

A Case of *SF3B1*-Positive Myelodysplastic/Myeloproliferative Neoplasm with Ring Sideroblasts and Thrombocytosis

Halka (Ring) Sideroblast ve Trombositozu Olan *SF3B1*-Pozitif Myelodisplastik/Myeloproliferati Neoplazm Olgusu

Alejandro Lazo-Langner^{1,2}, Bekim Sadikovic³

¹Western University, Schulich School of Medicine, Department of Medicine, London, Ontario, Canada

²Western University, Schulich School of Medicine, Department of Epidemiology and Biostatistics, London, Ontario, Canada

³Western University, Schulich School of Medicine, Department of Pathology and Laboratory Medicine, London, Ontario, Canada

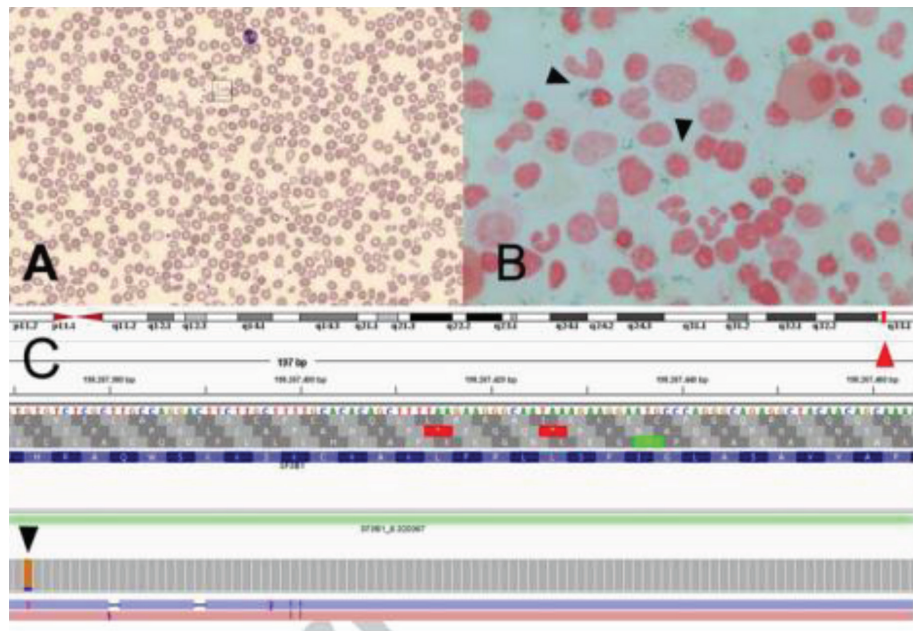


Figure 1. A) Peripheral blood smear (Wright's stain, 40x) showing marked anisopoikilocytosis. B) Bone marrow aspirate (Perls' stain, 100x) showing increased ring sideroblasts (arrowheads). C) Next-generation sequencing pileup plot showing sequencing results for location 2q33.1 (red arrowhead) indicating the presence of an *SF3B1*:c1986C>A mutation (black arrowhead).

A 77-year-old woman, previously maintained on phlebotomies that had been discontinued 3 years before for a purported diagnosis of iron overload, was assessed for normocytic normochromic anemia. Her blood count showed hemoglobin of 90 g/L (normal: 115-160), mean corpuscular volume of 93.2 fL (normal: 79-97), erythrocyte distribution width of 28.1% (normal: 12%-15%), and platelets of $422 \times 10^9/L$ (normal: 150-400). Iron

studies showed elevated ferritin (491 $\mu\text{g/L}$; normal: 13-150), total iron of 14 $\mu\text{mol/L}$ (normal: 7-26), transferrin saturation of 32% (normal: 11%-56%), and unsaturated iron binding capacity of 30 $\mu\text{mol/L}$ (normal: 19.7-66.2). The vitamin B6 level was low (<10 nmol/L; normal: 20-96). HFE C282Y, H63D, and JAK2 V617F mutations were negative. The peripheral blood smear showed marked anisopoikilocytosis (Figure 1A; Wright's stain, 40x). A



bone marrow aspirate and biopsy showed hypercellular marrow (70%-80%) with moderate dyserythropoiesis, minimal dysplastic changes in other lineages, and increased ring sideroblasts (Figure 1B; Perls' stain, 100 \times), consistent with a myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T; WHO 2016). The karyotype was normal. Next-generation sequencing studies reported the presence of an *SF3B1*:c1986C>A, p.(His662Gln) mutation (Figure 1C) with a variant allele frequency of 40.5%. *SF3B1* mutations result in the disruption of mitochondrial iron metabolism and define a distinct subgroup of patients with myelodysplasia with a better prognosis than other subtypes.

Keywords: Myelodysplasia, Ring sideroblasts, Splicing factor 3b subunit 1 (*SF3B1*)

Anahtar Sözcükler: Myelodisplazi, Halka sideroblast, Splicing (ucbirleştirme) faktor 3b altünitesi (*SF3B1*)

Informed Consent: Received.

Conflict of Interest: The authors of this paper have no conflicts of interest, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included.