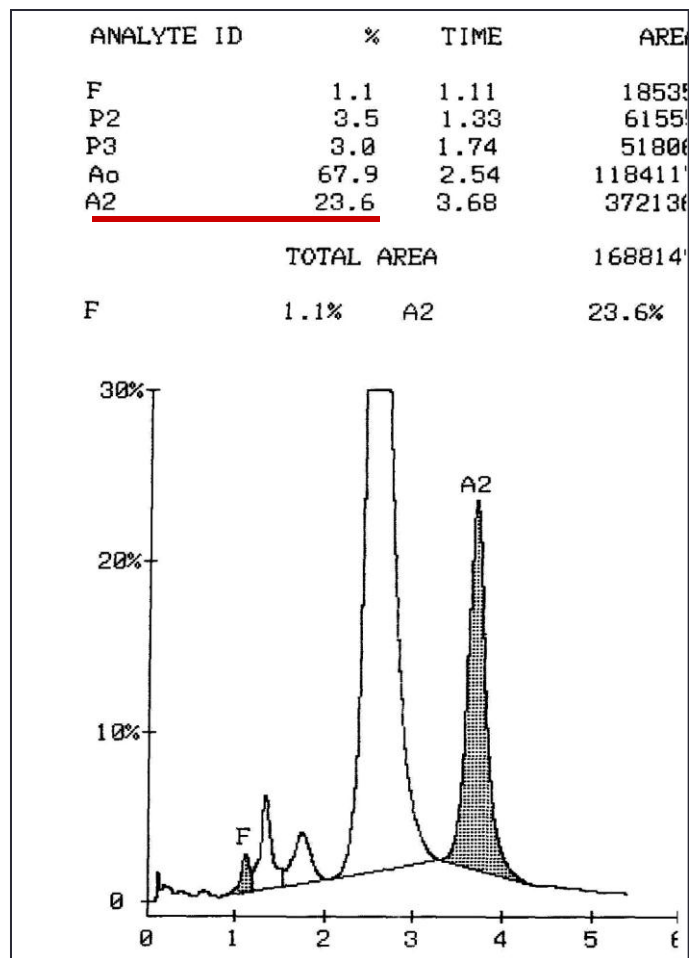
Hb 11.2 g/dL MCV 68 fL  
RDW 14.5%

Hb A<sub>2</sub> < 3.5%

# Hb E syndromes



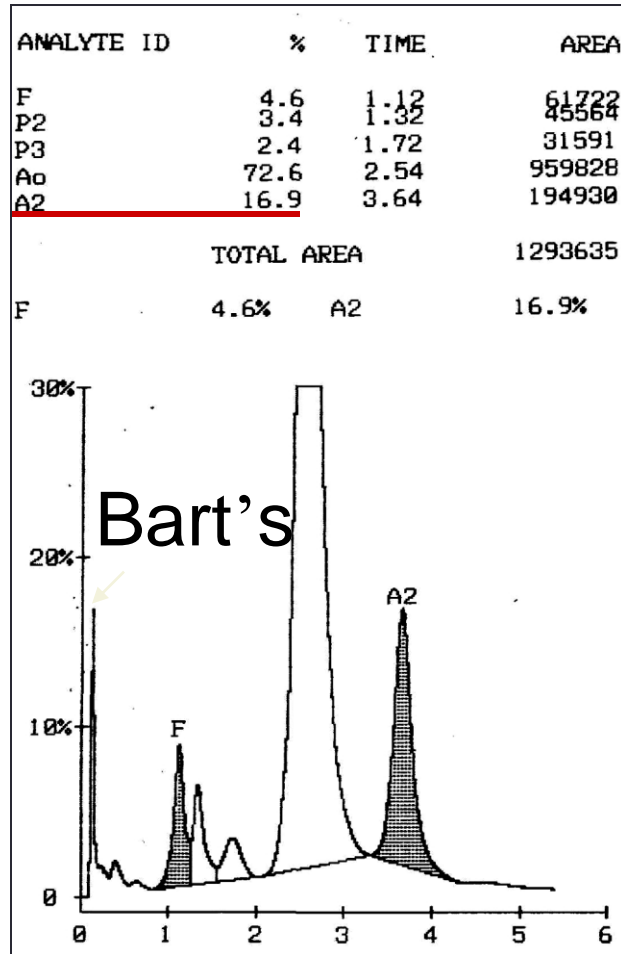
**HbE trait**



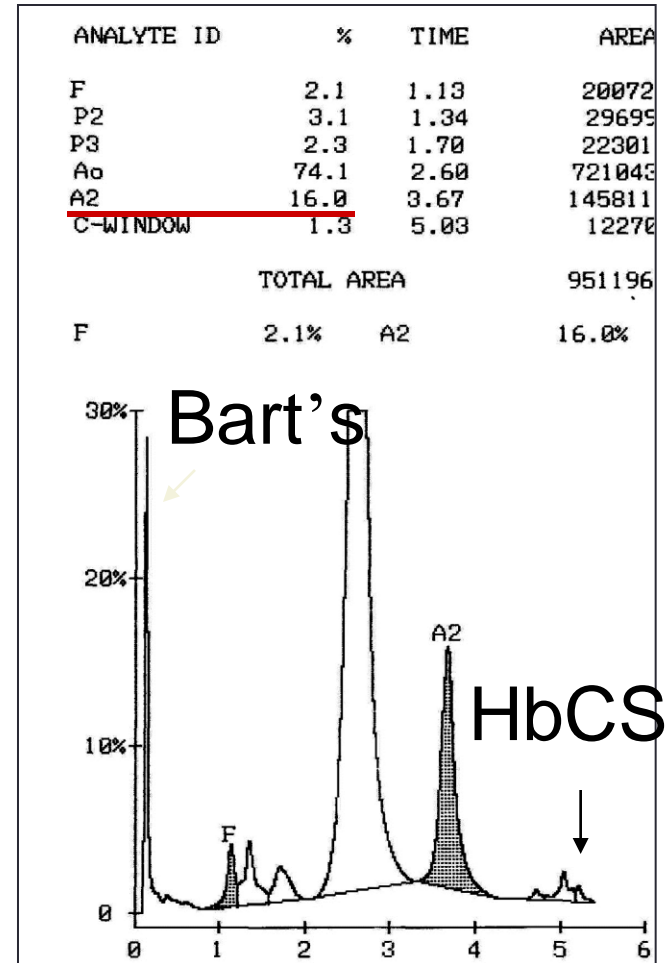
**HbE with  $\alpha$ -thal-1**

E < 25%  
Suggests  
 $\alpha$ -thal

# Hb E trait with $\alpha$ thalassemia



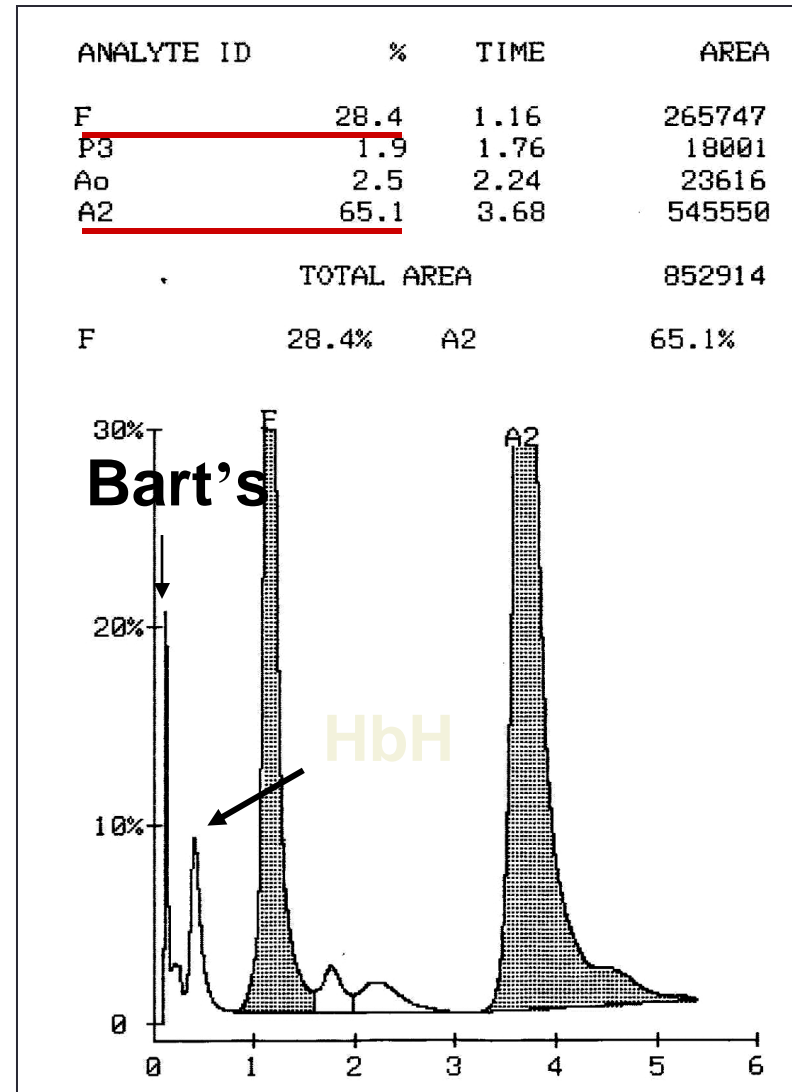
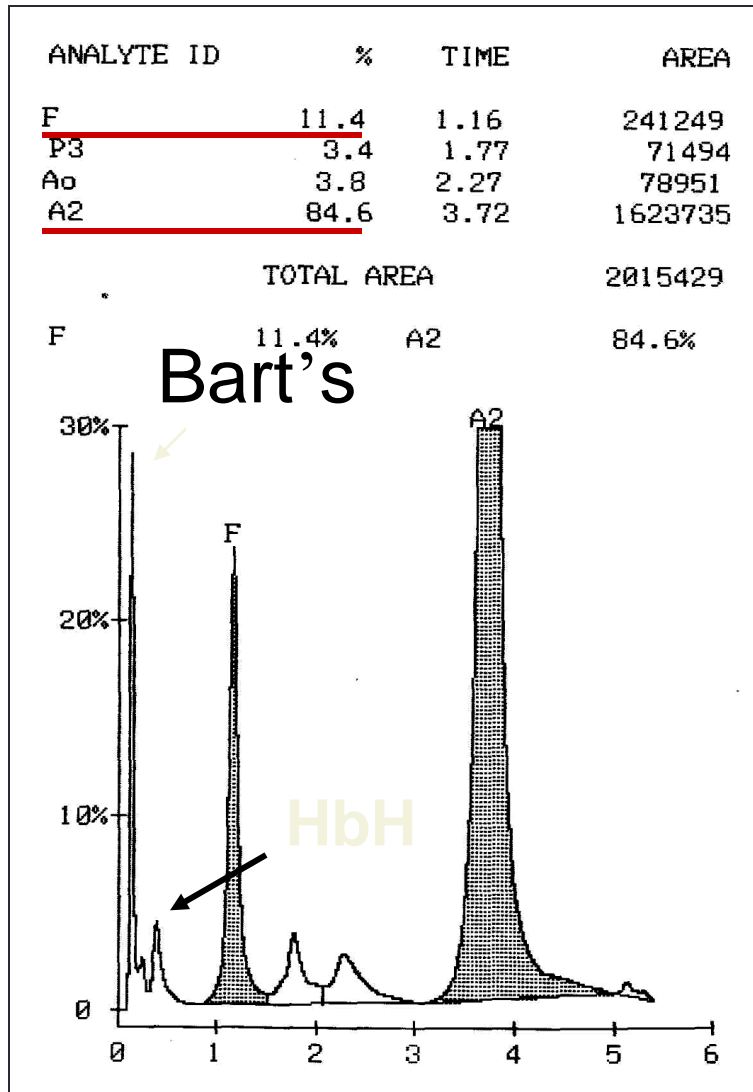
**AE Bart's disease  
(HbH+HbE trait)**



**AE Bart's with HbCS  
(HBHCS+HbE trait)**



# EFBart's diseases



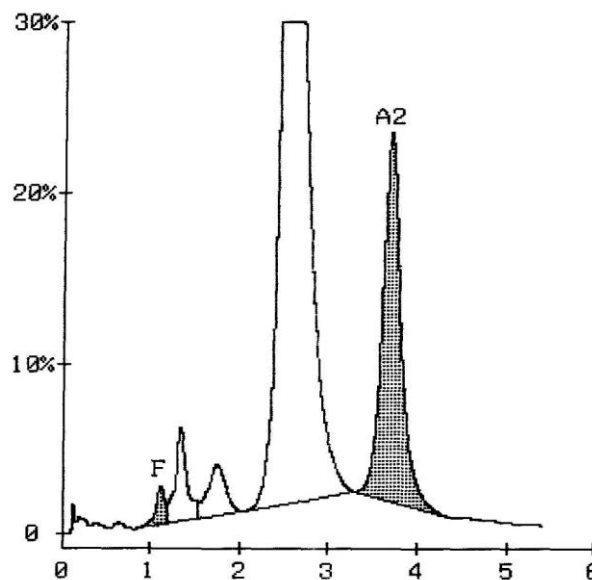
HbH + HomoE or  $\beta^0$ -thal/HbE

## 4. A couple came to pre-natal diagnosis clinic. Their Hb analysis were showed.

ANALYTE ID	%	TIME	AREA
F	1.1	1.11	18535
P2	3.5	1.33	61555
P3	3.0	1.74	51806
Ao	67.9	2.54	118411
<u>A2</u>	<u>23.6</u>	<u>3.68</u>	<u>372136</u>

TOTAL AREA 168814

F 1.1% A2 23.6%

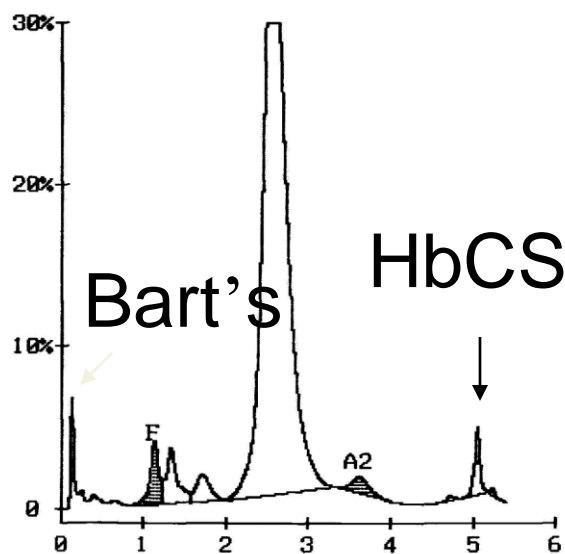


Hb 13.9 g/dL MCV 70 fL  
RDW 14.9%

ANALYTE ID	%	TIME	AREA
F	3.1	1.13	45372
P2	3.9	1.33	53239
P3	2.3	1.71	32015
Ao	86.2	2.55	1184654
A2	2.1	3.61	24735
C-WINDOW	2.3	5.04	31089

TOTAL AREA 1371104

F 3.1% A2 2.1%



Hb 10.4 g/dL MCV 77 fL  
RDW 14%

Risk of  
Hydrops?

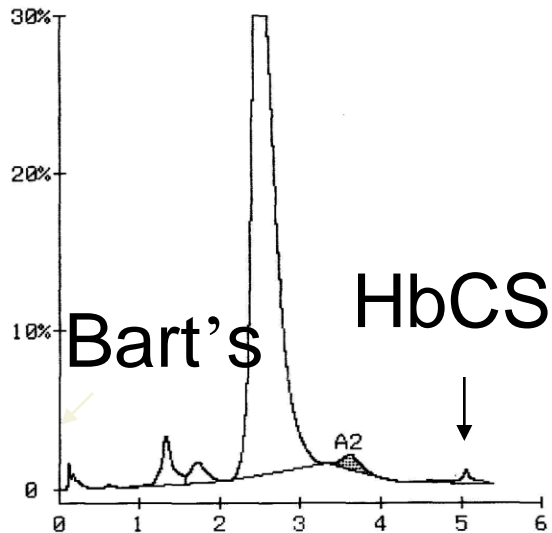
- A. 0%
- B. 25%
- C. 50%
- D. 75%
- E. 100%

# Hb CS syndromes

ANALYTE ID	%	TIME	AREA
P2	3.9	1.32	69273
P3	2.2	1.71	39968
Ao	90.5	2.48	1626171
A2	2.2	3.60	35116
C-WINDOW	1.1	5.05	20539

TOTAL AREA 1791067

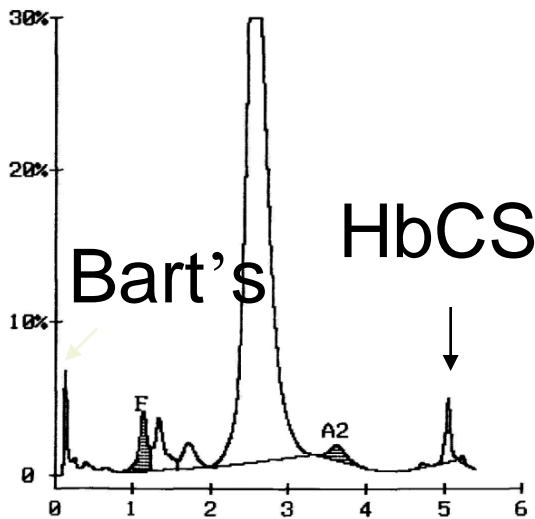
F 0.0% A2 2.2%



ANALYTE ID	%	TIME	AREA
F	3.1	1.13	45372
P2	3.9	1.33	53239
P3	2.3	1.71	32015
Ao	86.2	2.55	1184654
A2	2.1	3.61	24735
C-WINDOW	2.3	5.04	31009

TOTAL AREA 1371104

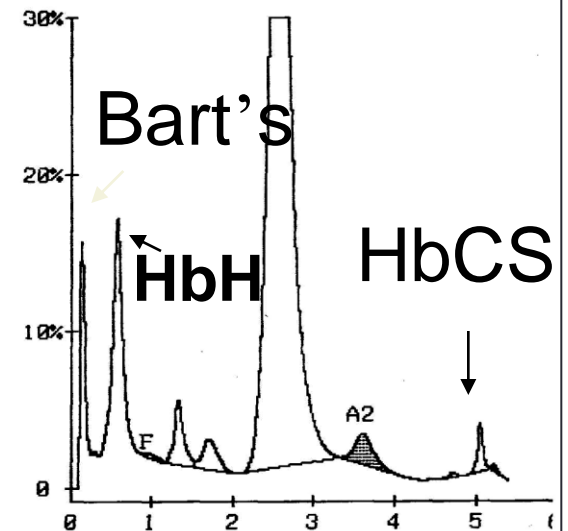
F 3.1% A2 2.1%



ANALYTE ID	%	TIME	AREA
F	0.3	0.94	2780
P2	3.3	1.32	30244
P3	2.5	1.70	22474
Ao	89.1	2.55	811499
A2	3.5	3.59	27378
C-WINDOW	1.4	5.04	12449

TOTAL AREA 906824

F 0.3% A2 3.5%

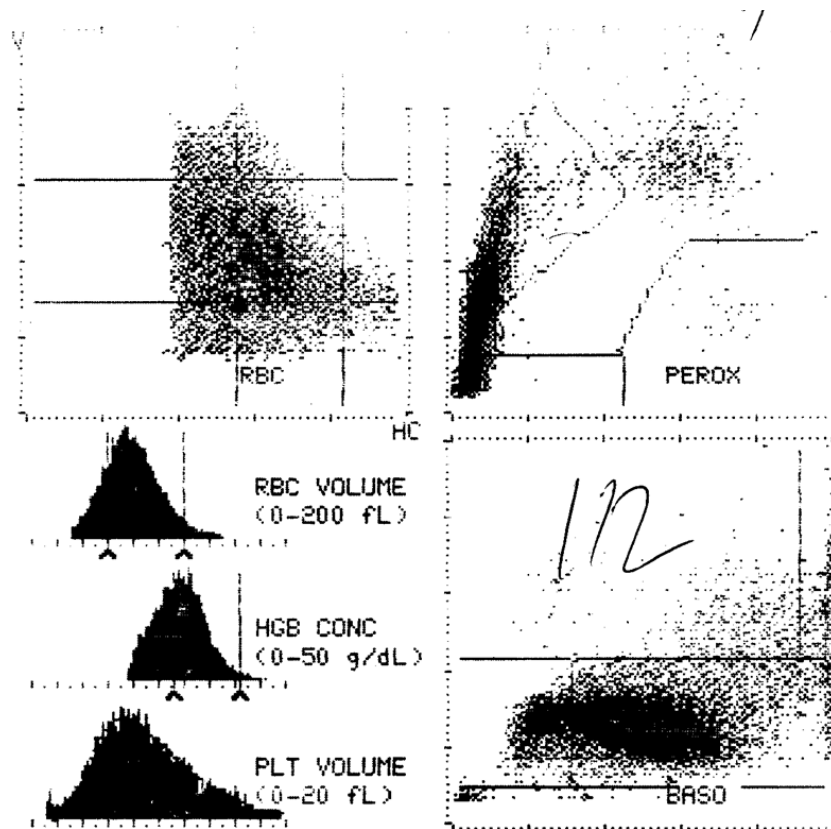


HbCS trait

Homozygous HbCS

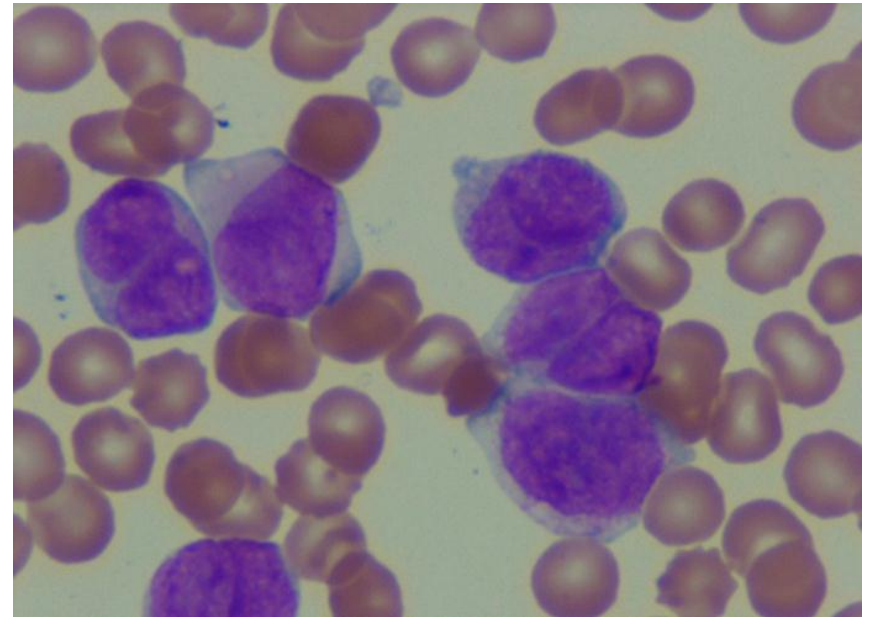
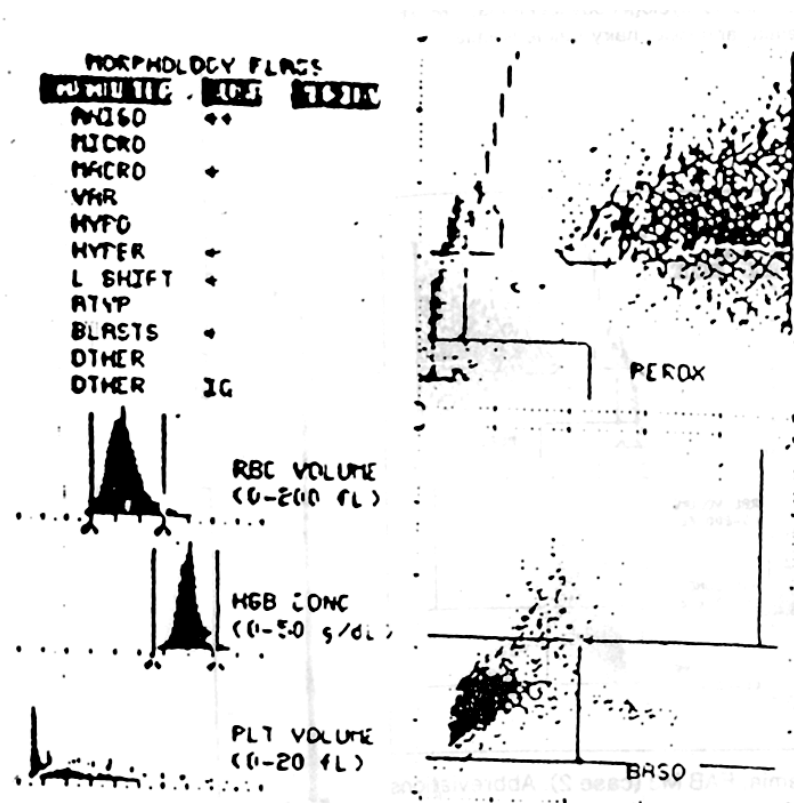
HbHCS

## 5. What is your diagnosis?



- A. AIHA
- B. Hereditary spherocytosis
- C. Thalassemia post-splenectomy
- D. Acute myeloid leukemia
- E. Chronic lymphocytic leukemia

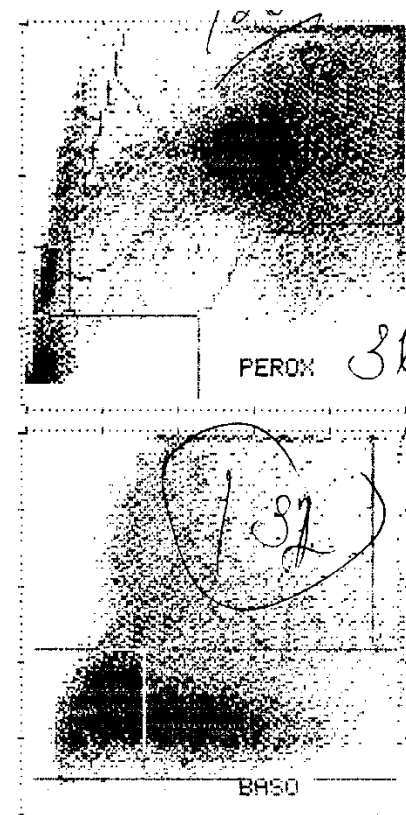
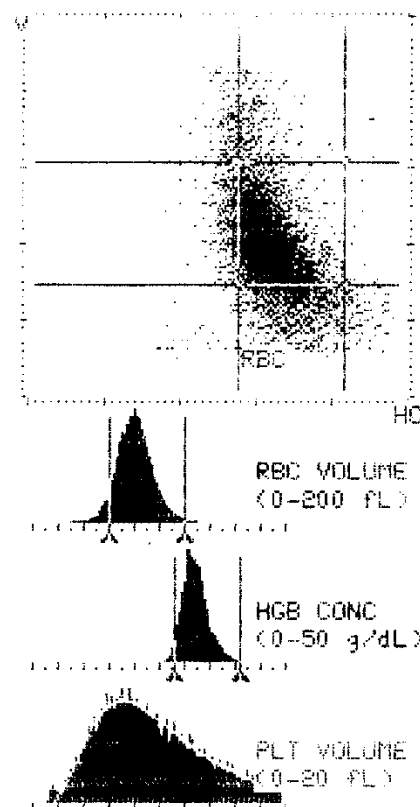
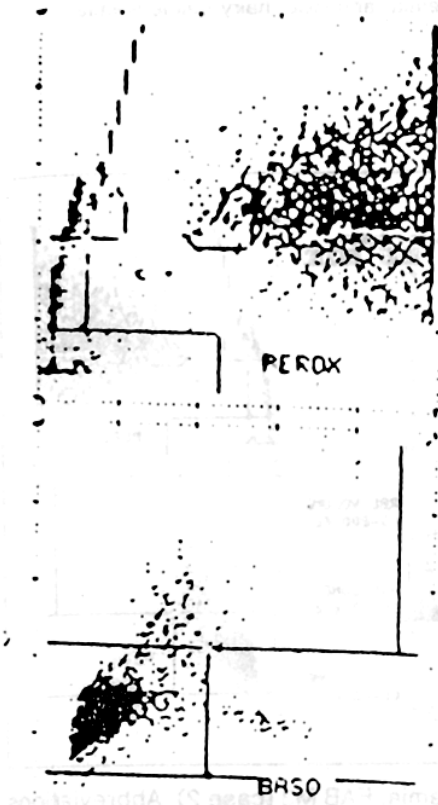
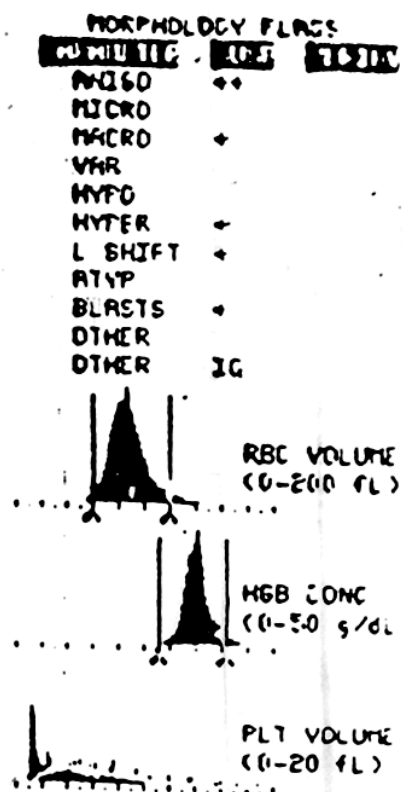
## 6. What is your diagnosis?



- A. Acute promyelocytic leukemia
- C. Chronic myelomonocytic leukemia
- E. Mantle cell lymphoma

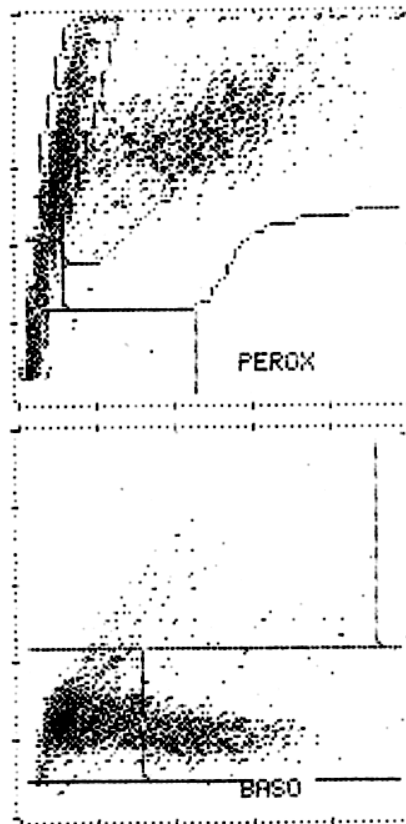
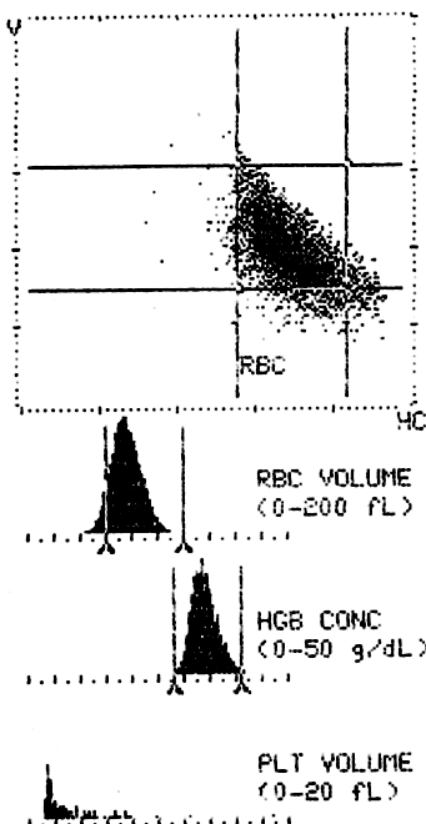
- B. Acute myelomonocytic leukemia
- D. Acute lymphoblastic leukemia

# APL vs CML





# AML M2 vs AML M4



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SYS# 001  
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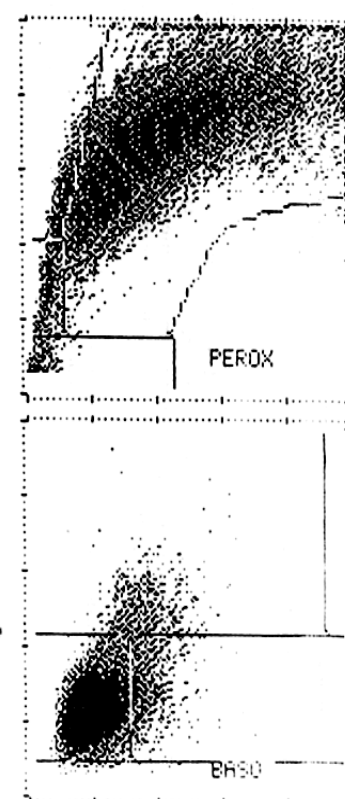
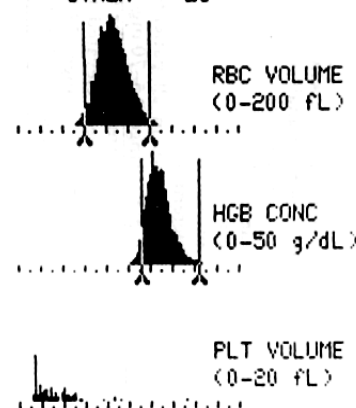
CBC	
H 74.25	$\times 10^3/\mu\text{L}$ WBC
3.52	$\times 10^5/\mu\text{L}$ RBC
10.1	g/dL HGB
30.9	% HCT
87.7	fL MCV
28.7	pg MCH
32.7	g/dL MCHC
17.1	% RDW
3.05	g/dL HDW
L 8*	$\times 10^3/\mu\text{L}$ PLT
4.1*	fL MPV

RBC FLAGS 1003

%	DIFF	$\times 10^3/\mu\text{L}$
70.0	NEUT H	51.96
L 2.6	LYMP	1.95
H 19.7	MONO H	14.62
.2	EOS	.14
1.9	BASO H	1.41
H 5.6	LUC H	4.17
LI	L	1.33*
MPXI	L	-14.2
WBC FLAGS		4201

MORPHOLOGY FLAGS

PARAMETER	SUSP	VERIFY
ANISO	+	
MICRO		
MACRO		
VAR		
HYP0	+	
HYPER		
L SHIFT	+	
ATYP		
BLASTS	+	
OTHER		
OTHER	IG	



## 7. A 30 y/o Thai male with HbHCS.

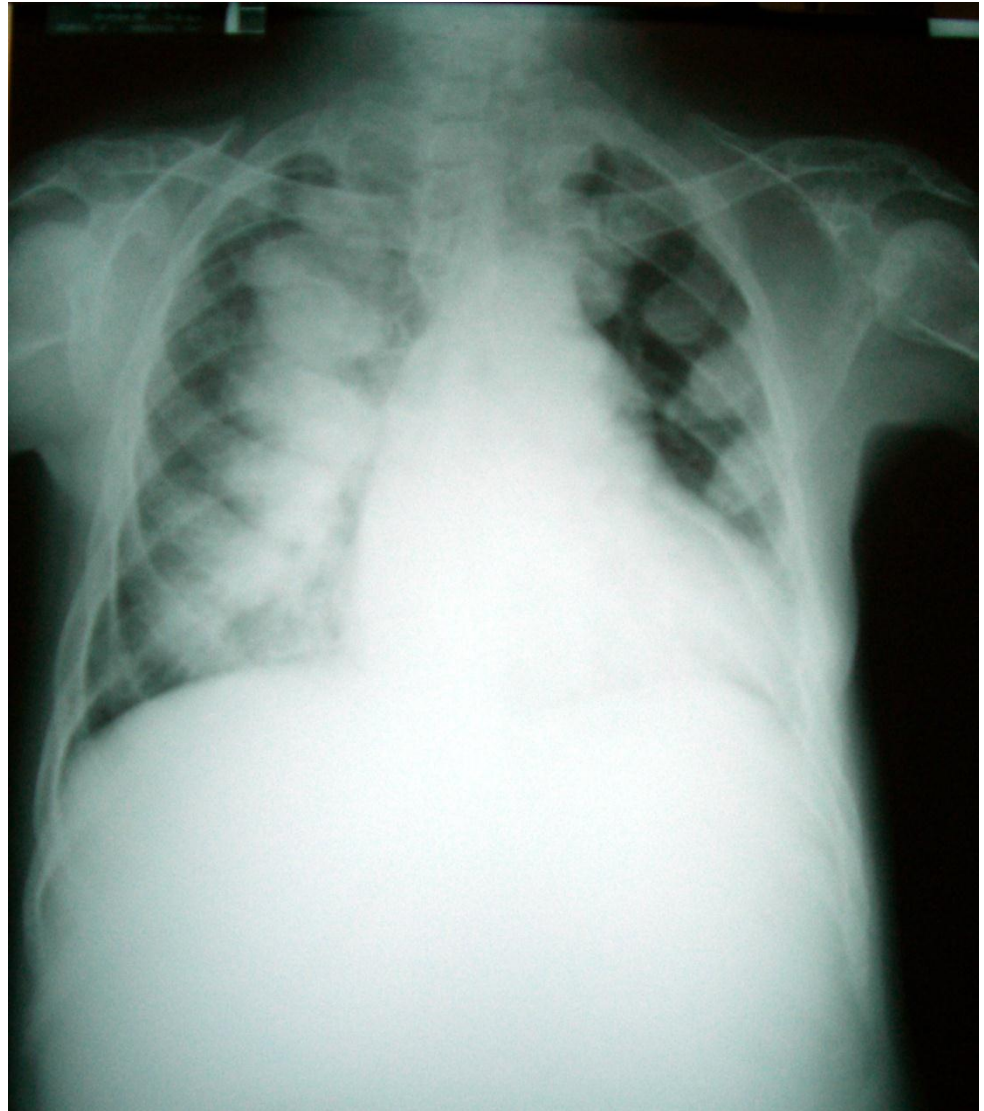


- A. Postthrombotic syndrome
- B. Chronic leg ulcer
- C. Pythiosis
- D. Cutaneous lymphoma
- E. *Mycobacterium* infection



**8. A 25-yr-old man, a known case of thalassemia major post splenectomy receiving irregular transfusion, complains dyspnea and back pain for 2 months.**

- A. Extramedullary hematopoiesis**
- B. TRALI**
- C. Germ cell tumor**
- D. Mesothelioma**
- E. Pulmonary aspergillosis**



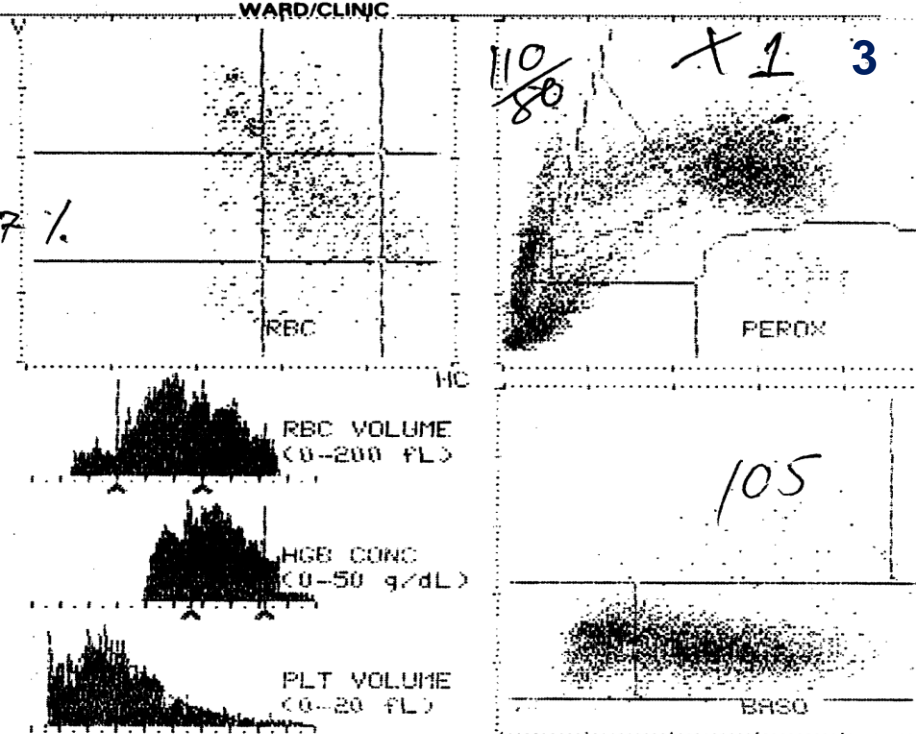
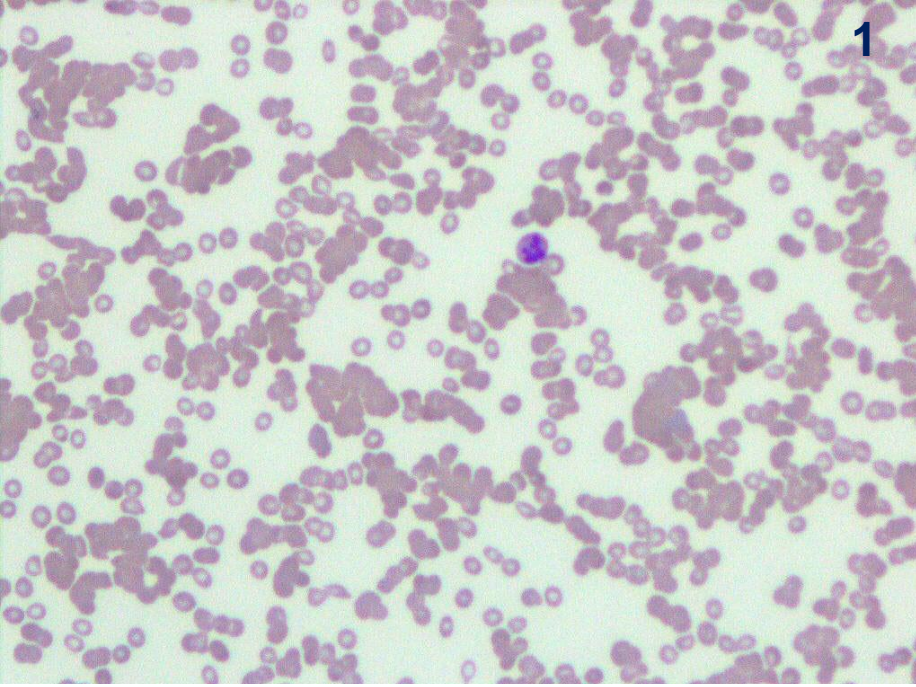
## 9. A 50-yr-old woman with fever and rashes for 5 days

• CBC: RBC  $0.51 \times 10^9/\text{L}$  Hb 5 g/dL Hct 4.9 % MCV 126 fL MCH 102 pg MCHC 106 g/dL RDW 25 %



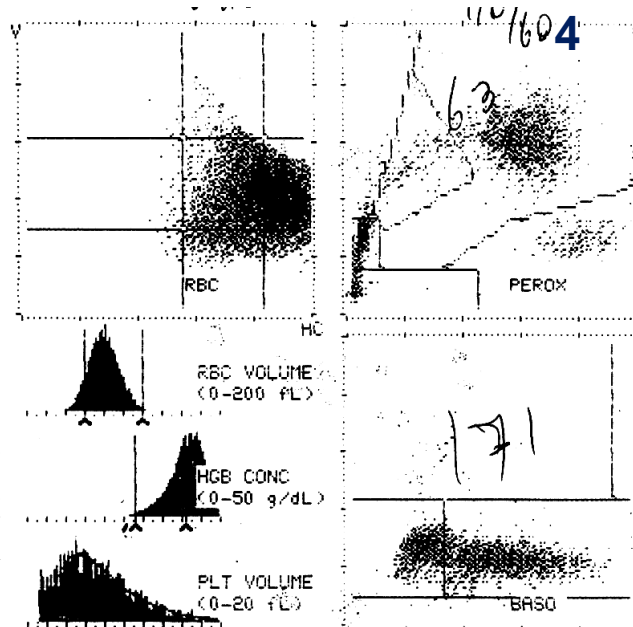
- What is the most useful investigation?
  - A. OF test
  - B. Serum B12 and folate level
  - C. Bone marrow study
  - D. Coombs' test
  - E. Flow cytometry for PNH





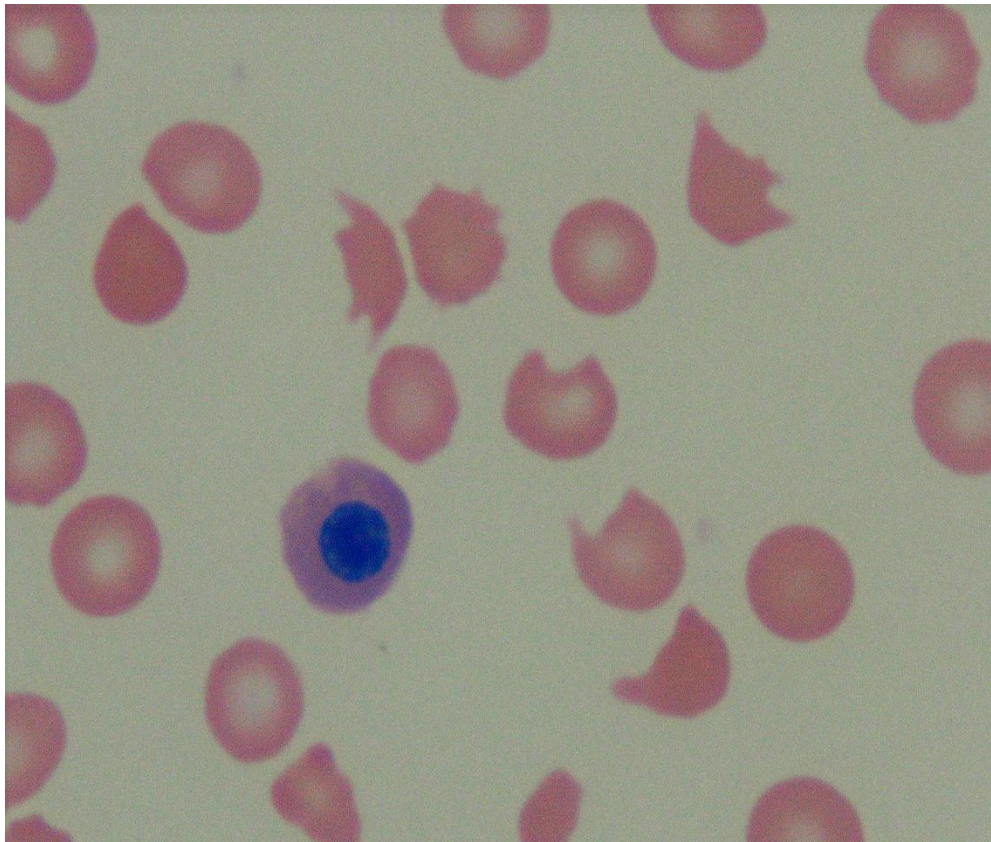
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CBC		
WBC	7.94*	$\times 10^3/\mu\text{L}$
RBC	3.10*	$\times 10^6/\mu\text{L}$
HGB	9.7*	g/dL
HCT	25.2*	%
MCV	81.1*	fL
MCH	31.2*	pg
MCHC	38.5*	g/dL
RDW	19.8	%
HDW	4.93	g/dL
PLT	216	$\times 10^3/\mu\text{L}$
MPV	7.2	fL
PDW	54.2	%
PCT	.16	%
RBC FLAGS	2632	
DIFF		
NEUT	57.7*	4.58*
LYMP	28.2*	2.24*
MONO	4.2*	.33*
EOS	6.3*	.50*
BASO	.9*	.07*
LUC	2.7*	.21*
LI		2.04
MPXI		1.1
WBC FLAGS		0000



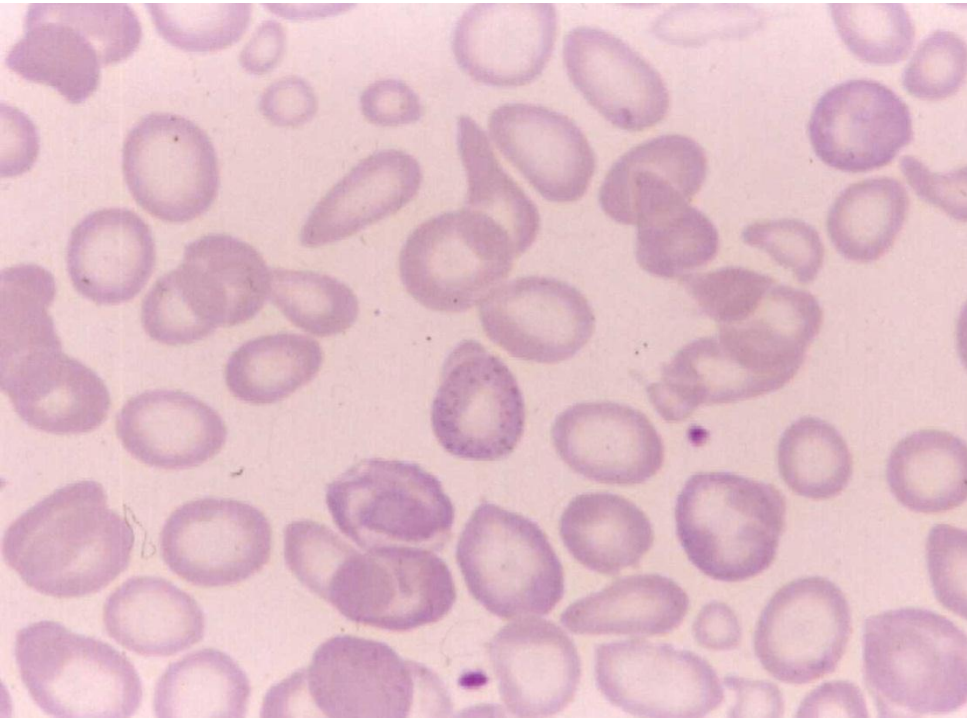
1,2, 3 Cold agglutinin and 4 HS

**10. A 26-yr-old woman with fever, seizure, and petechia. What is the most appropriate management?**



- A. Platelet transfusion**
- B. Emergency Splenectomy**
- C. IVIG**
- D. FFP infusion**
- E. Plasma pheresis**

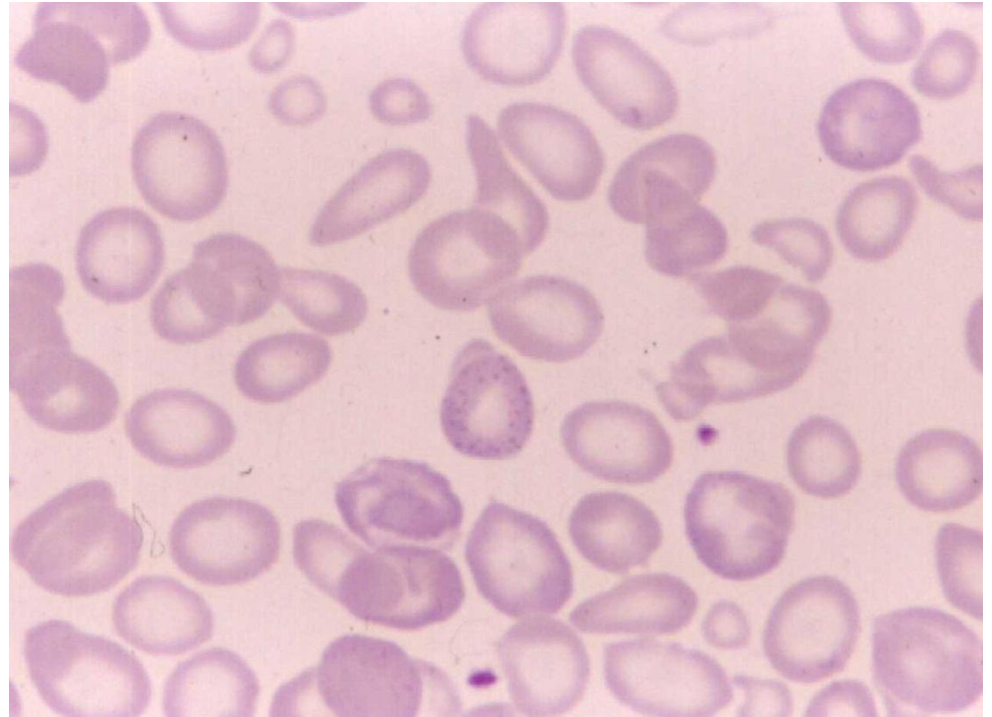
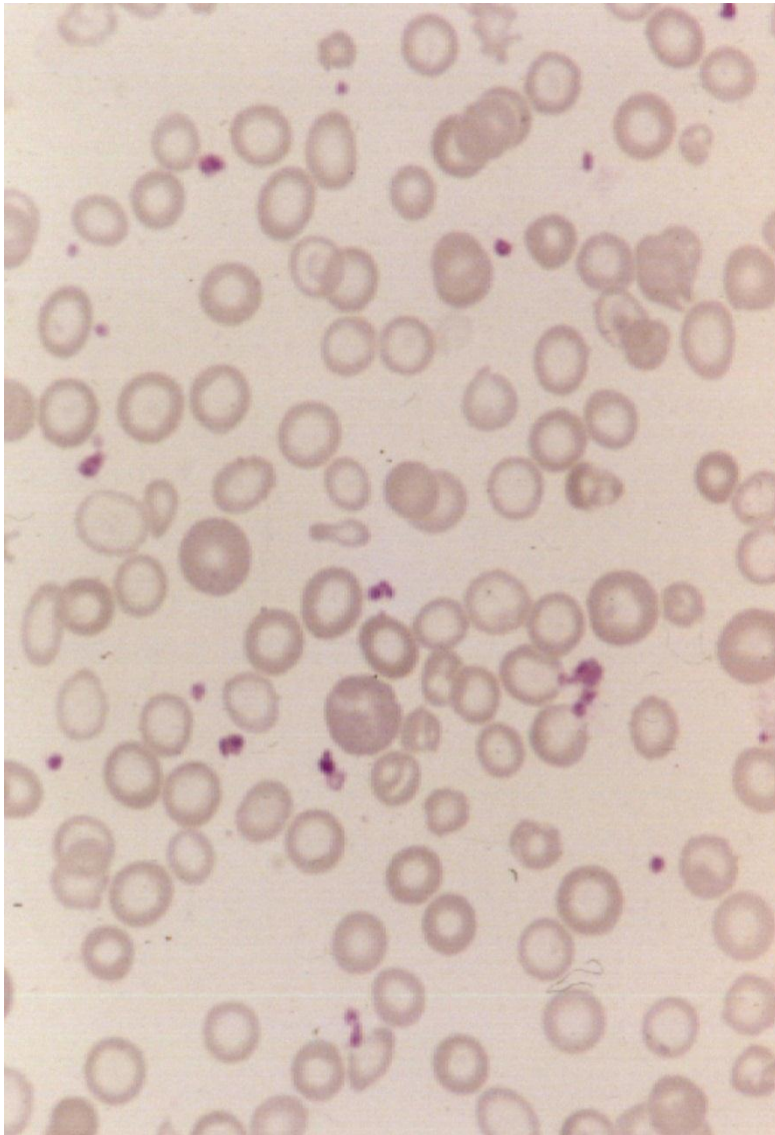
# 11. 20-yr-old woman with anemia



- A. Hemoglobin electrophoresis
- B. Stool exam
- C. Kidney function test
- D. Bone marrow iron stain
- E. Bone marrow biopsy

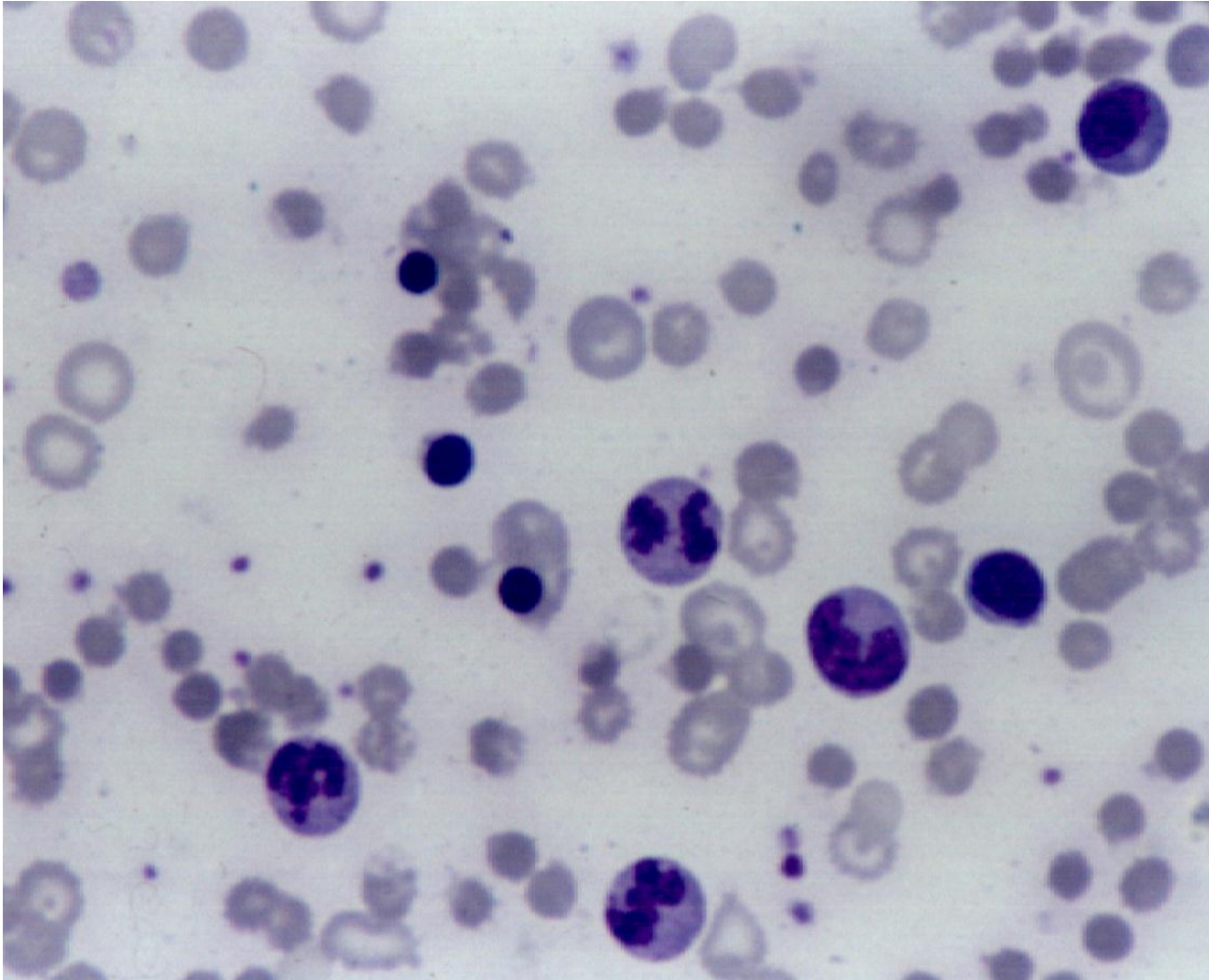


# Iron deficiency vs. thalassemia



Marked poikilocytosis  
Polychromasia  
Basophilic stippling

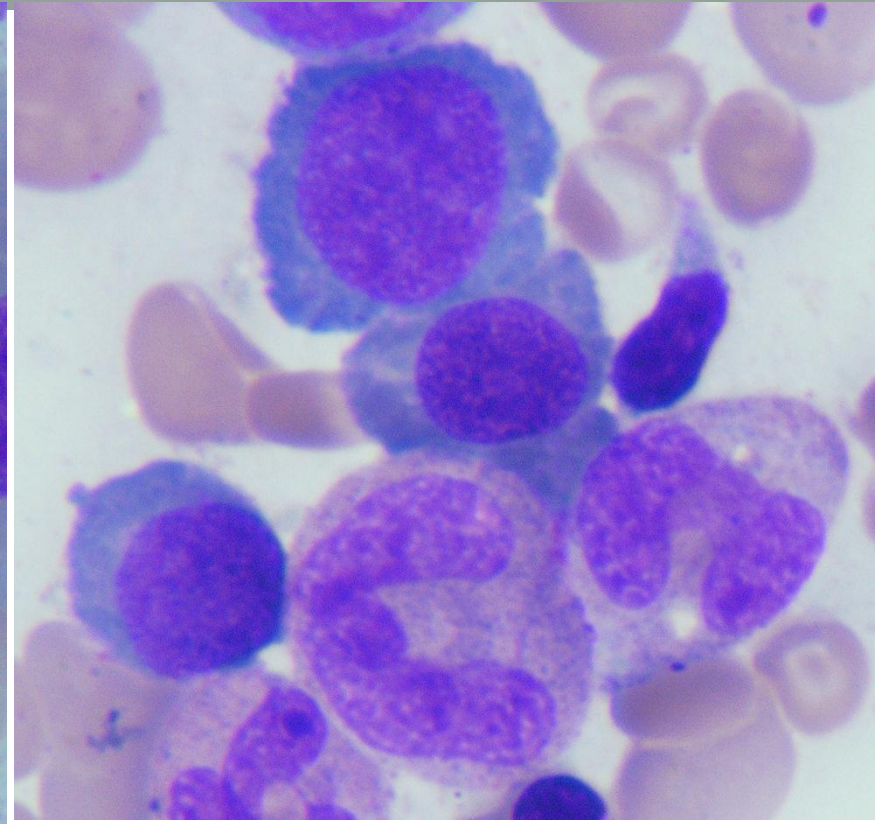
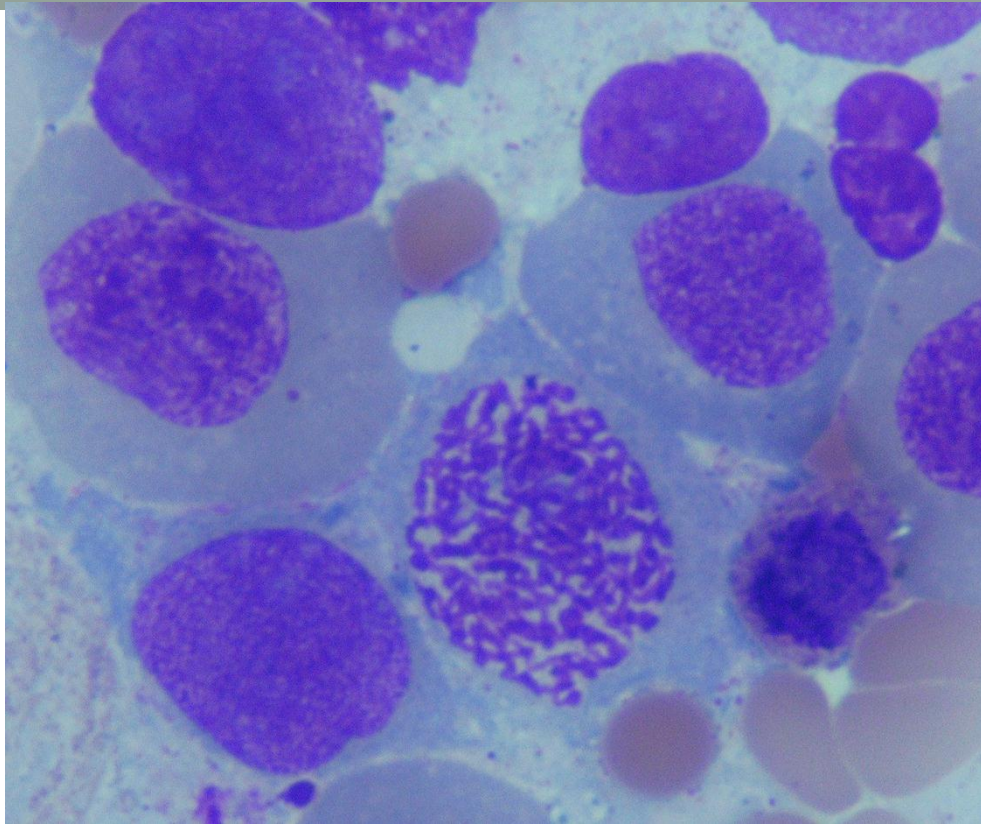
**12. ผู้ป่วยชายอายุ 16 ปี มีไข้ 5 วัน 3 วันมีอาการเหนื่อย 1 วัน  
ปัสสาวะลดลง**



- A. TTP/HUS
- B. G-6-PD deficiency
- C. AIHA
- D. DHF
- E. HS

	HbH	G-6PD	HS	PNH	AIHA
<b>Sex</b>	both	M>F	both	both	both
<b>Baseline</b>	asymptomatic/ mild	asymptomatic	asymptomatic /mild	Various degree (rarely aysmptomatic)	asymptomatic
<b>Splenomegaly *</b>	++	-	++	-	+/-
<b>Dark urine</b>	+/-	++ (black urine)	+/-	++ (black urine)	+/-
<b>MCV*</b>	low	normal	normal	normal (low or high)	normal
<b>PBS*</b>	poikilocytosis, target cell, basophilic stippling	Hb leak cells, bite cells	spherocytes	no specific morphology	spherocytes varying in sizes
<b>Family history</b>	+	+	+	-	-
<b>Gall stone</b>	+	-	+	+	-
<b>Stress</b>	+	+	+	+/-	-/+ (2-3 wks before on set of hemolysis)

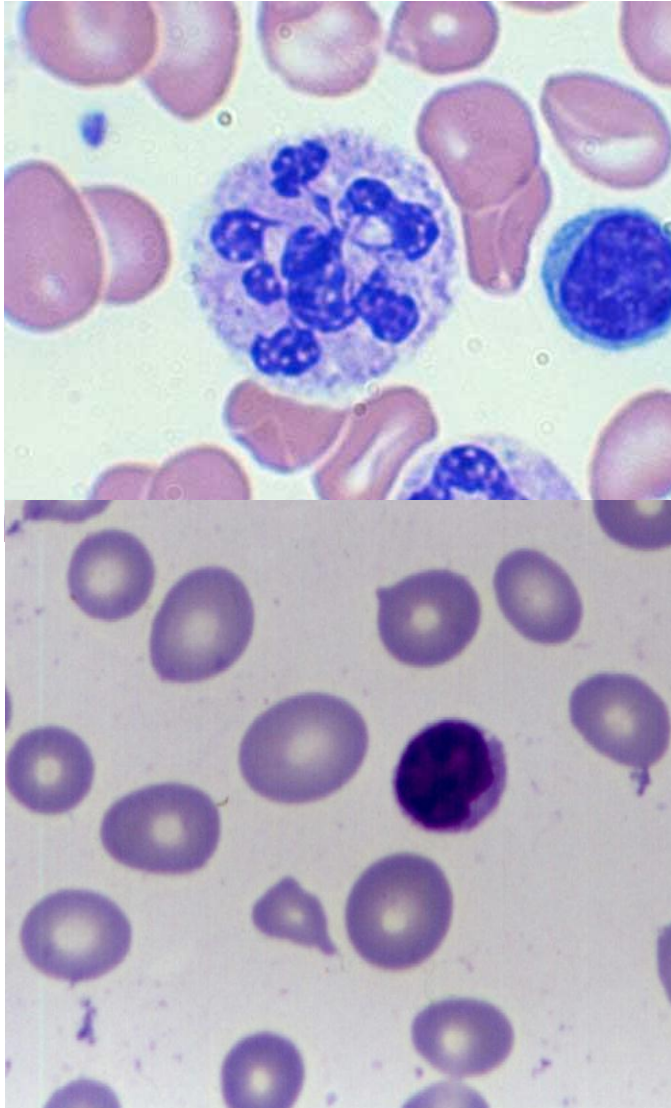




13) ผู้หญิงอายุ 70 ปี มาด้วยซีดอ่อนเพลียมา 3 เดือน  
จงให้การวินิจฉัยจากไขกระดูก

- A. Large cell lymphoma
- B. Megaloblastic anemia
- C. Myelodysplastic syndrome
- D. Erythroleukemia
- E. Acute myeloid leukemia with myelodysplasia-related changes

# Causes of Megaloblastic Anemia

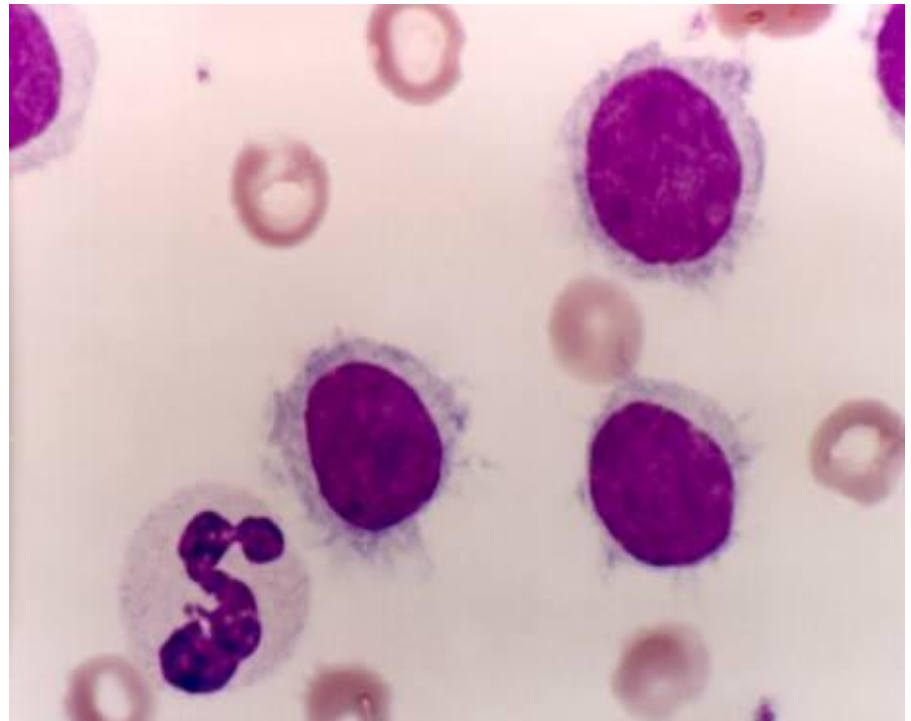


- Vitamin B12 deficiency
- Folate deficiency
- Drug-induced
  - Antimetabolites
  - Antiretroviral
  - Anti-cancer
  - Anesthesia (nitrous oxide)

14) ผู้ป่วยชาย 50 ปีมาด้วยแน่นอึดอัดท้อง PE: huge splenomegaly  
CBC: Hb 8 g/dl, MCV 95 fl, WBC 3,400/mm<sup>3</sup>, N 30, L 65%, platelet 80,000/mm<sup>3</sup>

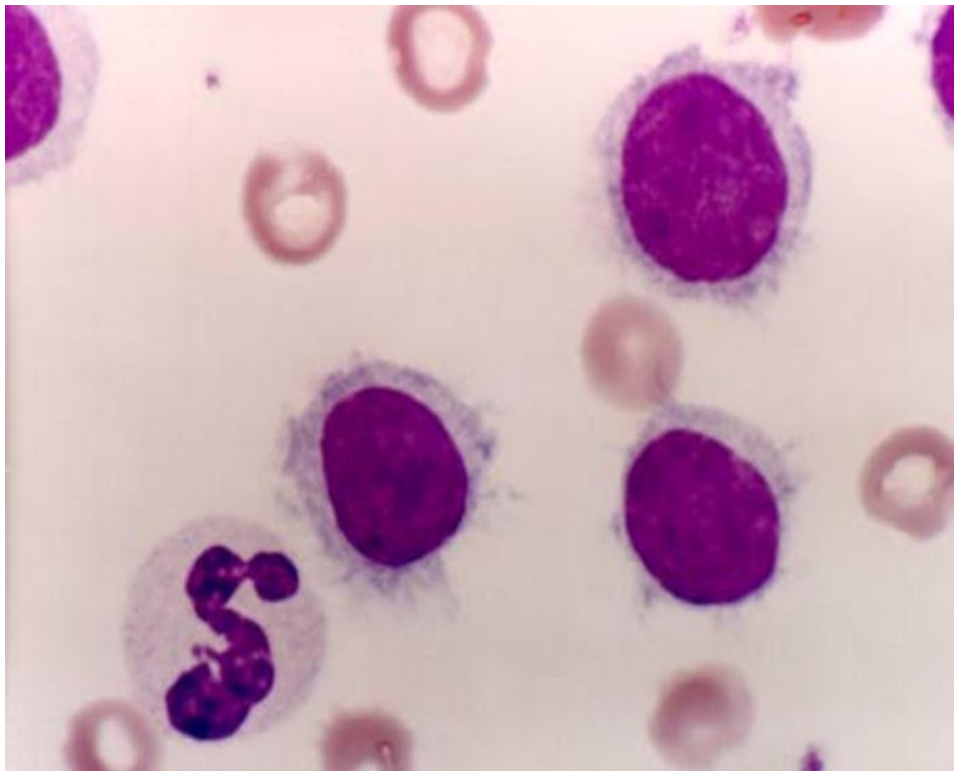
ข้อใดไม่ใช่ immunophenotype ของเซลล์ผิดปกตินี้

- A. CD5+
- B. CD20+
- C. CD11C+
- D. CD25+
- E. CD103+

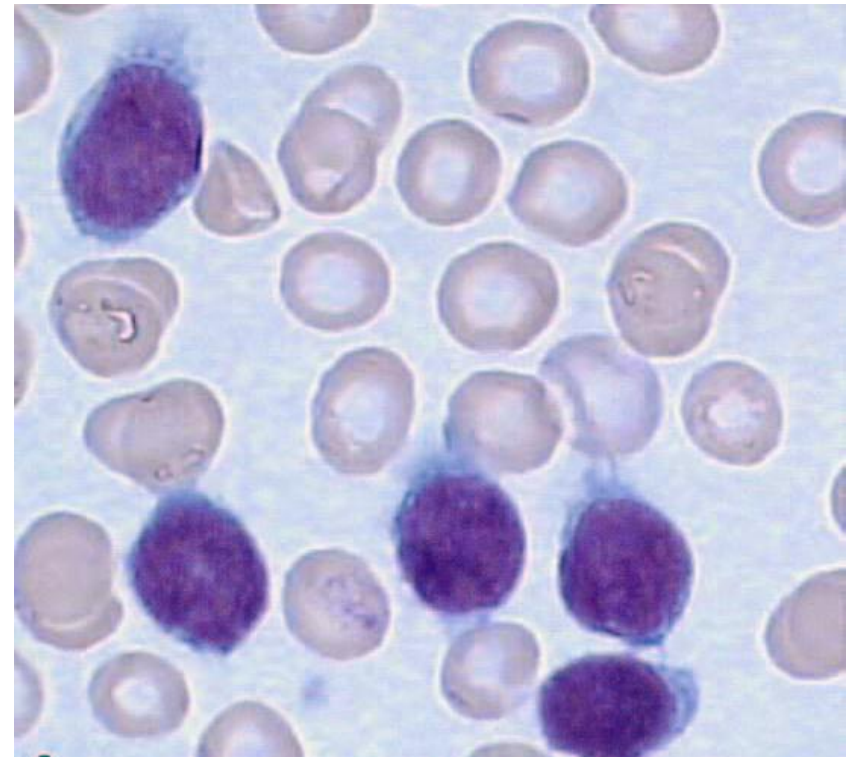




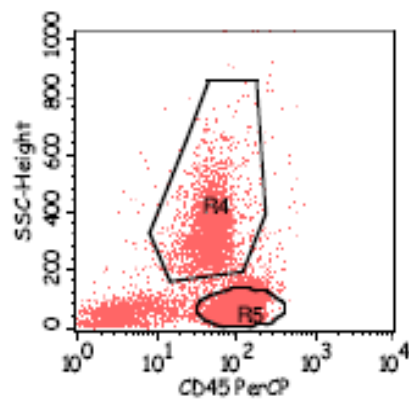
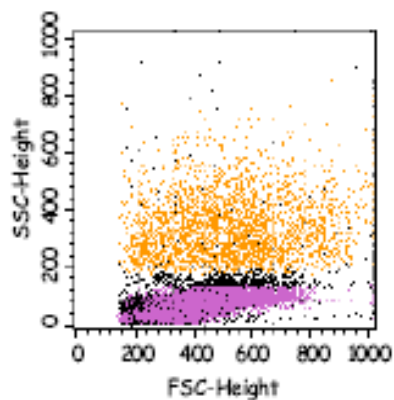
# Lymphocyte with cytoplasmic projection



**Hairy cell leukemia**



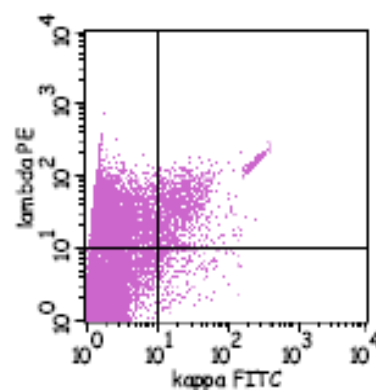
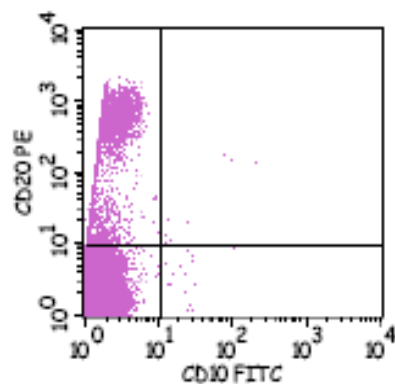
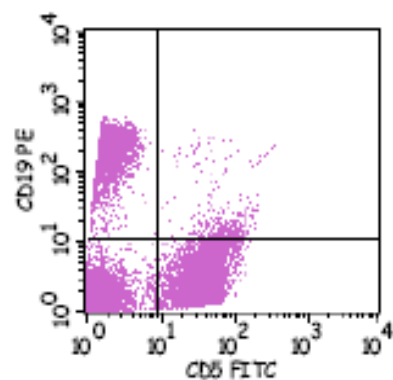
**Splenic marginal zone lymphoma  
with villous lymphocytes**



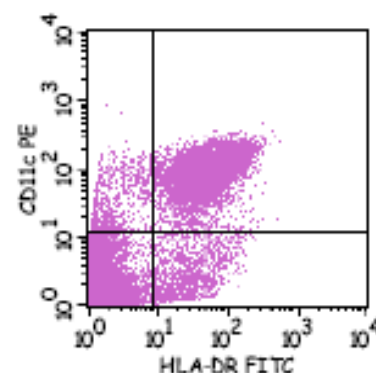
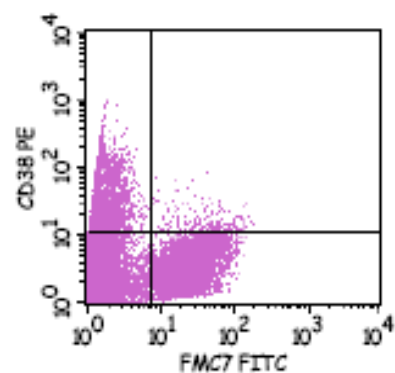
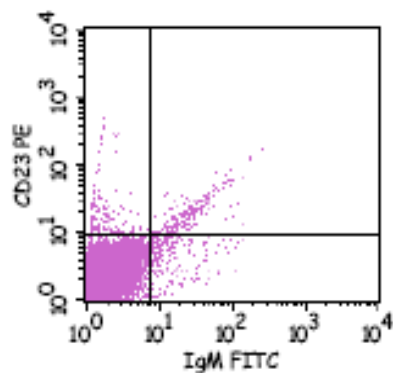
Region	Events	% Gated	% Total
R4	9636	19.27	19.27
R5	32288	64.58	64.58



FLOW CYTOMETRY LAB  
DIVISION OF HEMATOLOGY  
CHULALONGKORN  
UNIVERSITY

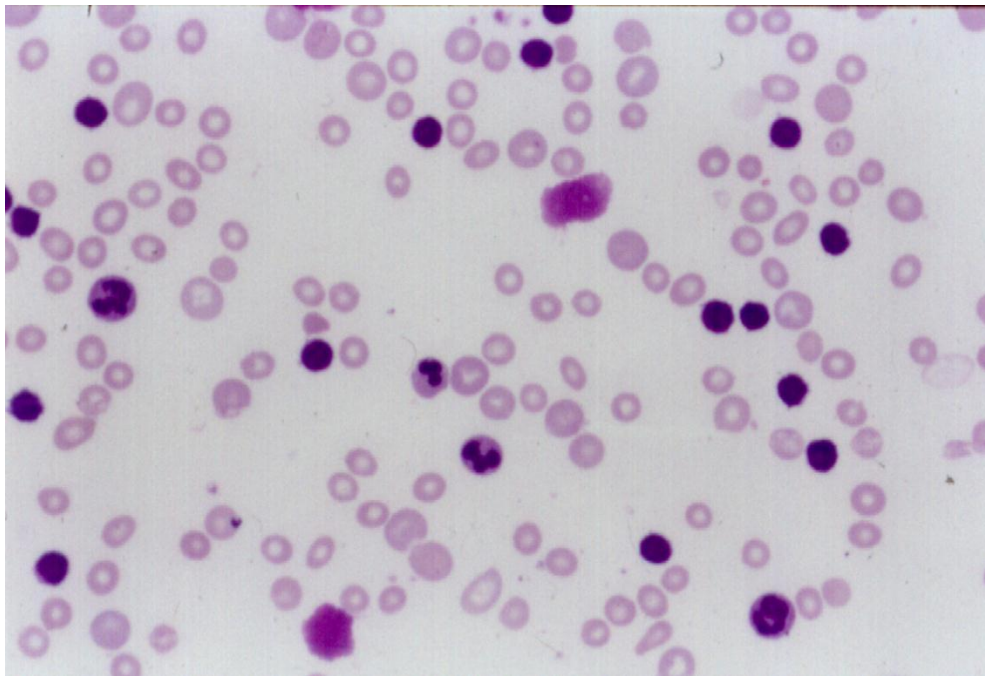


R5 (lymphoid) gate



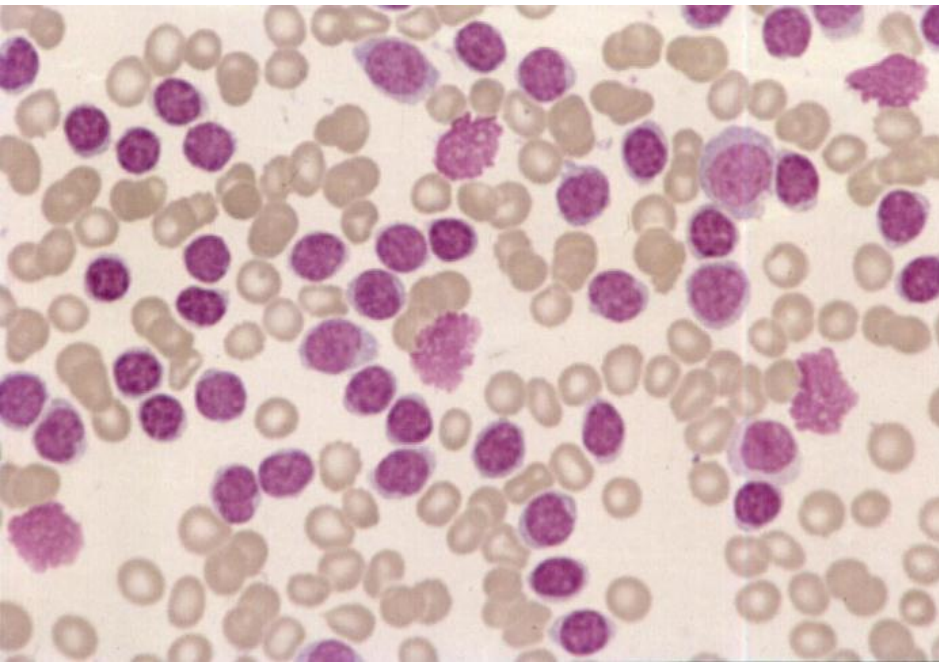
Hairy cell leukemia  
CD25+ and CD103+

## 15. A 70 yr man with anemia

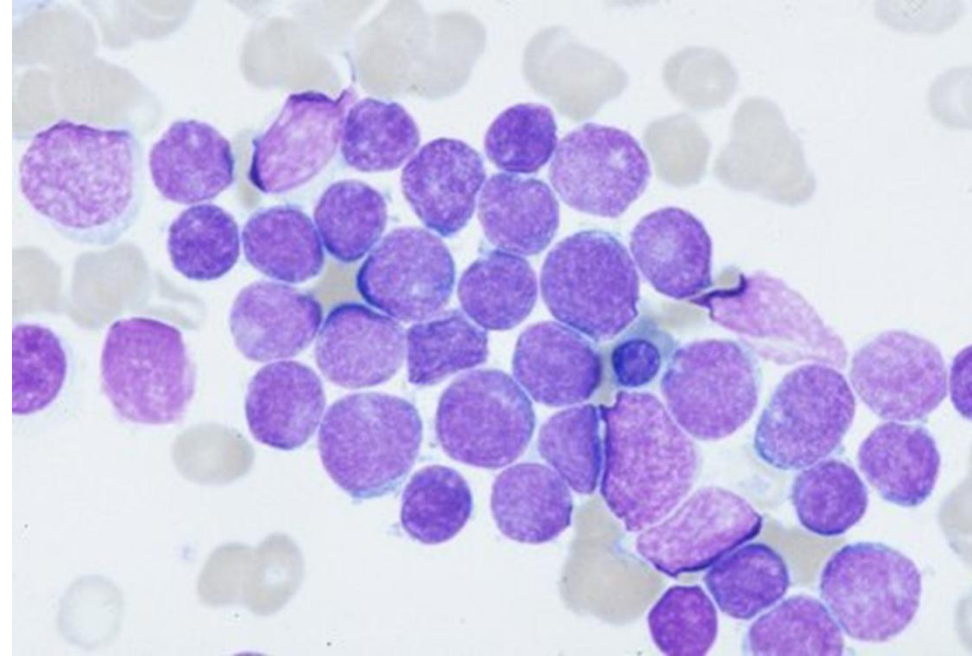


- A. Acute lymphoblastic leukemia
- B. Chronic lymphocytic leukemia
- C. Mantle cell lymphoma
- D. Follicular cell lymphoma
- E. Prolymphocytic leukemia

# mature lymphocyte vs. lymphoblast

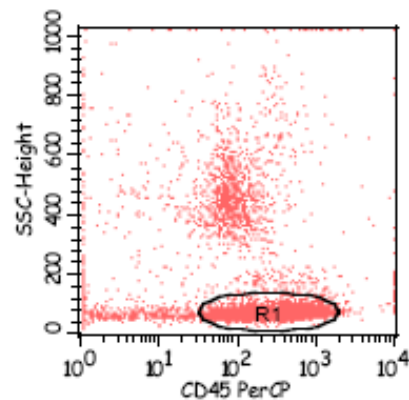
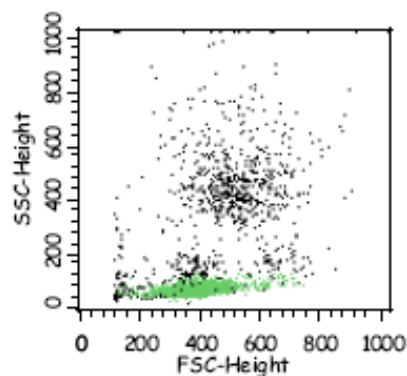


**CLL**



**ALL**





File: In 05/08/05.001

Region	Events	% Gated	% Total
R1	11642	73.15	73.15

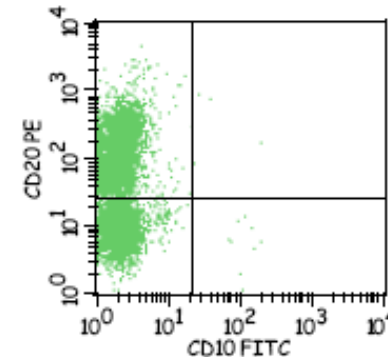
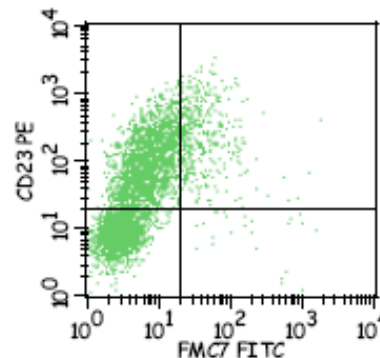
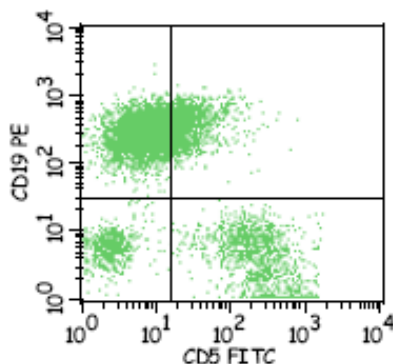
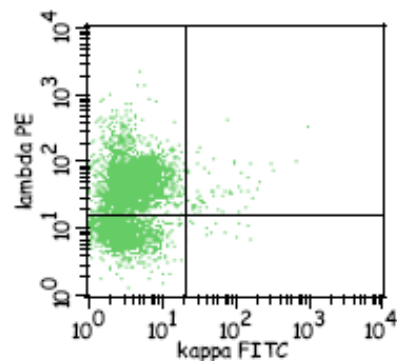
R1 (Lymphocyte) gate



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File: In 05/08/05.001

Quad	Events	% Gated	% Total
UL	8276	71.09	52.00
UR	121	1.04	0.76
LL	3222	27.68	20.25
LR	23	0.20	0.14

File: In 05/08/05.002

Quad	Events	% Gated	% Total
UL	6404	51.32	42.40
UR	2633	21.10	17.43
LL	1008	8.08	6.67
LR	2433	19.50	16.11

File: In 05/08/05.003

Quad	Events	% Gated	% Total
UL	3829	48.12	35.06
UR	792	9.95	7.25
LL	3291	41.36	30.14
LR	45	0.57	0.41

File: In 05/08/05.006

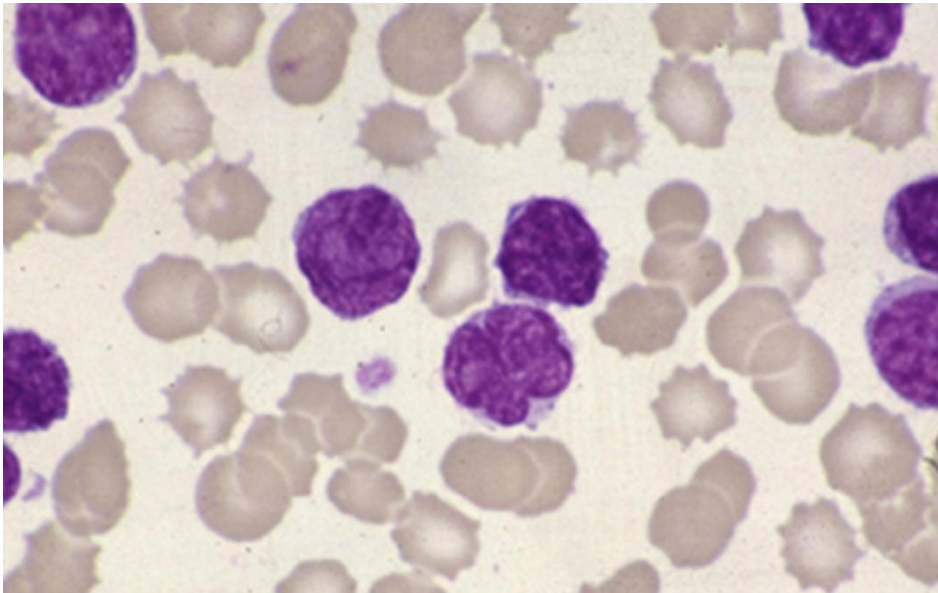
Quad	Events	% Gated	% Total
UL	4266	56.85	42.20
UR	4	0.05	0.04
LL	3225	42.98	31.90
LR	9	0.12	0.08



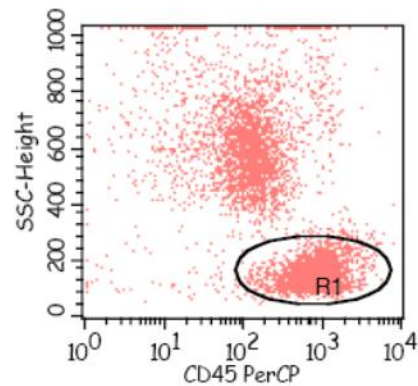
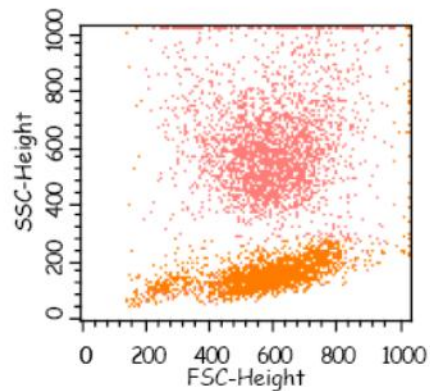
# Scoring System for B-CLL

Marker	CLL	Score
slg (kappa or lambda)	weak	1
CD5	pos	1
CD23	pos	1
CD79b/CD22 (CD20)	weak	1
FMC7	neg	1

## 16. A 60-yr-man with tonsillar mass



- A. Mantle cell lymphoma
- B. Plasma blastic lymphoma
- C. Small lymphocytic lymphoma
- D. Aggressive NK/T cell lymphoma
- E. Diffuse large B-cell lymphoma



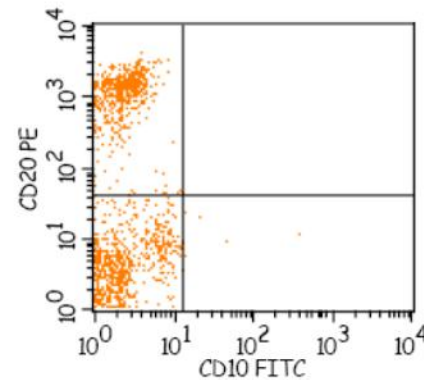
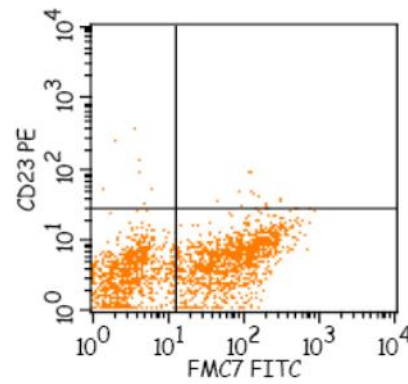
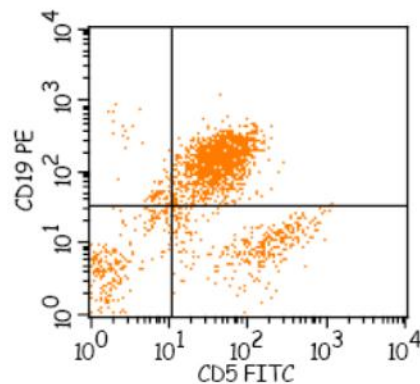
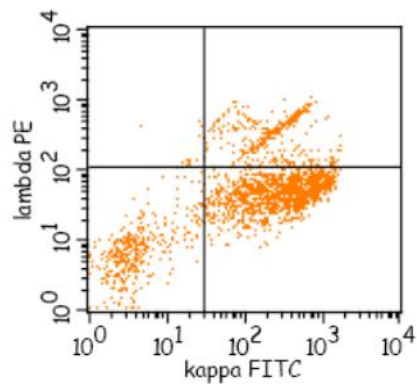
File: Komsan 07/01/22.001

Region	Events	% Gated	% Total
R2	19676	100.00	98.38
R1	8467	43.03	42.34

**R1 (Lymphocyte) gate**



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File: Komsan 07/01/22.001

Quad	Events	% Gated	% Total
UL	74	0.87	0.37
UR	1466	17.22	7.33
LL	1475	17.32	7.38
LR	5499	64.59	27.50

File: Komsan 07/01/22.002

Quad	Events	% Gated	% Total
UL	293	3.60	1.47
UR	5581	68.66	27.91
LL	817	10.05	4.08
LR	1437	17.68	7.18

File: Komsan 07/01/22.003

Quad	Events	% Gated	% Total
UL	21	0.27	0.10
UR	53	0.68	0.27
LL	3331	42.85	16.66
LR	4368	56.19	21.84

File: Komsan 07/01/22.005

Quad	Events	% Gated	% Total
UL	2227	46.36	11.13
UR	6	0.12	0.03
LL	2550	53.08	12.75
LR	21	0.44	0.10

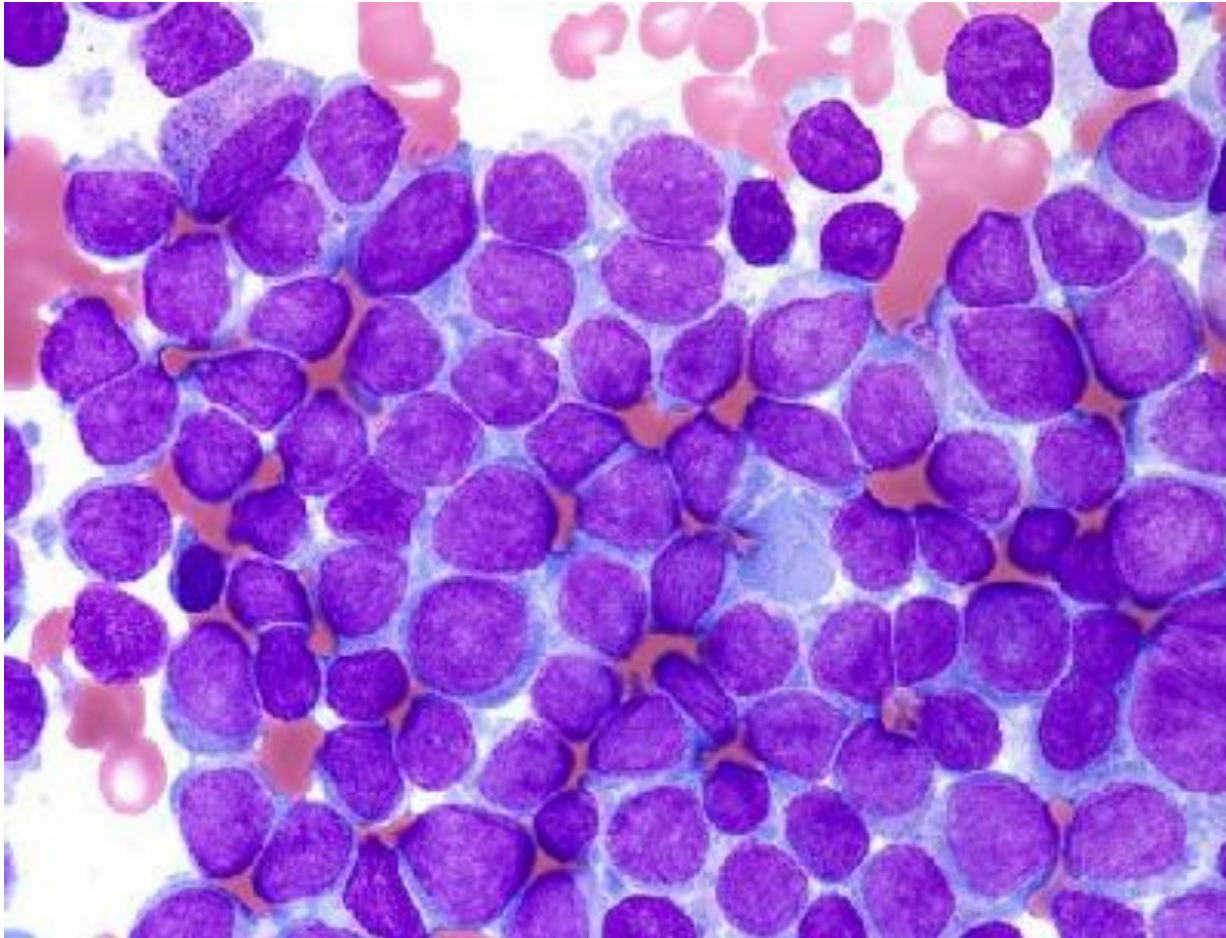
# Diagnostic approach to LPD

- First step – look at CBC if there is lymphocytosis
- Second step – assess morphology of lymphocytes in blood smear
  - Small, non-cleaved, few cytoplasm with many smudge cells → B-CLL
  - Large lymphocytes with prominent nucleolus → PLL (either B or T-cell), blastoid variant of mantle cell lymphoma (MCL), large B-cell lymphoma
  - Lymphoplasmacytic cells → LPL, CLL, MZL, plasma cell leukemia
  - Medium size lymphocyte with projection → SMZL/VL, Hairy cell leukemia and variants

# Diagnostic approach to LPD

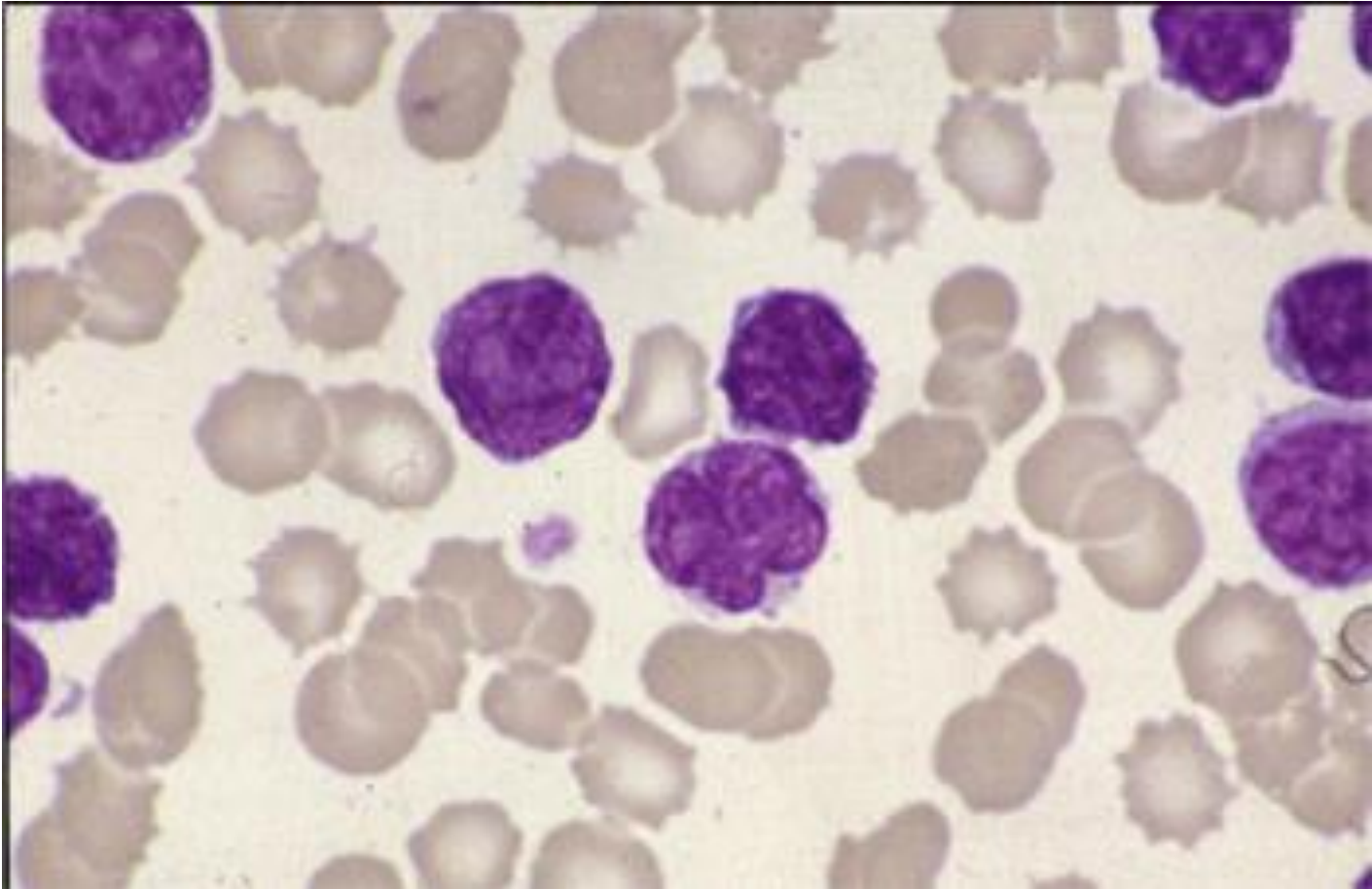
- Large granular lymphocytes → LGL, NK-cell leukemia
- Small, cleaved lymphocytes → atypical CLL/SLL, MCL, follicular and marginal zone lymphoma (MZL), T-ALL/LBL, ATLL, CTCL or PTCL-U
- Blasts → ALL (precursor T or B), AML-M0

# Acute lymphoblastic leukemia

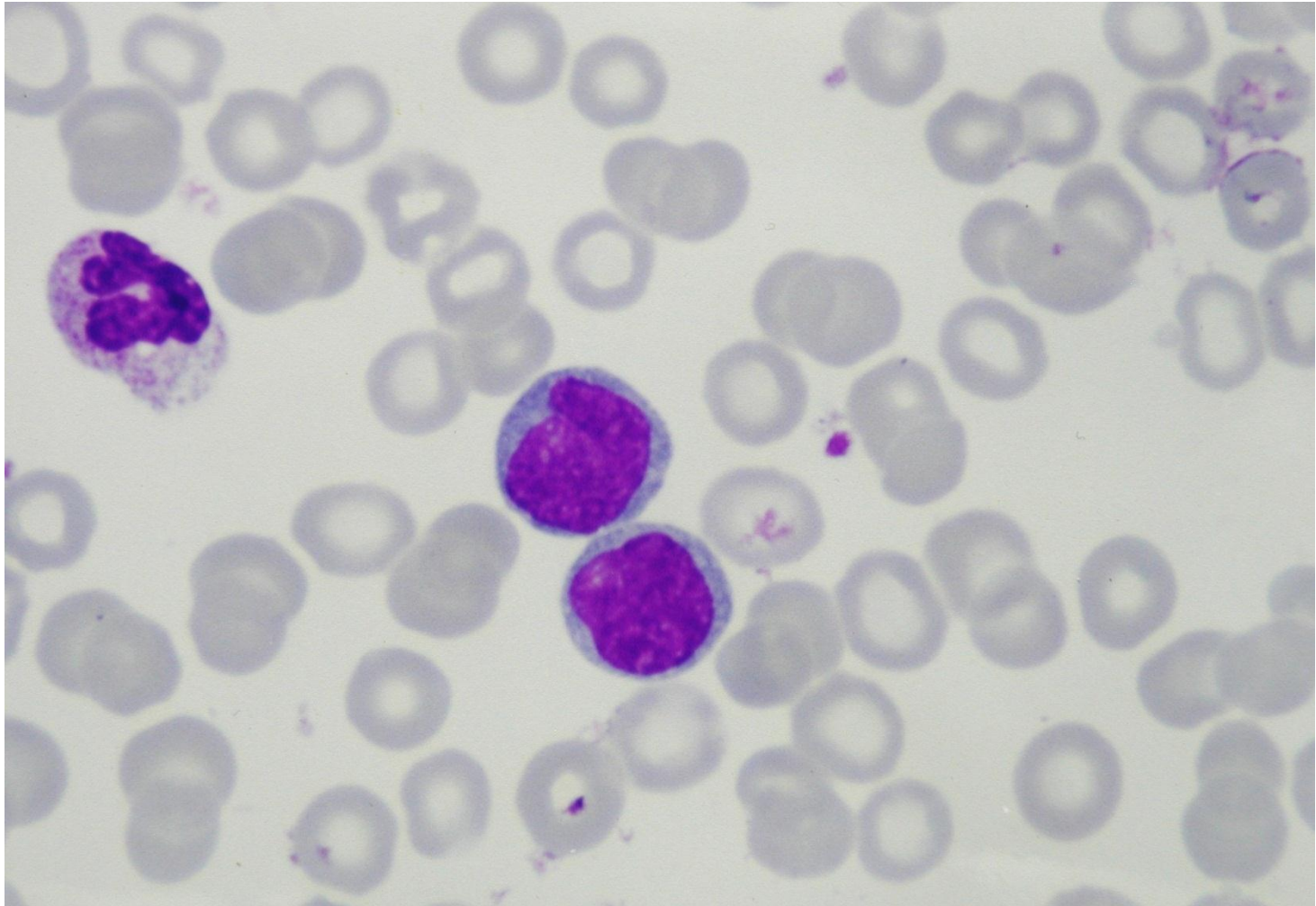




# Mantle cell lymphoma

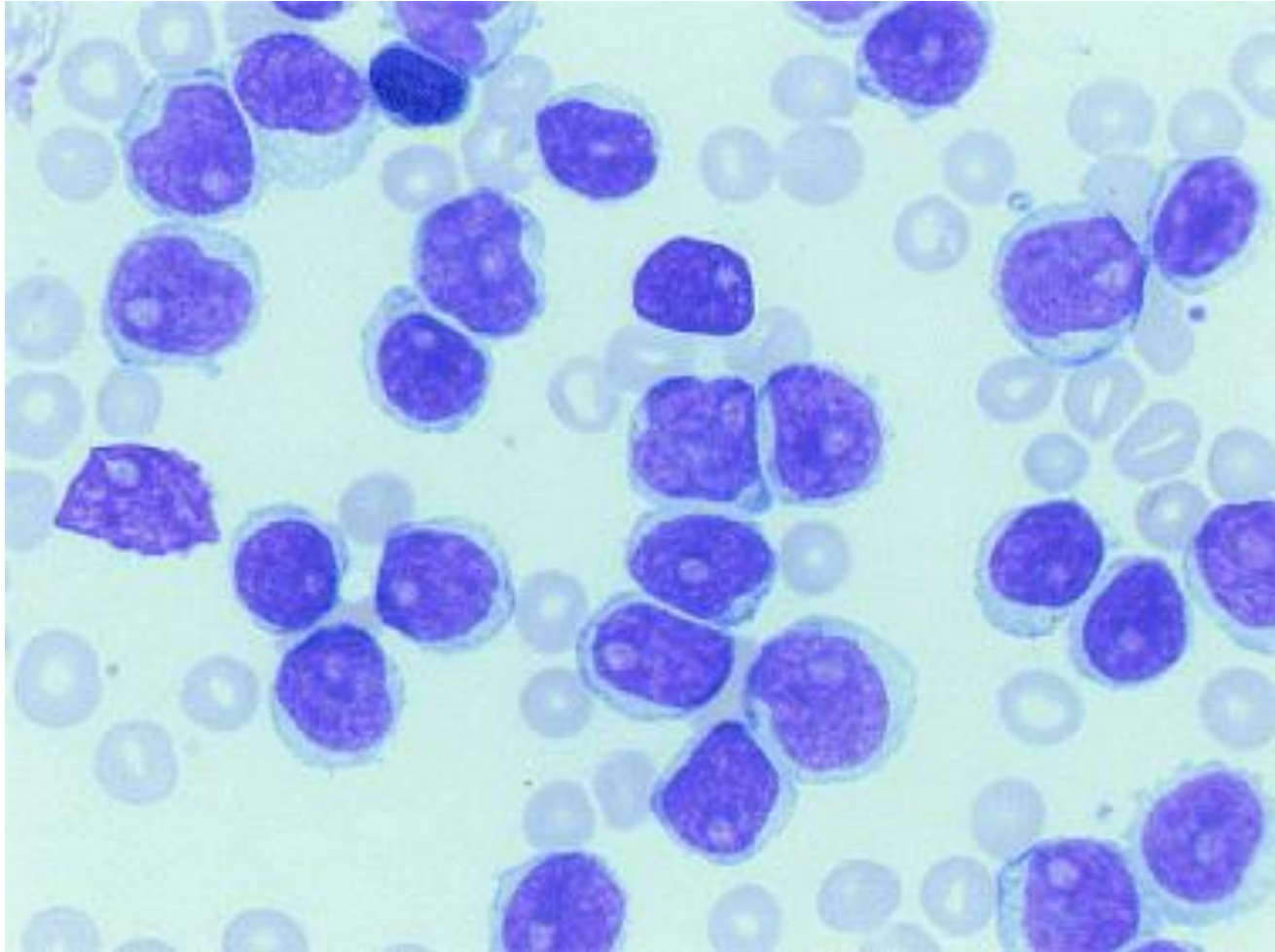


# Follicular lymphoma

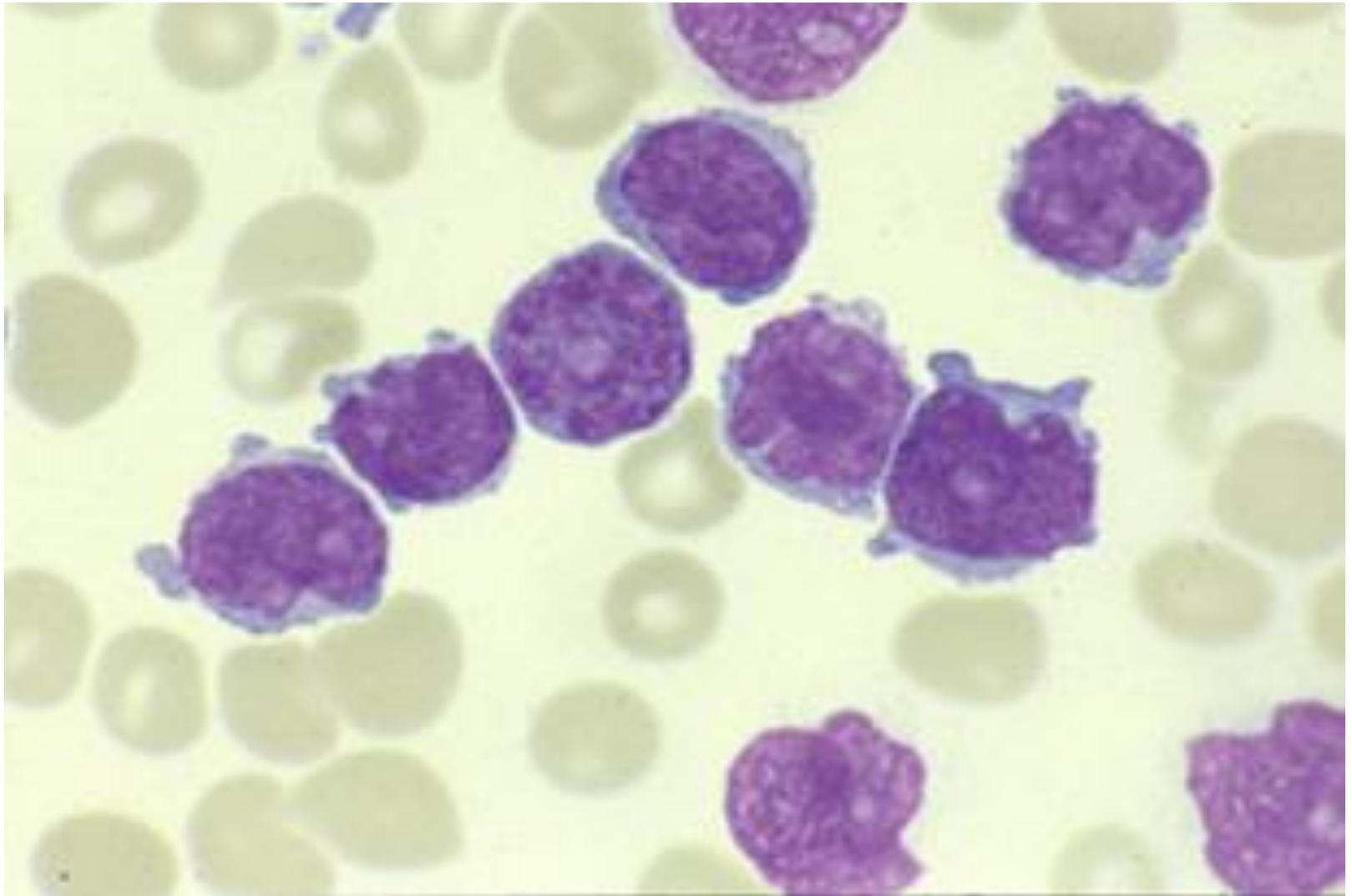




# B-Prolymphocytic Leukemia



# T-Prolymphocytic Leukemia (T-PLL)



# BSCH Recommendation for flow cytometry diagnosis of LPD

Assess morphology, apply the first line Ab panel (CD19, CD22, CD23, FMC7, sIgM, kappa, lambda, CD2, CD5) and assign CLL score

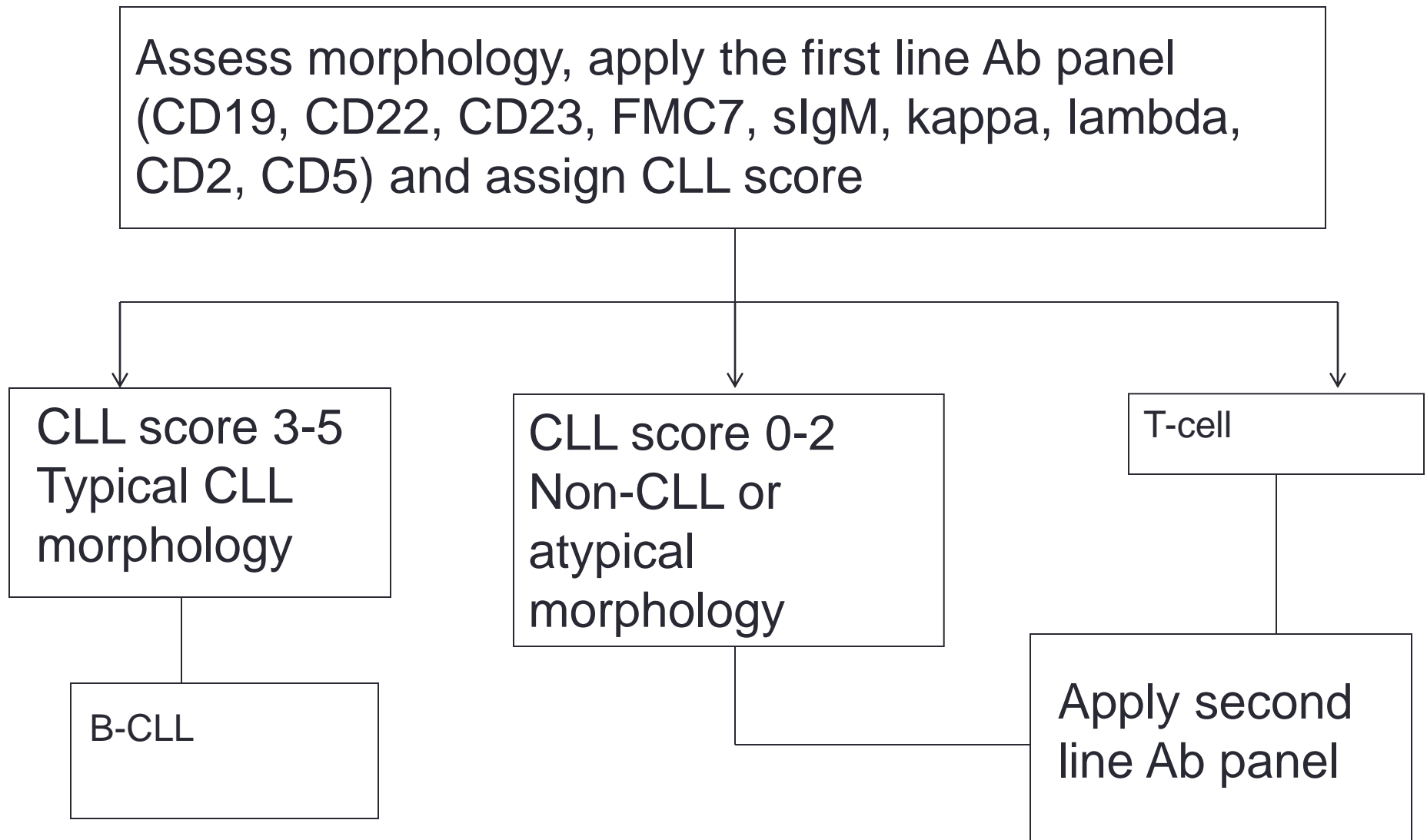
CLL score 3-5  
Typical CLL  
morphology

B-CLL

CLL score 0-2  
Non-CLL or  
atypical  
morphology

T-cell

Apply second  
line Ab panel



# DDx of B-cell lymphocytosis

