

Autoimmune cytopenia that debuts with erythroleukemia

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Description

A 50-year-old woman suffering from lupus and antiphospholipid syndrome was admitted to the hospital for autoimmune anemia and thrombocytopenia. She received corticosteroid, immunoglobulin, and rituximab therapy. The patient presented with a drop in hematocrit and thrombocytopenia, as well as an elevated LDH level (>5000 IU/L) and shock, requiring mechanical ventilation and vasoactive support. In her peripheral blood smears (May-Giemsa, 100x), giant myeloid blasts with basophilic cytoplasm were observed (Figures 1A & 1B), which were not present in the previous 72 hours. Additionally, circulating erythroblasts were detected. The bone marrow biopsy showed a packed specimen, almost entirely composed of blasts (Figures 2C & 2D). Flow cytometry subsequently confirmed the diagnosis of erythroleukemia.

This case of Acute Erythroleukemia (AEL) is a rare and aggressive subtype of Acute Myeloid Leukemia (AML) characterized by erythroblastic proliferation. AEL accounts for less than 1% of all AML cases and has a very poor prognosis. According to the 2016 WHO definition of PEL, for the only type of acute leukemia with genuine erythroid differentiation, at least 80% of the marrow must consist of erythroid precursors, with at least 30% being proerythroblasts.

This case demonstrates the importance of conducting an acute peripheral blood morphological examination to guide treatment before definitive results are available.

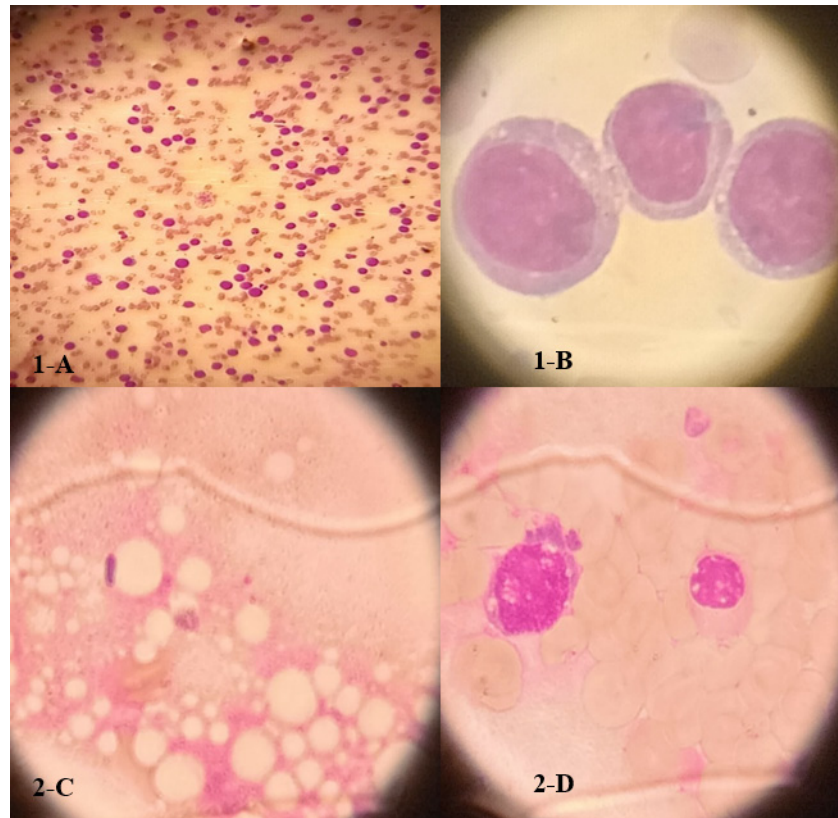


Figure 1A-D: Clinical images.

Manuscript Information: Received: July 23, 2024; Accepted: August 16, 2024; Published: August 30, 2024

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Citation: Villa RA, Begue G. Autoimmune cytopenia that debuts with erythroleukemia. *Open J Clin Med Case Rep.* 2024; 2275.

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