CASE REPORTS in HAEMATOLOGY  
(Paper co-edited with the European LeukemiaNet)

t(16;21)(q24;q22) in therapy-related acute myelogenous leukemia arising from myelodysplastic syndrome

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Clinics
Age and sex: 32 yrs old male patient
Previous history: preleukaemia RAEB diagnosed in 09-2006; Hodgkin's lymphoma diagnosed in 2003;
Organomegaly: no hepatomegaly; no splenomegaly; enlarged lymph nodes; no central nervous system involvement

Blood
WBC: 0.29 x 10^9/l; Hb: 10.7 g/dl; platelets: 19 x 10^9/l;
Bone marrow: Megakaryocytes: none noted; Blasts: 65%; Promyelocytes: 1%; Myeloid Activity: 20%, occasional dysplastic forms; Erythroid Activity: 12%, occasional dysplastic forms; Lymphocytes: 2%

Cyto pathology classification
Cytology and immunophenotype: M2 arising from previous myelodysplastic syndrome (RAEB-1)
Population of immature cells is positive for CD34+, CD45 (dim), HLA-DR+, CD117+, CD13+, and CD33+ and negative for CD15-, monocytic, B and T lymphoid markers.
Pathology: Involvement by acute myelogenous leukemia (FAB-M2) with background dysmyelopoiesis.

Survival
Date of diagnosis: Hodgkin's lymphoma: (2003); myelodysplastic syndrome: (09-2006) karyotype was not performed; therapy-related AML: (01-11-2007) karyotype showing t(16;21)
Treatment: Chemotherapy and radiotherapy; chlorambucil, Vinblastine Procarbazine, Prednisone (MOPP) until June 2004; radiotherapy in 2004; ifosfamide, carboplatin and etoposide (ICE) in August 2005; autologous bone marrow transplant in August 2006, and conditioning regimen consisted of Cytoxan, BCNU and etoposide. Induction therapy in January 2007 (16-01-07) and preparation for second transplant.

Complete remission was obtained
Comments: bone marrow biopsy performed on 03-01-2007 showing no evidence of leukemia and 2% of blast. Karyotype performed on bone marrow aspirate was interpreted as 46, XY in 20 metaphases.

Relapse: -
Status: Alive 03-2007

Karyotype
Sample: Bone marrow aspirate; culture time: 24; banding: GTG
Results: 49,XY,+Y,+3,+8,t(16;21)(q24;q22)[18]/46,XY[2]
Other molecular cytogenetics technics: FISH evaluation for AML1 rearrangement was performed on abnormal metaphases with the LSI TEL/AML1 ES Dual Color Translocation Probe (Abbott Molecular/Vysis, Inc.).
Other molecular cytogenetics results: Ish der(16)(dimAML1+), der(21)(dimAML1+)[5/5] (see Fig. 2).

Partial GTG-banding karyotype showing t(16;21)(q24;q22)(a) and numerical anomalies. Partial FISH analysis showing the AML1 hybridization signals on the derivative chromosomes 16 and 21 and on the normal chromosome 21(b).

Comments

The t(16;21) was reported mostly in t-MDS/t-AML, and classified as M2 in a majority of cases. Two cases including this current report were observed after treatment for Hodgkin lymphoma. Trisomy 8 is a frequent secondary abnormality associated with t(16;21), however in this current case we also report the presence of an additional chromosome Y and trisomy 3.

Internal links

Atlas Card  t(16;21)(q24;q22)
Case Report  A new case of t(16;21)(q24;q22) in a secondary AML-M2 following breast cancer
Bibliography

t(16;21)(q24;q22).
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A pediatric case of secondary leukemia associated with t(16;21)(q24;q22) exhibiting the chimeric AML1-MTG16 gene.
Medline 11999578

Contributor(s)

Written 02-2007 Paola Dal Cin, Karim Ouahchi

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