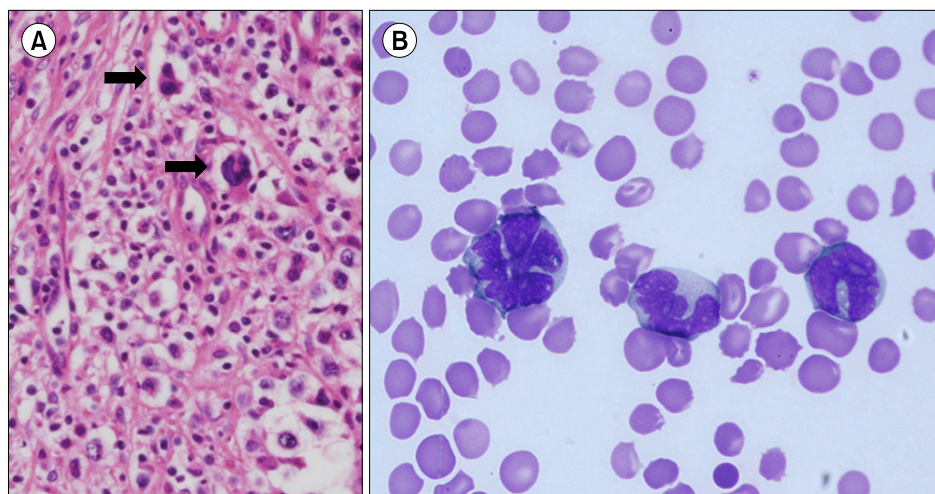


## Leukemic manifestation of anaplastic lymphoma kinase-negative-type anaplastic large-cell lymphoma

Jae Wook Kim<sup>1</sup>, Su-Jin Shin<sup>2</sup>, Chan-Jeoung Park<sup>1</sup>

*Departments of <sup>1</sup>Laboratory Medicine, <sup>2</sup>Pathology, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea*



A 53-year-old woman had multiple bilateral axillary and left supraclavicular lymph-node (LN) enlargements for 6 months. LN biopsy revealed anaplastic large-cell lymphoma (ALCL) that was anaplastic lymphoma kinase (ALK)-negative (**A**, typical “hallmark” cell: pleomorphic neoplastic lymphoid cells, hematoxylin & eosin stain,  $\times 400$ ). A bone marrow (BM) study for staging work-up revealed no evidence of neoplastic lymphoid-cell infiltration. Chemotherapy was administered and autologous hematopoietic stem cell transplantation (a-HSCT) was performed. On day 55 post a-HSCT, follow-up complete blood cell count revealed abnormal findings: hemoglobin level, 9.4 g/dL; leukocyte count,  $13.8 \times 10^3/\mu\text{L}$ ; and platelet count,  $26 \times 10^3/\mu\text{L}$ . Peripheral blood (PB) smear showed small to large pleomorphic neoplastic lymphoid cells (**B**, Wright stain,  $\times 1,000$ ) comprising 23% of the cells in differential counts. Subsequent BM study disclosed neoplastic lymphoid cells (6% in BM aspirate) in the BM clot, and the cells showed positive results for CD3 and CD30. On day 84 post a-HSCT, the patient’s PB smears revealed leukocytosis; ALCL cells comprised over 70-94% of the nucleated cells. Although the small-cell variant of ALK-positive ALCL may be typically associated with involvement of PB, our patient showed a rare manifestation of ALK-negative ALCL involving PB, with a leukemic phase.