

Images in hematology

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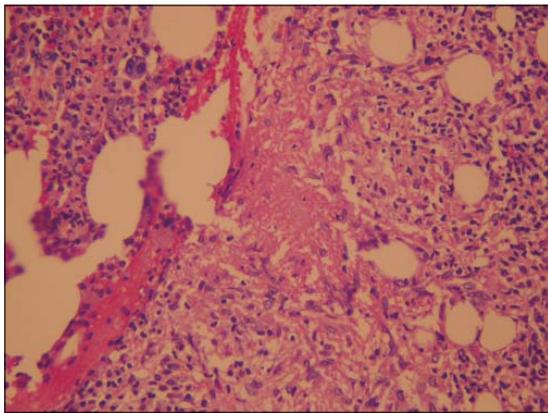


Figure 1. Caseous necrosis and lymphohistiocytic granulomatous lesions are seen in the bone marrow biopsy.

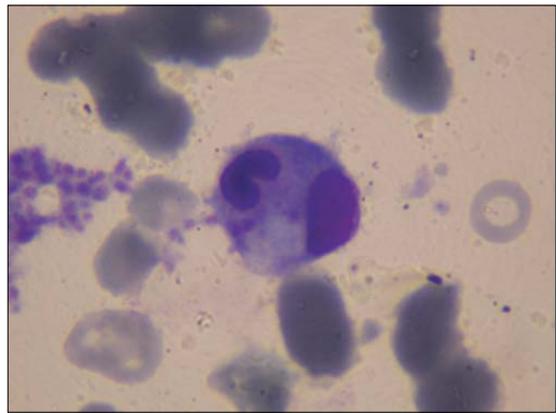


Figure 2. Erythrocyte and metamyelocyte phagocytosed by histiocytes are shown in the bone marrow aspirate smear.

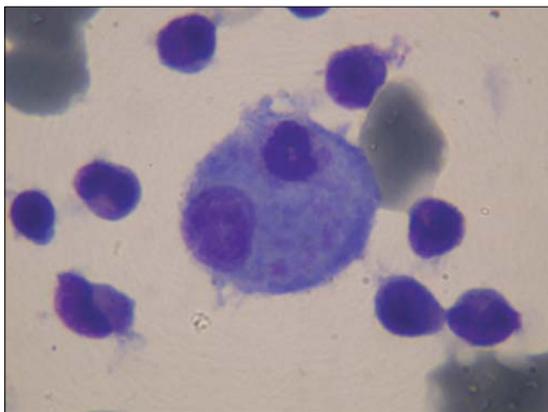


Figure 3. Neutrophil and platelets phagocytosed by histiocytes are shown in the bone marrow aspirate smear.

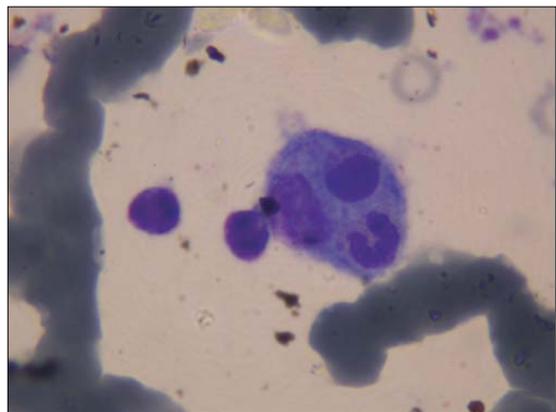


Figure 4. Myelocyte and band neutrophil phagocytosed by histiocytes are shown in the bone marrow aspirate smear.

An eighty-seven year old man presented with fever of six months duration, bone pain, fatigue and weight loss. On his physical examination, he was found to be pale and to have 2 cm.

hepatomegaly. There was no lymphadenopathy or splenomegaly. His body temperature was measured as 38.2 °C. His blood picture revealed a haemoglobin value of 8.4g/dl, haematocrit val-

ue 24 %, mean corpuscular volume of 105 fL, total leucocyte count of 2900/mm³, neutrophil count of 1900/mm³, lymphocyte count of 800/mm³ and platelet count of 497.000/mm³. The erythrocyte sedimentation rate was 143 mm/h. All the biochemical test results were within normal range, except for elevated serum lactate dehydrogenase, alkaline phosphatase and aspartate amino transferase levels. The peripheral smear showed rouleaux formation, macrocyto-

sis and neutrophilic toxic granulation. The bone marrow aspirate smear showed phagocytosis of erythroblasts, platelets and myeloid cells by histiocytes. A few of the myeloid cell was showed cytoplasmic hypergranulation. The bone marrow biopsy revealed caseous necrosis and lymphohistiocytic granulomatous lesions. A diagnosis of disseminated tuberculosis was made and he was admitted to the hospital but he died after two days.