

A 50-year-old man presented with fever of three months duration, bone pain and abdominal discomfort. On examination, he was found to be pale and have significant hepatosplenomegaly. There was no lymphadenopathy or icterus. His blood picture revealed a haemoglobin value of 67 g/L, total leucocyte count of 147×10^9 /L and a platelet count of 33×10^9 /L. The peripheral smear showed a myeloid left shift with a differential count of myelocytes-7%, metamyelocytes-5%, band forms-15%, neutrophils-36%, lymphocytes-5%, eosinophilic myelocytes-6%, eosinophilic band forms-6% and mature eosinophils-20%. Few of the eosinophils showed cytoplasmic hypogranulation and vacuoles. The bone marrow aspirate and imprint smear showed increased cellularity, M:E ratio of 5:1. Mature eosinophils and its precursors constituted 31% of marrow cells. There was no blast prominence. Numerous Charcot-Leyden crystals were seen (these are formed by crystallization of eosinophil granule contents). Routine karyotyping did not reveal a t(9,22) translocation. A diagnosis of chronic eosinophilic leukemia was made and patient started on Gleevec and is on follow-up.

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