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RAPID TRANSFORMATION OF ATYPICAL MYELOPROLIFERATIVE DISORDER WITH CONSISTENT T(8;13) TO ACUTE LYMPHOBLASTIC LEUKEMIA: A CASE REPORT

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There are several reported cases of an atypical myeloproliferative disorder in which the atypical cells have a consistent t(8;13) translocation. There have been different breakpoints reported in different patients, but the most frequently seen is the t(8;13)(p11;q12). Main characteristics of this disorder can be described as indolent course and rapid transformation to malignant hematological diseases mostly to acute lymphoblastic leukemia and non-Hodgkin lymphoma. Since there have not been enough data to establish appropriate treatment, therapy after transformation remains to be clarified. But allogenic bone marrow transplantation has been offered as the only curative therapeutic option. We hereby present a case admitted to hospital because of weakness and fatigue. No organomegaly was detected and laboratory analysis showed leukocytosis with prominent myelocytes and metamyelocytes, anemia and normal platelet count. Leukocyte alkaline phosphatase score was found to be 2%. Cytogenetical analysis showed no Philadelphia chromosome and t(8;13) (p12;q12) in 2 of 16 metaphases. Patient was diagnosed as atypical chronic myeloproliferative disease with t(8;13). Supportive treatment with erythrocyte suspension was started and hydroxiurea was given to decrease the leukocyte count. Bone marrow biopsy revealed existence of 15 to 20% of lymphoblastic cells. Patient was hospitalized due to pallor, weakness and presence of blastic cells in peripheral blood smear at 3rd months after first complaints with the diagnosis of acute lymphoblastic leukemia. Hoelzer's protocol was given and after first cycle, remission was obtained. The patient has now been under treatment and aoutologous peripheral hematopoietic stem cell transplantation would be treatment option for this patient since she has no full-match sibling donor.