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CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Hematology-Cell Morphology – Case 19

Blasts of large size in the bone marrow and peripheral blood

Monoblasts >80% of non-erythroid bone marrow cells

Fine chromatin network

One or more nucleoli

Abundant basophilic cytoplasm

Cells with projections and pseudopodia formation

Coarse reddish granules

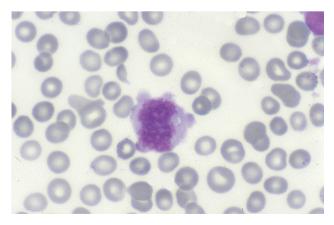
Many promonocytes.

Blastic cells of large size with a large folded or oval nucleus, fine chromatin appearance, multiple nucleoli and abundant light or deep basophilic cytoplasm with pseudopodia formation sometimes containing azurophilic granules, vacuoles and rarely Auer bodies. Sometimes monoblasts may present with phagocytosis of blood cell elements and phagocytozed cysts and rarely there is an hemophagocytosis picture in the bone marrow which must be differentiated from other malignant hemophagocytosis syndromes [absence of t(8;16) often associated with the M5a with concomitant hemophagocytosis]. In the peripheral blood the circulating abnormal cells are more mature than the bone marrow cells (figures 1 to 16).

Non-specific esterase (ANAE) staining: Heavy positive and sensible to NaF inhibition (in 10% of cases is negative). a-naphthyl butyrate esterase (ANBE) staining: Positive (10% of cases is nega-

ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2023, 40(1):138-140 J.V. Asimakopoulos, L. Papageorgiou, J. Drandakis, I. Vasilopoulos, D. Galopoulos, A. Kopsaftopoulou, A. Piperidou, A. Machairas, A. Georgopoulou, A. Karapaschalidis, M.A. Lefaki, A. Liaskas, C. Zerzi, E. Sinni, E. Plata, P. Tsaftaridis, M.P. Siakantaris, T.P. Vassilakopoulos, M.K. Angelopoulou, J. Meletis School of Medicine, National and Kapodistrian University of Athens, "Laiko" General Hospital, Athens, Greece

tive). Peroxidase, specific esterase (NACE), acid phosphatase and PAS staining: Weakly positive or negative. PAS staining: Varying positivity, some blasts are negative and others present a diffuse pattern of staining with fine positive granulation, while the reaction is rarely coarse with diffuse or concourse positivity.



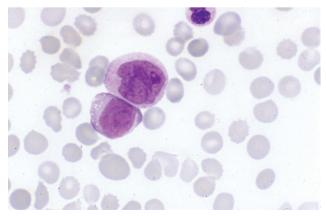
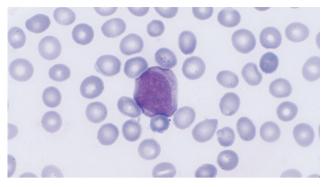


Figure 2



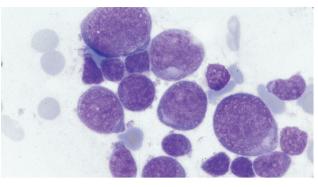


Figure 3

Figure 7

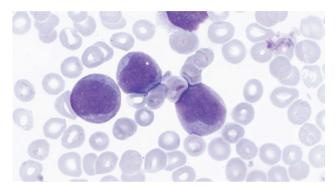


Figure 4

Figure 8

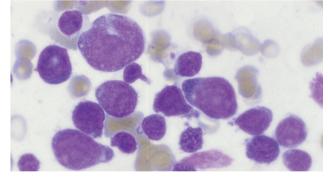


Figure 5

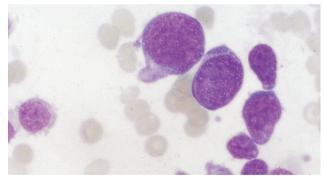


Figure 9

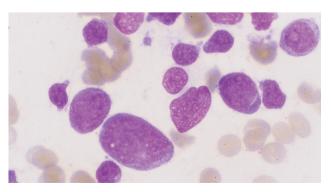


Figure 6

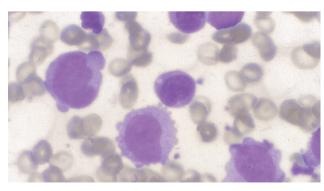


Figure 10

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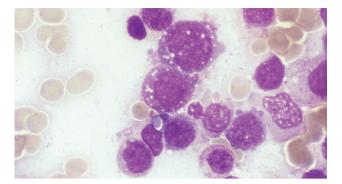


Figure 11

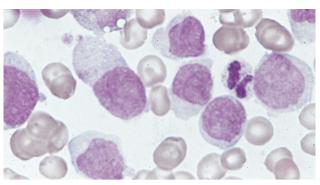


Figure 14

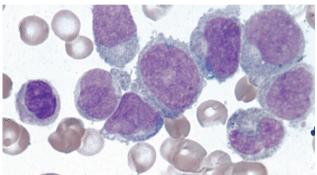


Figure 15

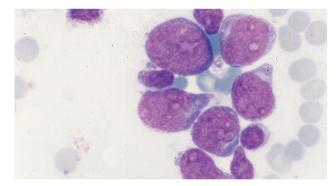


Figure 13

Figure 12

References

1. MELETIS J. Atlas of hematology. 3rd ed. Nireas Publ Inc, Athens, 2009:374-386

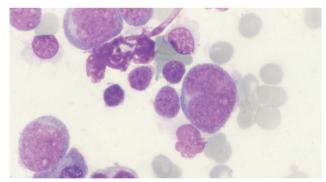


Figure 16

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> **Cell type:** Acute monoblastic leukemia (M5a)