

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

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 2.0 France Licence. © 2009 Atlas of Genetics and Cytogenetics in Oncology and Haematology

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: 8.5X 10⁹/l **HB:** 19g/dl

Platelets: 600X 10⁹/l

Blasts: 0%

Cyto-Pathology Classification

Cytology: -

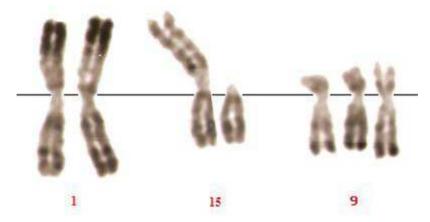
Immunophenotype: Rearranged Ig Tcr: Pathology: MPD
Electron microscopy: -

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.