



INDY HEMATOLOGY REVIEW 2020

CHALLENGING CASES PRESENTATION

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62 YEAR OLD WITH IGVH MUTATED CLL

- 62 year old presents with lymphocytosis/leukocytosis.
- INITIAL CBC: 25K, Hg 12.6, 215
- PB flow cytometry: 84% B cells, CD19+, CD20 dim+, and CD5/CD23+ with negative ZAP70 and CD38 neg.
- FISH/MOLECULAR: 13q deleted, mutated IGVH
- CURRENT CBC (2.5 years later): WBC 215K, Hg 11, plts 180,
- CLINICAL STATUS: ECOG 1, increasing fatigue



R/R HIGH RISK MYELOMA

- 66 year old diagnosed with MGUS in December 2013, lost to follow-up.
- October 2018: Hg 7.9, IgG 3630, FLC 557, K:L ratio: 0.22, M-protein 1.8g/dl, B2M 5.5, creatinine 2.31
- BM biopsy: 80-90% plasmacytosis, Cytogenetics: Del 1p, and 13q with IGH/MAF rearrangement.
- Initial Therapy: RVD x 4 with PR, then Dara-KRD, with progressive disease after 4 cycles.
- Repeat cytogenetics: deletion of 1p, duplication of 1q, deletions 3q and 17p, in addition to an IgH gene rearrangement.



STAGE II DLBC NHL

- 64 year presents with cervical adenopathy: No B symptoms.
- Core needle biopsy: “malignant cells favoring large cell lymphoma, positive for CD19/CD20 with kappa restricted immunophenotype, indicative of a B-cell lymphoma of germinal center origin”
- PET CT scan: Cervical and carotid adenopathy without evidence of disseminated disease or bulky disease
- Excisional biopsy: DLBC-NHL
- BM biopsy: Negative



MPN IN BLAST CRISES

- 67-year-old female who presented with a platelet count of > 1million, and erythrocytosis, diagnosed with Essential Thrombocytosis in October2003.
- Initial therapy: Hydroxurea with occasional phlebotomies.
- September 2019: Progressive pancytopenia, hydroxyurea discontinued and anagrelide initiated.
- October 2019: Abdominal distention, dyspnea, night sweats, fatigue and a 10-pound unintentional weight loss.
- CBC: WBC 27.8, Hg 9.2, platelets 390K with 49% neutrophils, 26% banded neutrophils, and a left-shift with monocytes, eosinophils, basophils, metamyelocytes, and myelocytes.
- CT abdomen: MASSIVE SPLENOMEGALY
- BM BIOPSY: 20-30% CD34 positive myeloblasts with normal cytogenetics and negative mutational analysis.



PH POSITIVE ACUTE LYMPHOBLASTIC LEUKEMIA

- 64year female presents with abnormal CBC: WBC 4.7, hg 7.8, PLTS 677
- Peripheral blood smear and peripheral blood flow cytometry: B-cell acute lymphoblastic leukemia CD45/CD34/CD19/CD38/CD10/HLA-DR positive, and CD20/CD22 negative. Peripheral blood FISH positive for BCR/ABL and t9;22 (Philadelphia chromosome).
- PMH: Morbid obesity, IDDM, COPD, Anxiety, Bipolar
- ECOG PS: 3

