

Case Report Section

Paper co-edited with the European LeukemiaNet

Dic(1;15)(p11;p11) as a non-random abnormality in atypical MPD

Olivier Theisen, Steven Richebourg, Jean-Luc Lai, Catherine Roche-Lestienne

Laboratoire de Genetique Medicale, Hopital Jeanne de Flandre, CHRU de Lille, France (OT), Institut de Recherche sur le Cancer, Centre JP Aubert, Unite Inserm 837, Lille, France (SR, JLL, CRL)

Published in Atlas Database: May 2008

Online updated version : <http://AtlasGeneticsOncology.org/Reports/dic115inaMPDRocheID100035.html>
DOI: 10.4267/2042/44504

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Clinics

Age and sex

59 years old female patient.

Previous history

No preleukemia. No previous malignancy. No inborn condition of note.

Organomegaly

No hepatomegaly, no splenomegaly, no enlarged lymph nodes, no central nervous system involvement.

Blood

WBC: $8.5 \times 10^9/l$

HB: 19g/dl

Platelets: $600 \times 10^9/l$

Blasts: 0%

Cyto-Pathology Classification

Cytology: -

Immunophenotype: -

Rearranged Ig Tcr: -

Pathology: MPD

Electron microscopy: -

Diagnosis:

Atypical myeloproliferative disease, presenting polycythemia and thrombocythemia with myelofibrosis.

Survival

Date of diagnosis: 09-1988

Treatment: Hydroxyurea



Partial karyotype (R-banding) at diagnosis presenting the dic(1;15)(p11;p11) associated with trisomy 9.

Complete remission: was obtained

Treatment related death: no

Phenotype at relapse: AML with unknown phenotype due to bone marrow aspiration failure.

Status: Dead. Last follow up: 12-1997.

Survival: 111months.

Karyotype

Sample: bone marrow

Culture time: 48 h

Banding: RHG

Results: 47,XX,+9,-15,+dic(1;15)(p11;p11)[20]

Karyotype at Relapse:

47,XX,t(1;6)(q21;q23),+9,-15,+dic(1;15)(p11;p11)[13]

Other molecular cytogenetics technics: NA.

Other Molecular Studies

Technics:

NA

Comments

This is an additional MPD case presenting this recurrent abnormality, with a 10 years survival. However in this case the death is related to the GVH disease after allograft.

This article should be referenced as such:

Theisen O, Richebourg S, Lai JL, Roche-Lestienne C. Dic(1;15)(p11;p11) as a non-random abnormality in atypical MPD. Atlas Genet Cytogenet Oncol Haematol. 2009; 13(6):455-456.
