Potpourri

Do
you
see
what
I
see?

Rianne Tramper,
senior analist hematologie JBZ

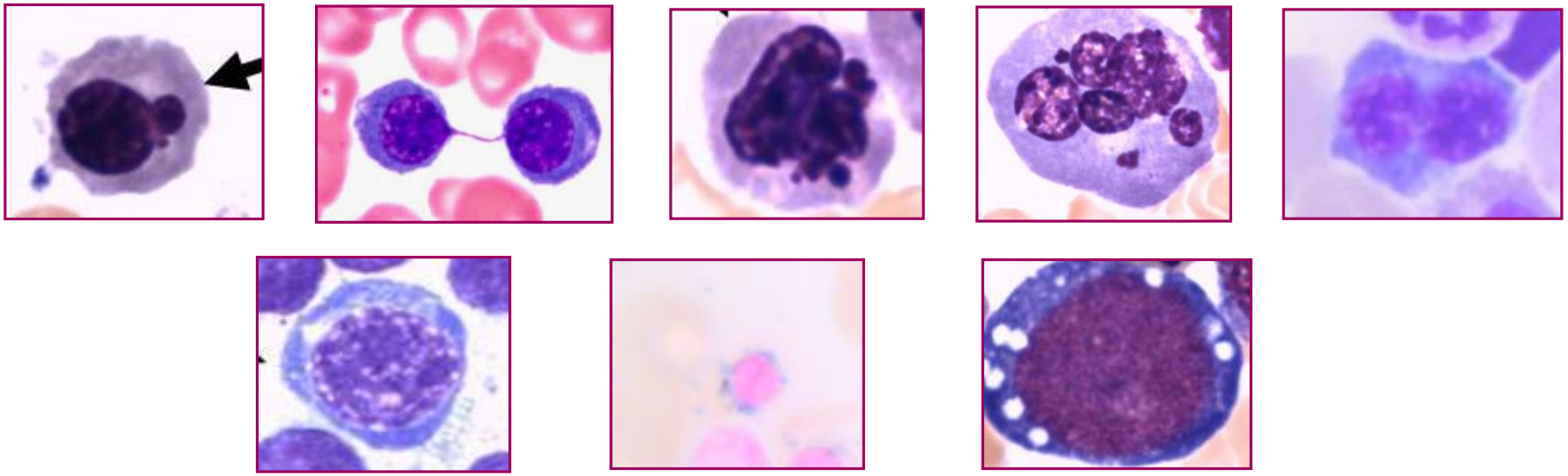
Dyserytropoiese:

<u>Kern:</u>

Kernbudding
Kernbruggen
Karyorrhexis
Meerkernigheid
Meerdere kernlobben
Megaloblastaire veranderingen

<u>Cytoplasma:</u>

Ringsideroblasten
Vacuolisatie



Dysgranulopoiese:

<u>Kern:</u>

Klein of zeer groot

Hyposegmentatie van de kern:

Pseudo Pelger Huetvormen

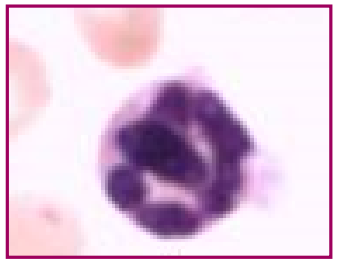
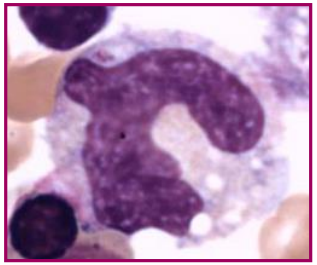
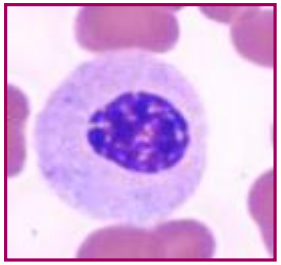
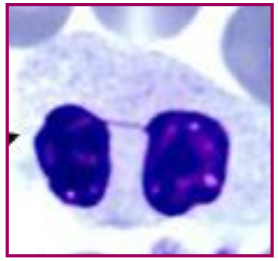
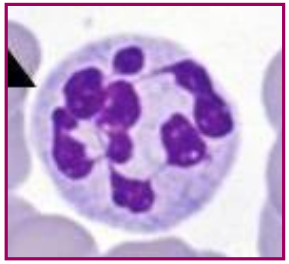
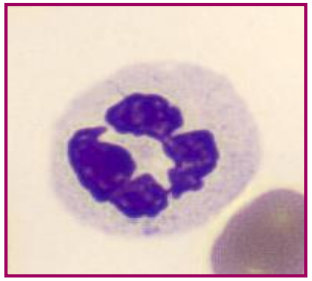
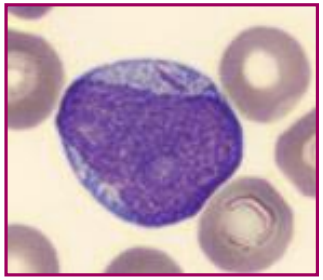
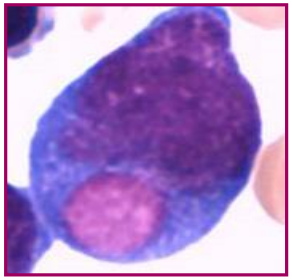
Onregelmatige hypersegmentatie

<u>Cytoplasma:</u>

Agranulariteit/hypogranulair

Auerse staven

Pseudo Chediak Higashi granula

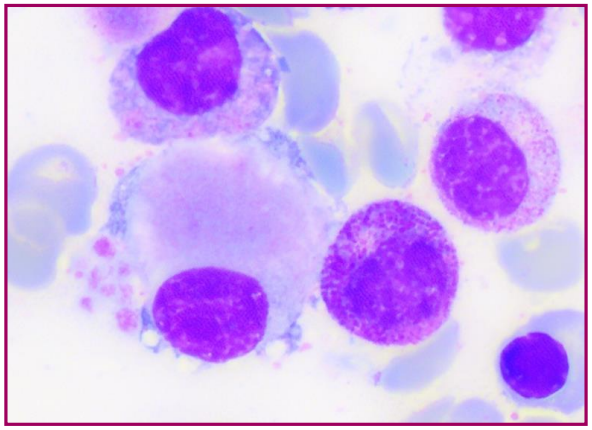
Dysmegakaryopoiese

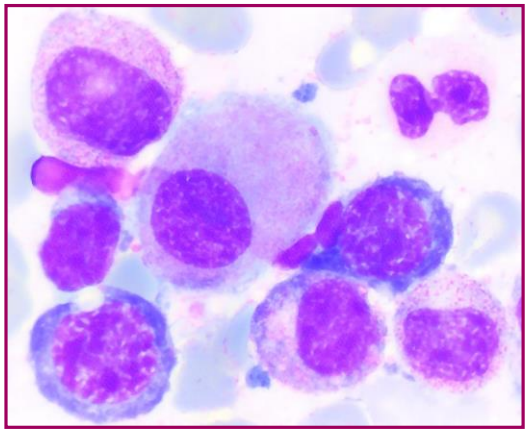
Kern:

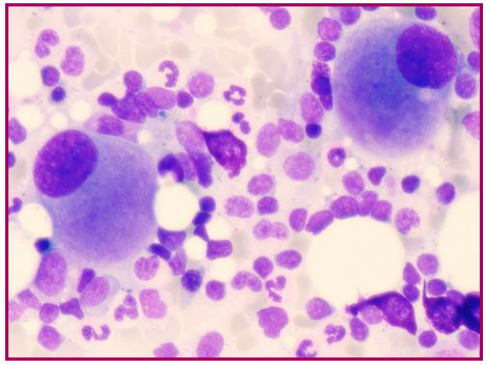
Micromegakaryocyten

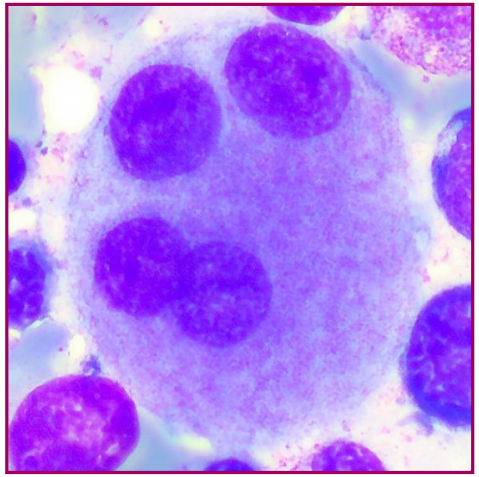
Hypolobulatie

Meerkernigheid; losse kernbollen







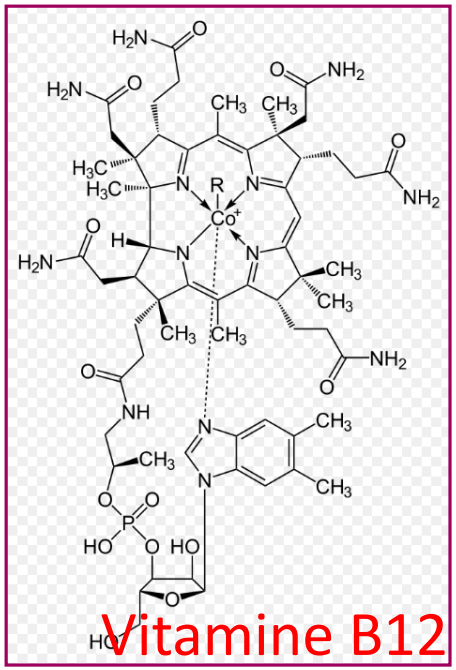


Alles wat je ziet is anders

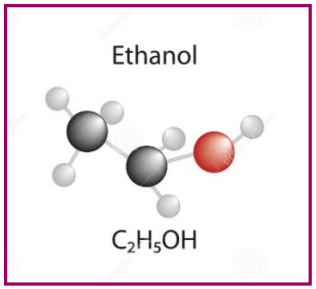
Niets is wat het lijkt

en wat het lijkt is soms niets

Je gaat het pas zien als je het doorhebt !!!



Jeroen Bosch Ziekenhuis



Alcoholabusus

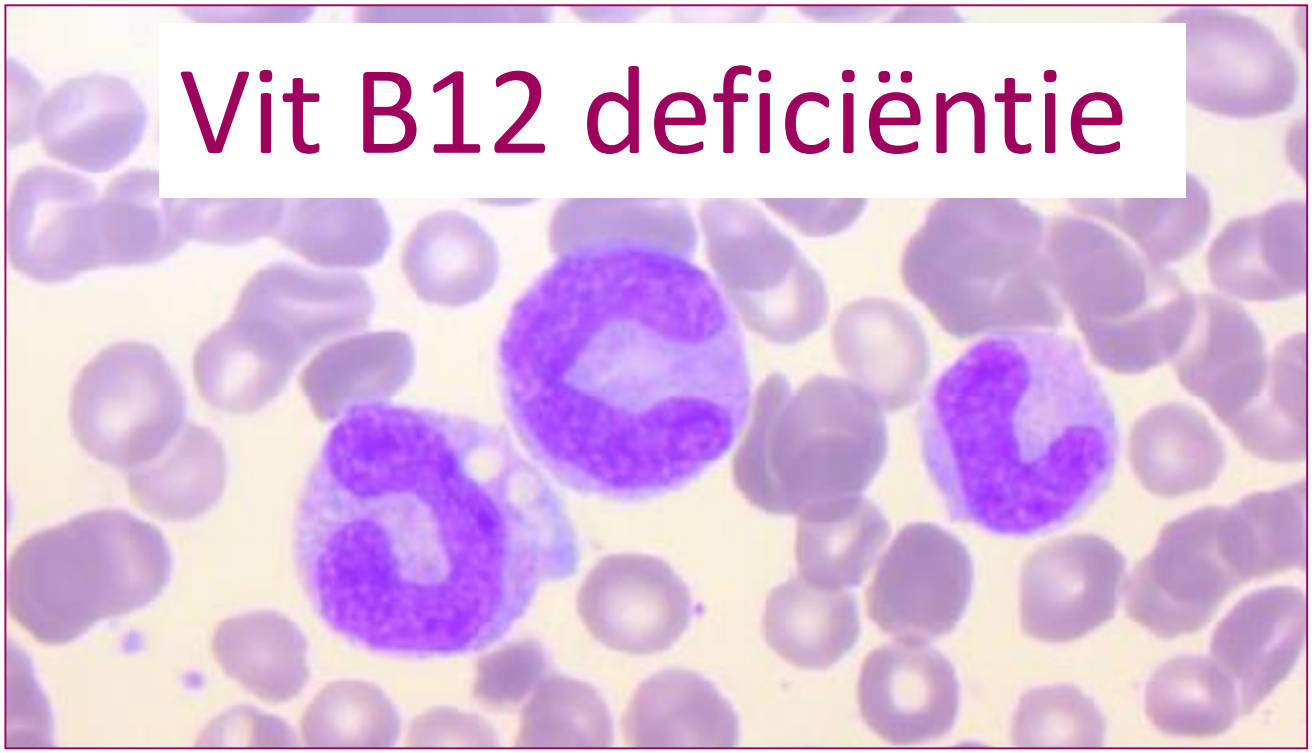
Jeroen Bosch Ziekenhuis

Dum vinum intrat
Exit sapientia

Dysplasie?

NEE

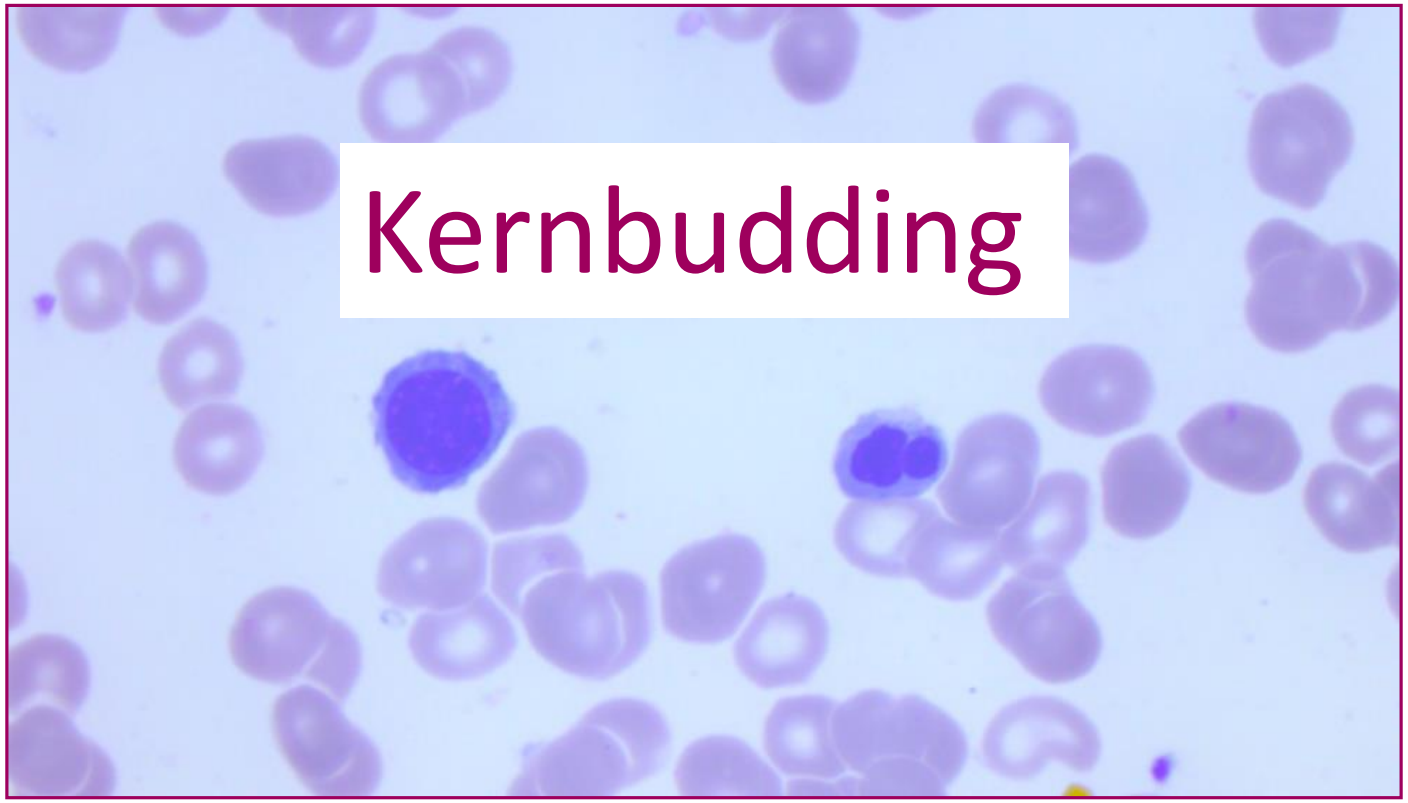
Dysplasie?



NEE

NB. Eigenlijk vallen deze vormen wel onder dysplasie maar dan secundair want de VitB12 was 100 pmol/l
Labuitslagen wegen duidelijk mee bij de beoordeling van dysplasie

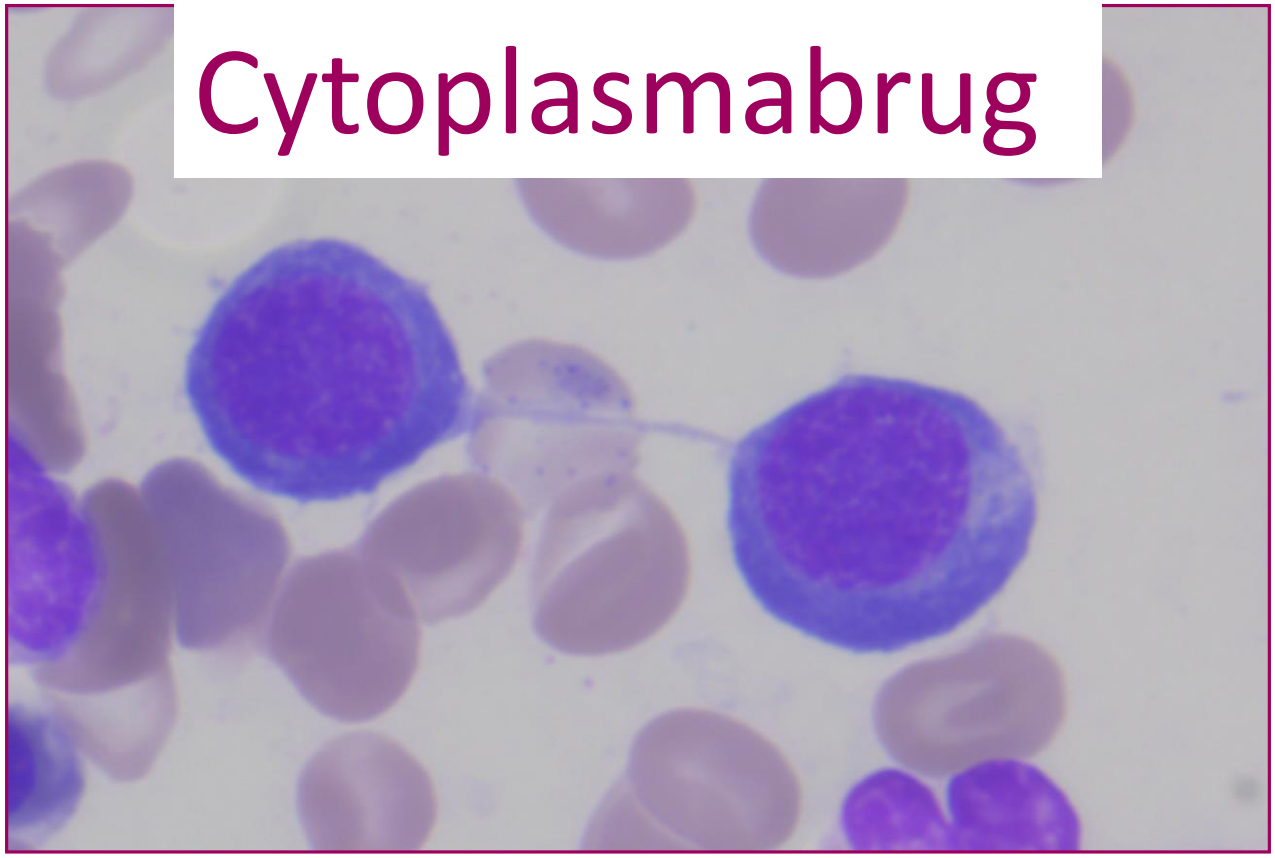
Dysplasie?



JA

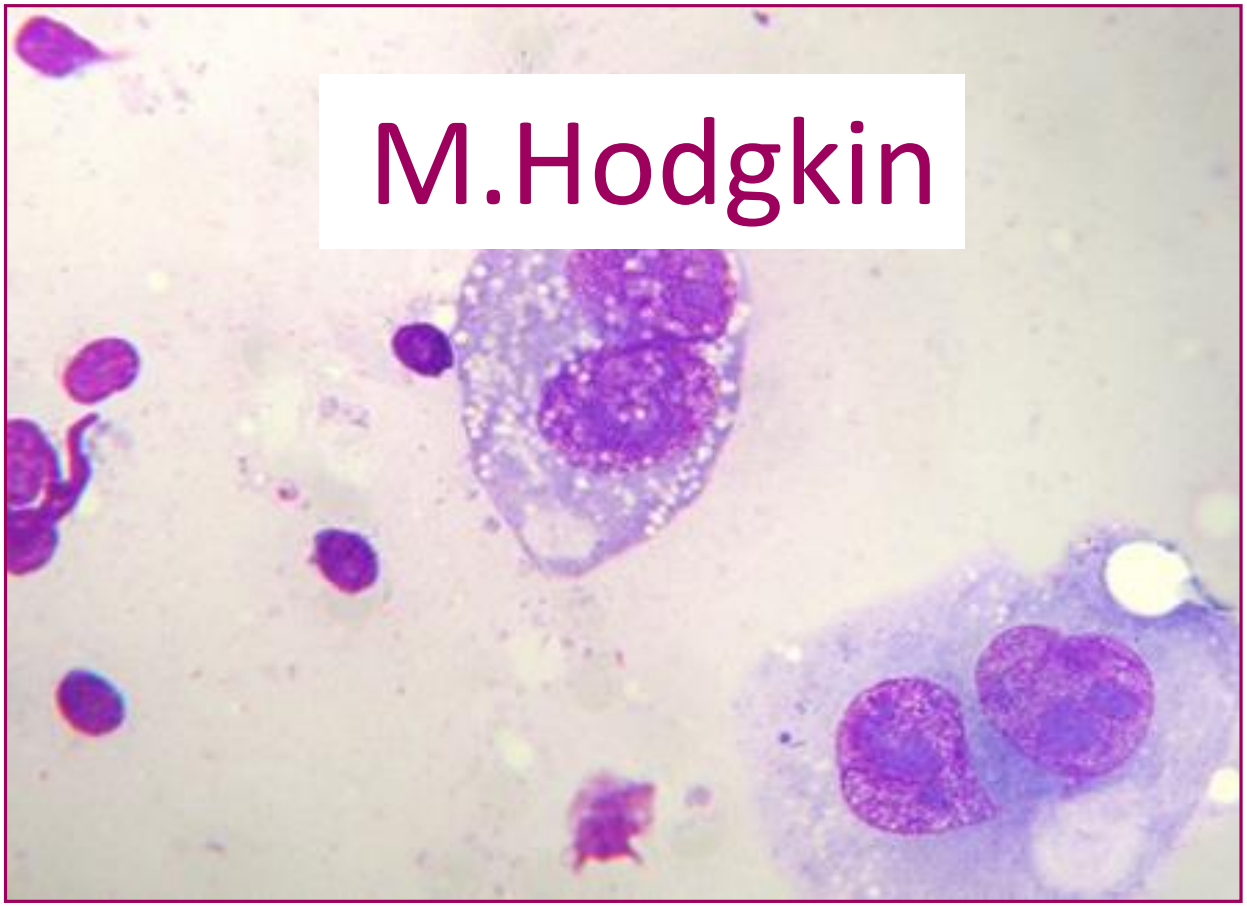
NEE

Dysplasie?



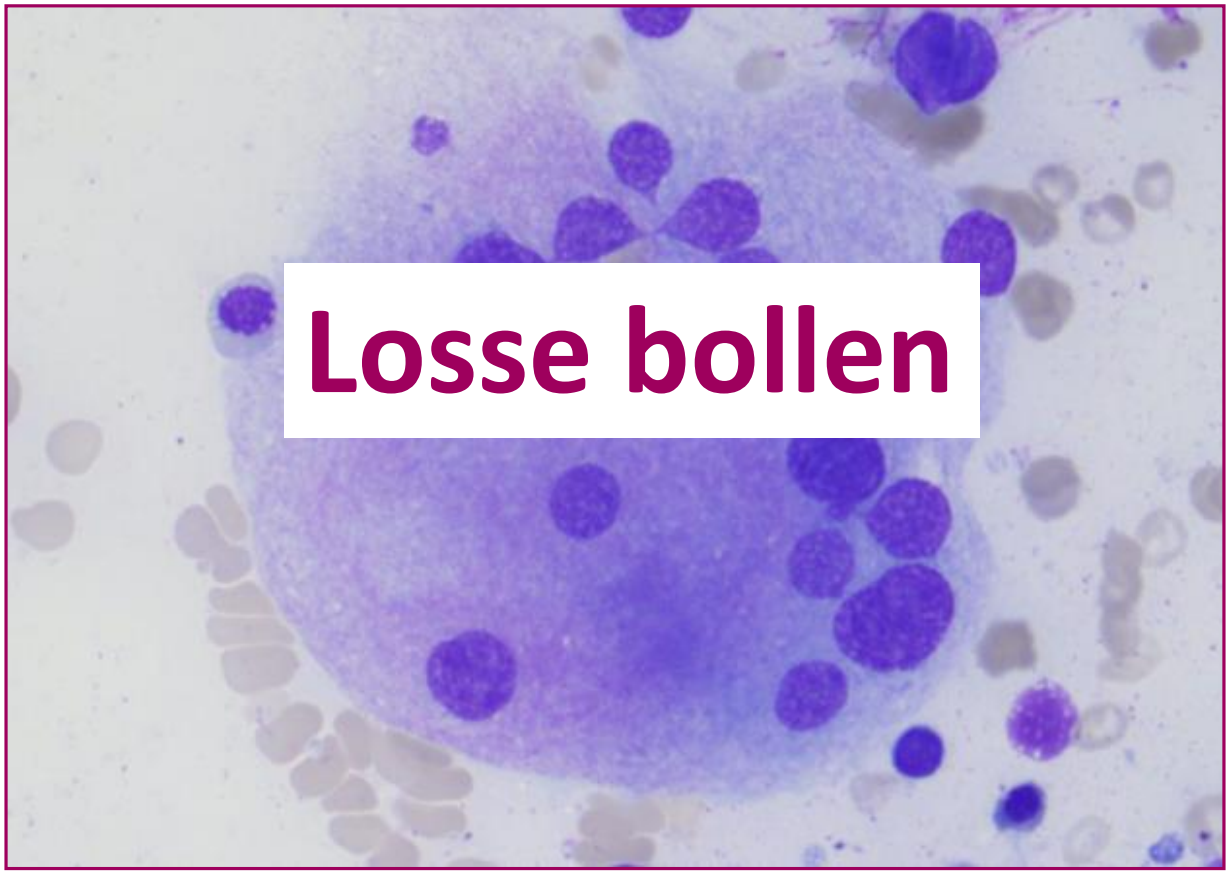
NEE

Dysplasie?



NEE

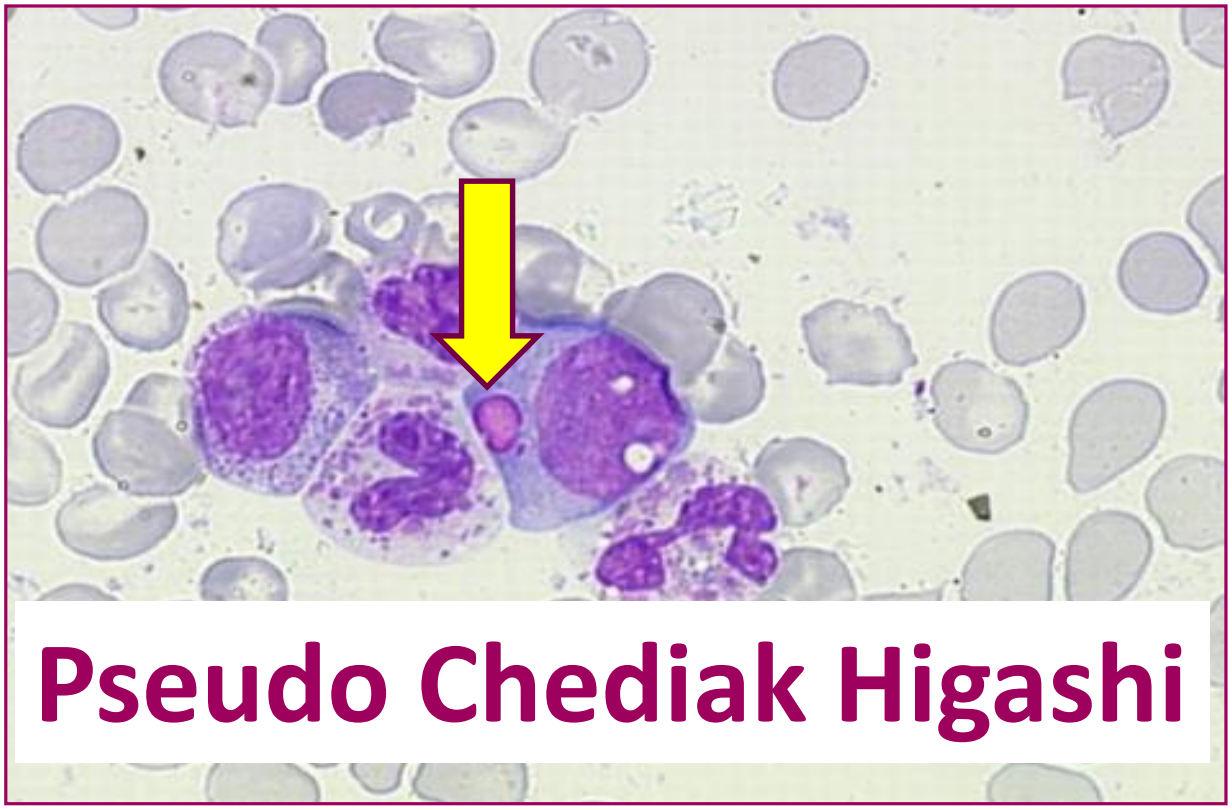
Dysplasie?



JA

NEE

Dysplasie?



JA

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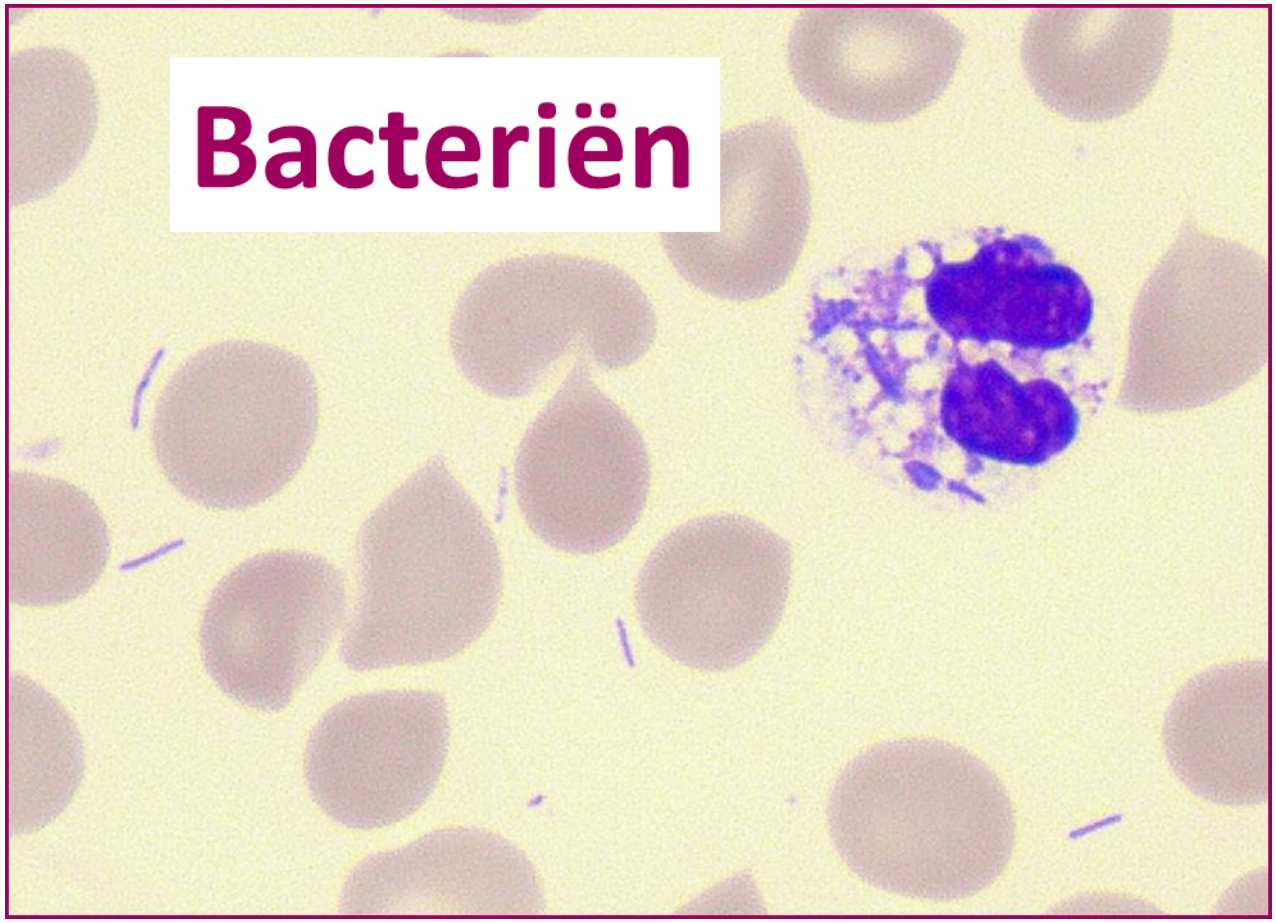
Dysplasie?



NEE

Jeroen Bosch Ziekenhuis

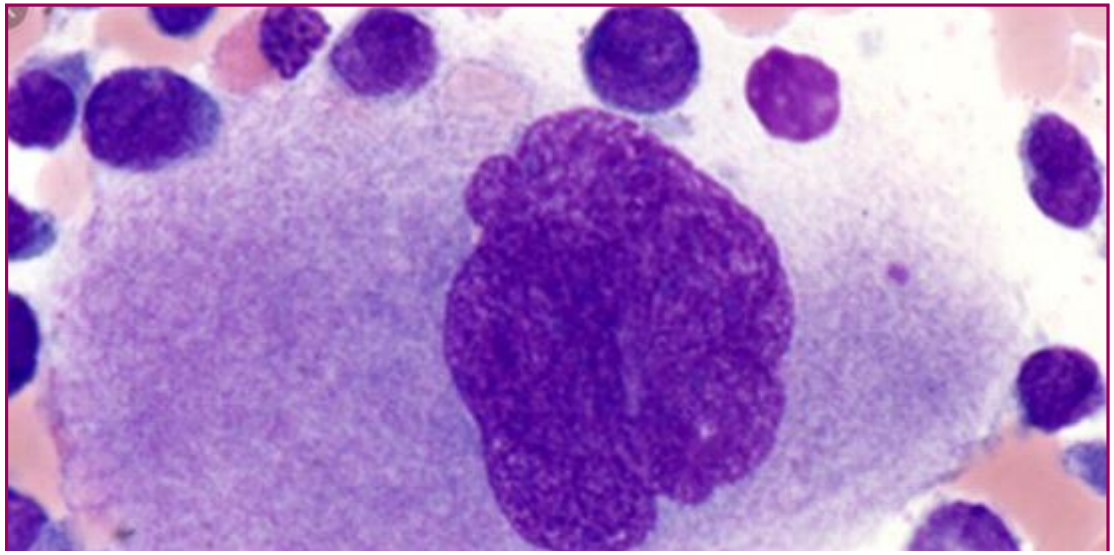
Dysplasie?

JA

NEE

Jeroen Bosch Ziekenhuis

Dysplasie?



Normale megakaryocyt

NEE

Jeroen Bosch Ziekenhuis
Maastricht UMC+

Dysplasie?

>=5 Fe korrels,
die 1/3 of meer van de kern omcirkelen

JA

NEE

>15 % ringsideroblasten maar daarnaast ook persisterende Trombocytose..

Trombocytenaantal: 500 x10E12/l

Is het dan nog steeds een MDS?????? Nee, dan wordt het een mengbeeld!!

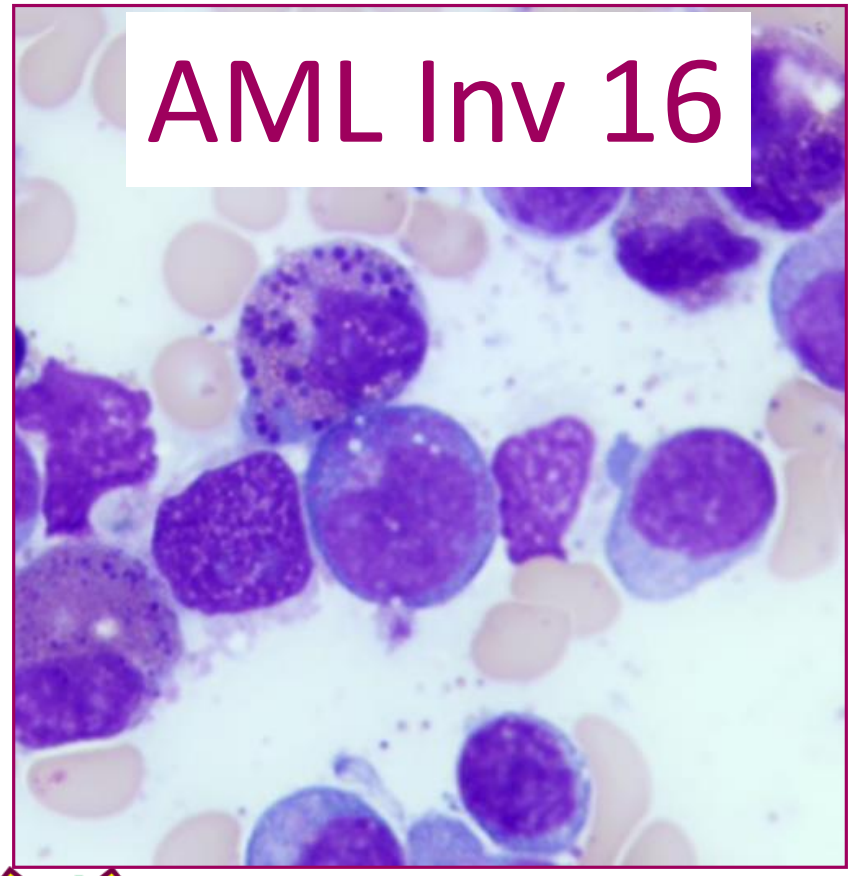
Table 17. Diagnostic criteria for myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis, not otherwise specified (MDS/MPN-RS-T, NOS)

Thrombocytosis, with platelet count ≥ 450 × 10^9/L
Anemia associated with erythroid-lineage dysplasia, with or without multilineage dysplasia, and ≥ 15% ring sideroblasts
Blasts < 1% in blood and < 5% in bone marrow
Presence of clonality: demonstration of a clonal cytogenetic abnormality and/or somatic mutation(s). In their absence, no history of recent cytotoxic or growth factor therapy that could explain the myelodysplastic/myeloproliferative features
Absence of *SF3B1* mutation; no *BCR::ABL1* or genetic abnormalities of myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase gene fusions; no t(3;3)(q21.3;q26.2), inv(3)(q21.3q26.2), or del(5q)*
No history of MPN, MDS, or other MDS/MPN

Table 16. Diagnostic criteria for myelodysplastic/myeloproliferative neoplasm with *SF3B1* mutation and thrombocytosis (MDS/MPN-T-*SF3B1*)

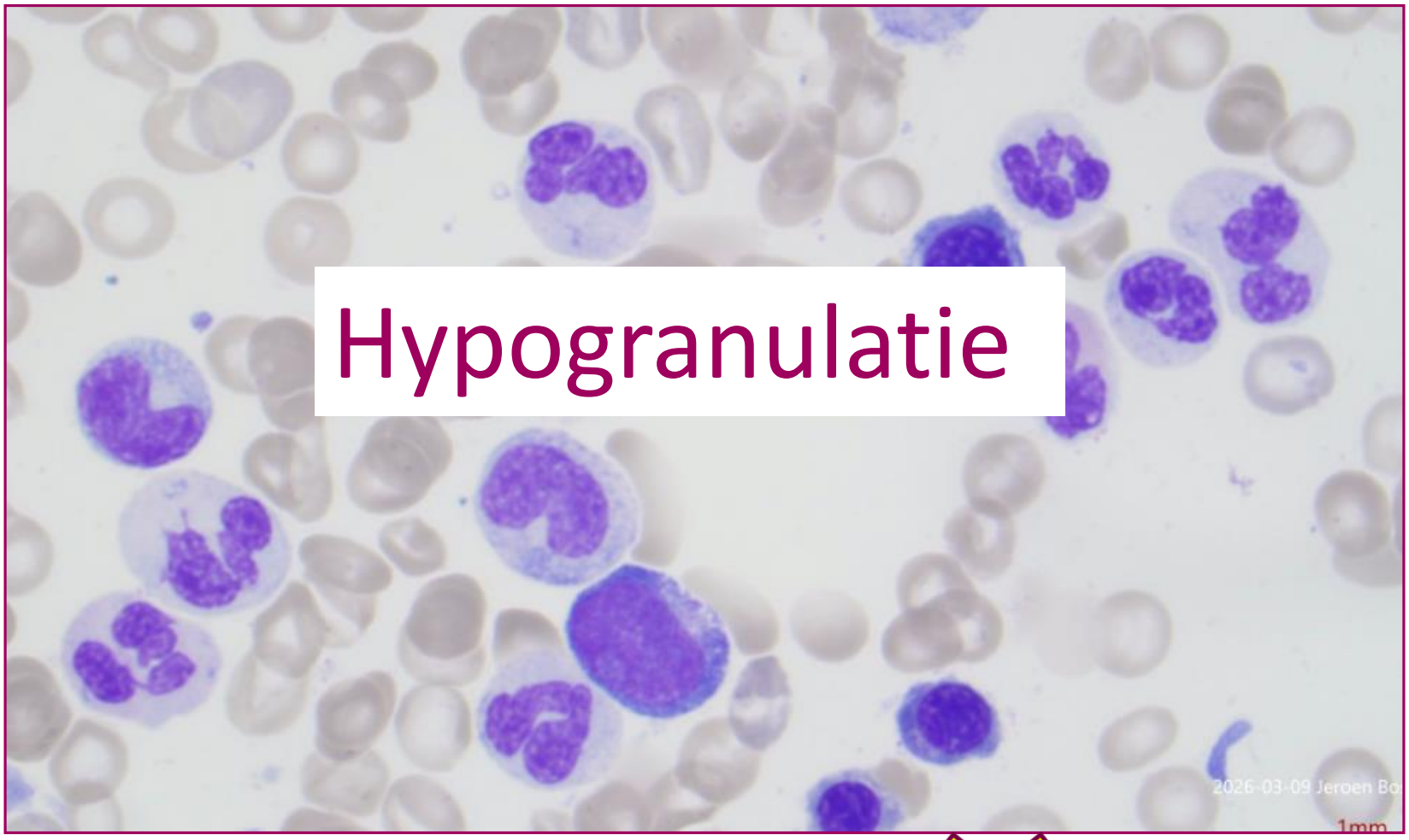
Thrombocytosis, with platelet count ≥ 450 × 10^9/L
Anemia (threshold same as for MDS)
Blasts < 1% in blood and < 5% in bone marrow
Presence of *SF3B1* mutation (VAF > 10%), isolated or associated with abnormal cytogenetics and/or other myeloid neoplasm associated mutations
No history of recent cytotoxic or growth factor therapy that could explain the myelodysplastic/myeloproliferative features
No *BCR::ABL1* or genetic abnormalities of myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase gene fusions; no t(3;3)(q21.3;q26.2), inv(3)(q21.3q26.2), or del(5q)*
No history of MPN, MDS, or other myelodysplastic/myeloproliferative neoplasm

Dysplasie?



NEE

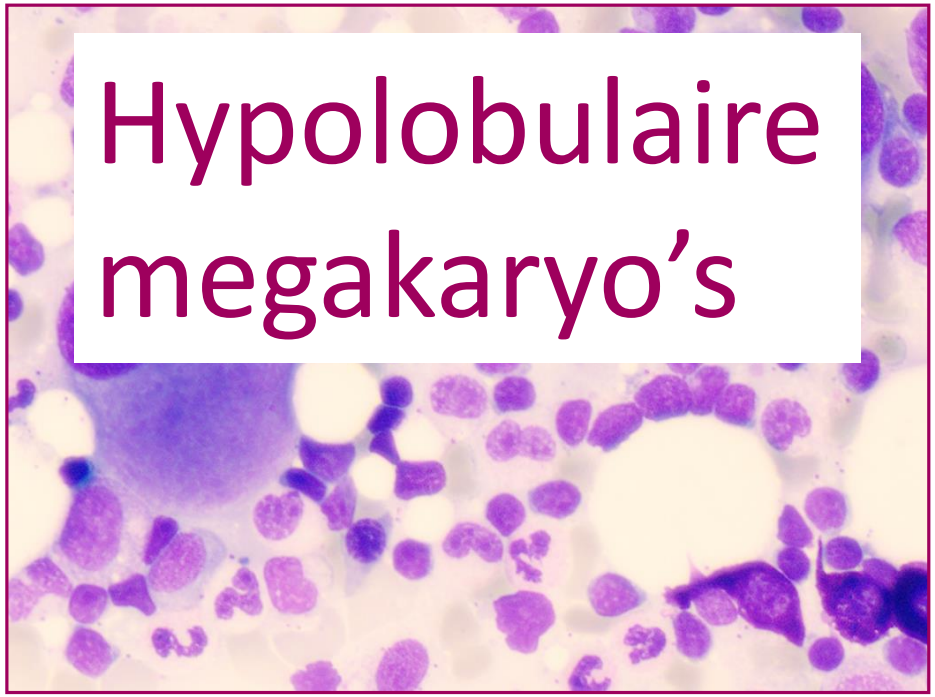
Dysplasie?



JA

NEE

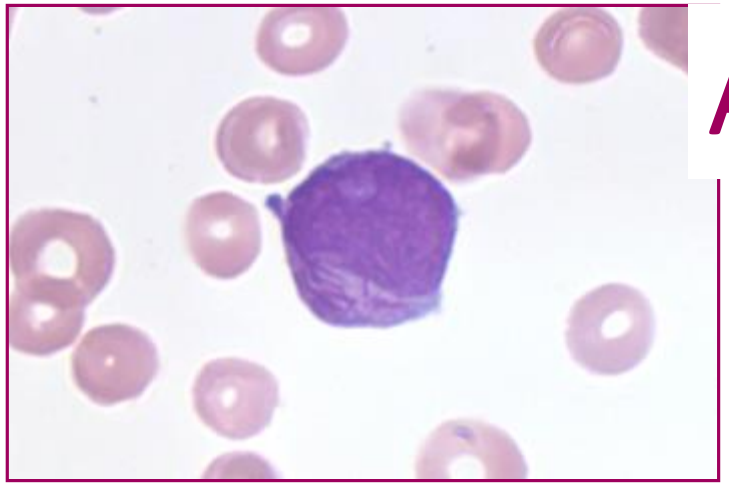
Dysplasie?



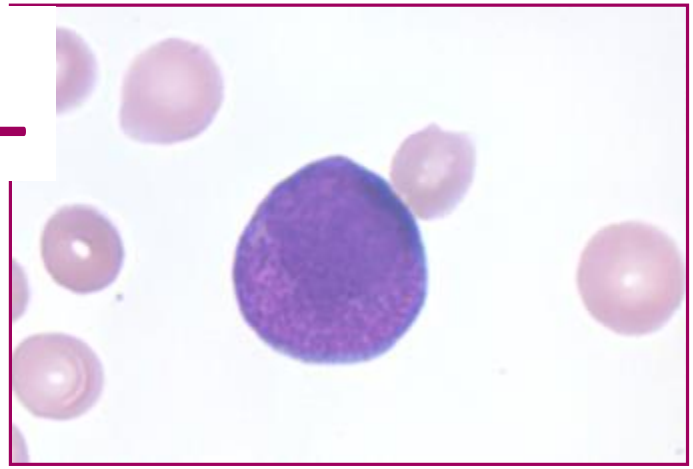
JA

NEE

Dysplasie?



APL



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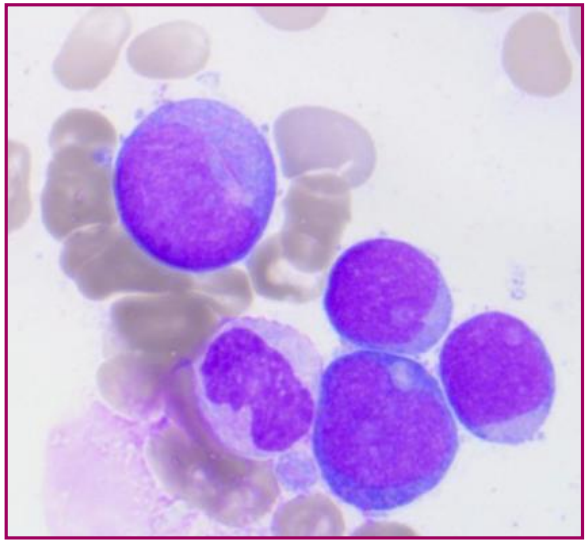
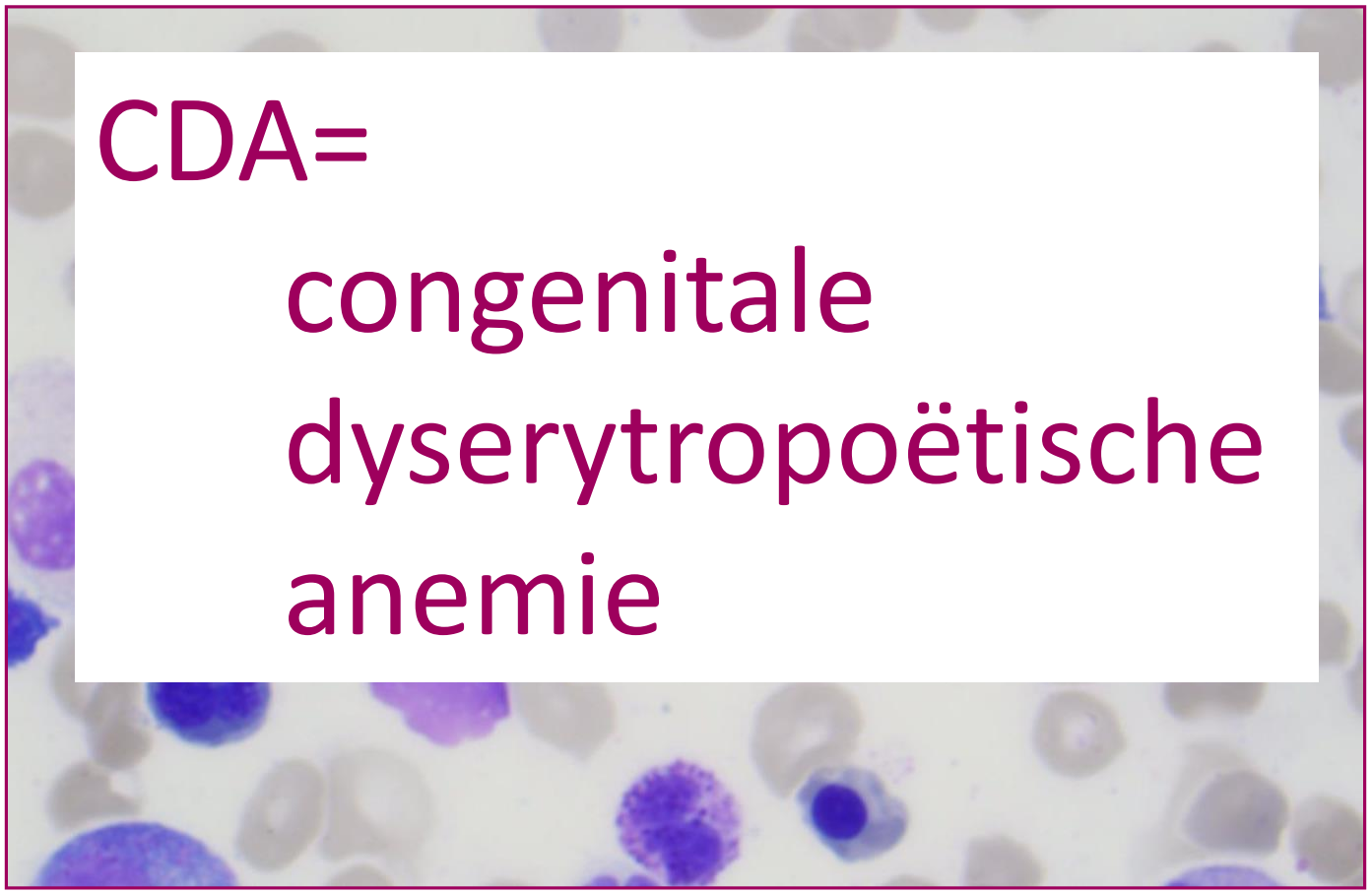


Auerse staven op zich is geen dysplasie volgens de nieuwe richtlijn.
Wel geeft het maligniteit aan
Auerse staven komen voor bij AML mn APL maar ook bij MDS

Dysplasie?



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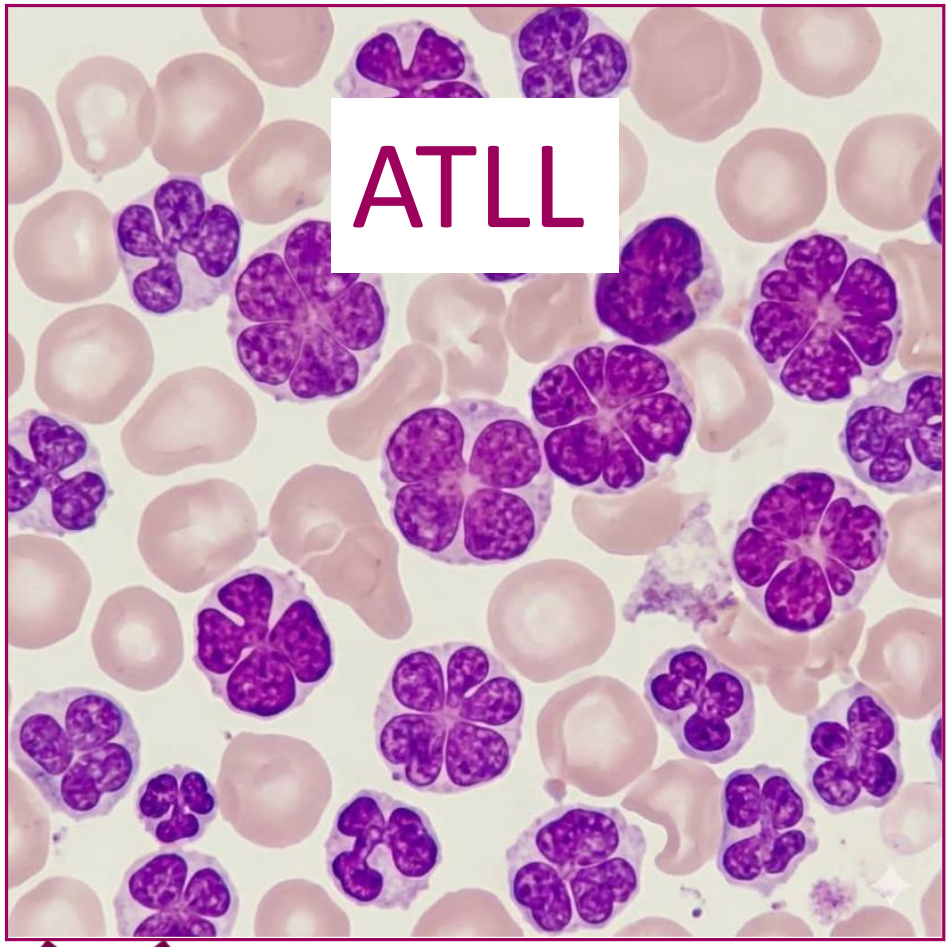
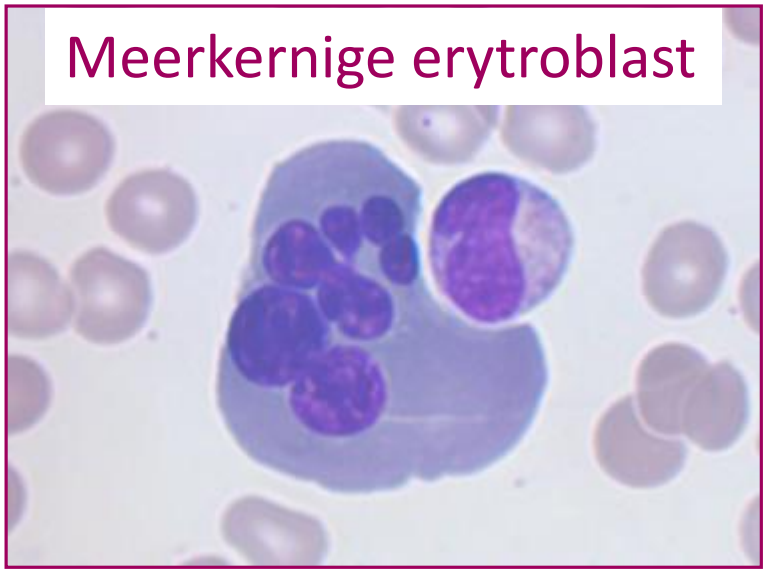
Dysplasie?



NEE

Dysplasie?

Meerkernige erytroblast



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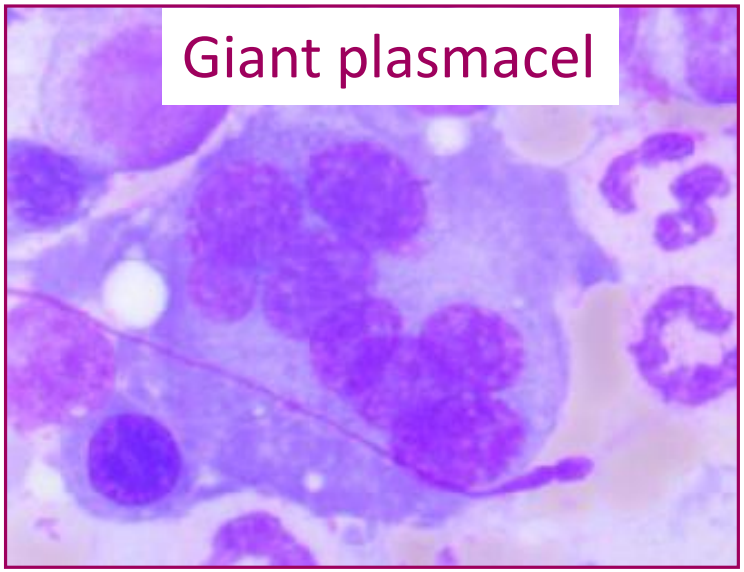
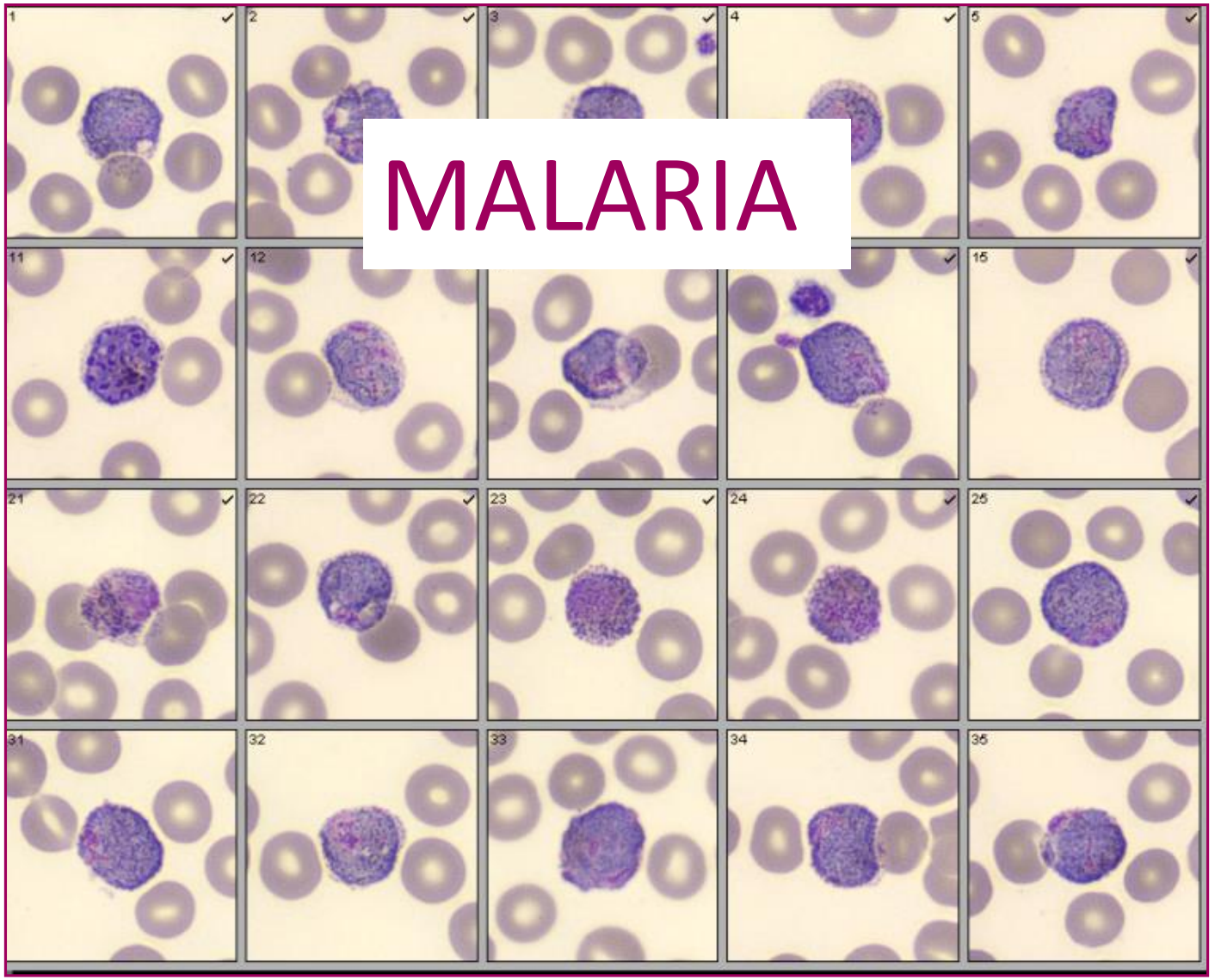
Giant plasmacel



NEE

Jeroen Bosch Ziekenhuis



Hoewel dysplastische kenmerken (misvormde bloedcellen) de kern vormen van myelodysplastisch syndroom (MDS), betekent de aanwezigheid van dergelijke kenmerken niet automatisch dat er sprake is van MDS.

"Als je hoefgetrappel hoort,

denk dan niet alleen aan zebra’s

Het kunnen ook gewoon paarden zijn."