

what's your diagnosis?

A 15-year-old girl with pancytopenia and congenital defects

Ahmed M. AlSuliman, Kafiah Al Qadaib

From the Medical Department, King Fahad Hospital, Hofuf, Saudi Arabia

Correspondence: Ahmed M. AlSuliman, MD · Medical Department, King Fahad Hospital, PO Box 3432, Hofuf, AlHassa 31982, Saudi Arabia · T: +966-3-575-3519 · ahmed_suliman_sulimanm@yahoo.com · Accepted for publication April 2009

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A 15-year-old girl was referred to our hospital because of lethargy, palpitation and headache. Physical examination revealed a girl with short stature, café-au-lait spots, and left thumb abnormality. The hematologic parameters of the patient included hemoglobin 5.5 g/dL, WBC $2.96 \times 10^9/L$, platelets $38 \times 10^9/L$, and mean corpuscular volume 100 fL. Radiologic examination of the hands and abdomen revealed abnormal findings that gave a clue to the diagnosis.

1. What is the abnormal finding on this plain radiograph of the hands (Figure 1)?
2. What are the abnormal findings on this abdominal CT scan (Figure 2)?
3. What's your diagnosis?

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A 15-year-old girl with pancytopenia and congenital defects

Diagnosis: Fanconi anemia

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From the Medical Department, King Fahad Hospital, Hofuf, Saudi Arabia

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The abnormal finding in Figure 1 is the absence of the left thumb. In Figure 2, the abnormal findings are the absence of the left kidney and compensatory hypertrophic large right kidney. The diagnosis is Fanconi anemia with short stature, café-au-lait spot, pancytopenia, absence of the left thumb, and absence of the left kidney.

DISCUSSION

Fanconi anemia (FA) is an autosomal recessive disease, characterized by congenital abnormalities,¹ in addition to defective hematopoiesis, and a high risk of developing acute myeloid leukemia and certain solid tumors.^{2,3}

Congenital abnormalities include skin pigmentation and/or café au lait spots, short stature, malformation of the skeleton (microcephaly, spina bifida, scoliosis, absent radii or thumbs). Congenital malformations of the thumbs are variable and often bilateral.⁴ Abnormal

male gonads formation, head, eyes, ear, genitourinary, gastrointestinal tract, cardiopulmonary, central nervous system can occur.^{1,5-7}

The most important clinical features of Fanconi anemia are hematological. Fanconi anemia is the commonest type of inherited bone marrow failure syndrome and the incidences of aplastic anemia, myelodysplastic syndrome (MDS), and acute myeloid leukemia (AML).^{8,9} Cells from Fanconi anemia patients show an abnormally high frequency of spontaneous chromosomal breakage and the diagnostic test is elevated breakage after incubation of peripheral blood lymphocytes with DNA cross-linking diepoxybutane (DEB test).^{10,11}

Allogeneic stem cell transplantation from an HLA-matched sibling donor is the only curative therapy, and mild conditioning regimes are used because of the sensitivity of patient's cell to DNA damage.^{12,13}

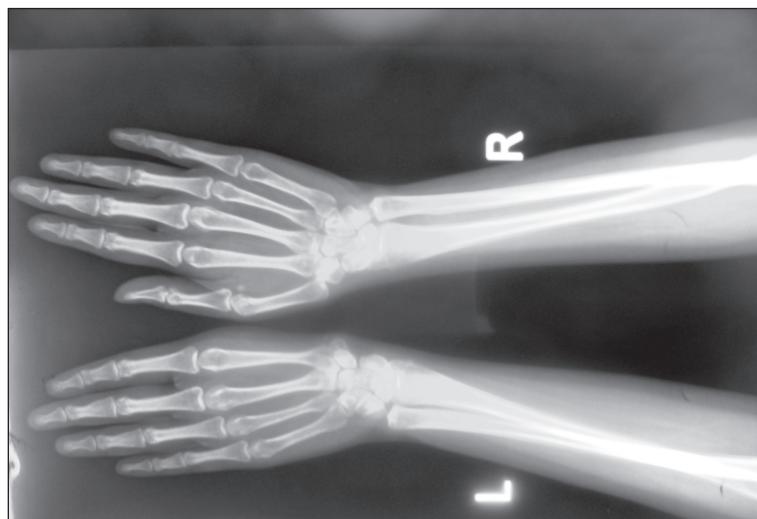


Figure 1. Plain radiograph of the hands.

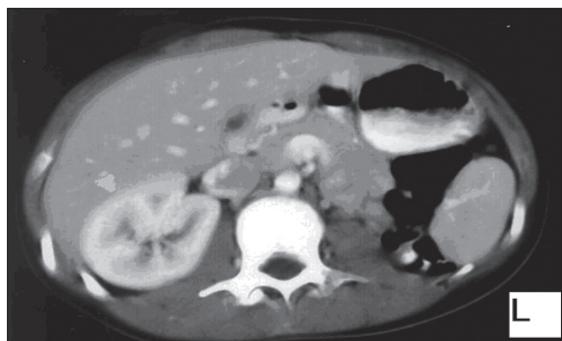


Figure 2. Abdominal CT scan.

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REFERENCES

1. Turgut B, Vural Ö, Pamuk G, Demir M, Yetisigit T. A patient with Fanconi anaemia who presented with isolated thrombocytopenia at older age. *Haematol*. 2005;8(3):479-480.
2. van Zeeburg HJT, Snijders PJF, Wu T, Gluckman E, Soulier J, Surrallés J, Castella M, van der Wal JE, Wennberg J, Califano J, Velleuer E, Dietrich R, Ebelt W, Bloemena E, Joenje H, Leemans CR, Brakenhoff R. Clinical and molecular characteristics of squamous cell carcinomas from Fanconi anaemia patients. *J Natl Cancer Inst*. 2008;100(22):1649-1653.
3. Balci YI, Tavil B, Akinci D, Karcaaltincaba M, Gumruk F. Diaphragmatic mesothelial cyst in a child with fanconi aplastic anaemia. *J Pediatr Hematol Oncol*. 2007;29(12):860-1.
4. Unal S, Gumruk F. Fanconi anaemia patient with bilaterally hypoplastic scapula and unilateral winging associated with scoliosis and rib abnormality. *J Pediatr Hematol Oncol*. 2006;28(9):616-617.
5. Tischkowitz MD, Hodgson SV. Fanconi anaemia. *J Med Gen*. 2003;40(1):1-10.
6. Santos F, Selesnick SH, Glasgold RA. Otologic manifestations of Fanconi anaemia. *Otol Neurotol*. 2002;23(6):873-875.
7. Giri N, Batista DL, Alter BP, Stratakis CA. Endocrine abnormalities in patients with Fanconi anaemia. *J Clin Endocrinol Metab*. 2007 Jul;92(7):2624-31.
8. Yilmaz Z, Alioglu B, Ozalp O, Yilmaz BT, Ozyurek HE, Ozbek N, Sahin FI. Clonal monosomy 7 in a megakaryoblastic leukemia developed on the basis of Fanconi anaemia. *J Pediatr Hematol Oncol*. 2005;27(10):565-6.
9. Bagby GC Jr. Genetic basis of Fanconi anaemia. *Curr Opin in Hematol*. 2003;10(1):68-76.
10. Casado AJ, Callén E, Jacomo A, Río P, Castella M, Lobitz S, Ferro T, Muñoz A, Sevilla J, Cantalejo A, Cela E, Cervera J, Sánchez-Calera J, Badell I, Estella J, Dasí A, Olivé T, José Ortega J, Rodriguez-Villa A, Tapia M, Molinés A, Madero L, Segovia JC, Neveling K, Kalb R, Schindler D, Hanenberg H, Surrallés J, Bueren JA. A comprehensive strategy for the subtyping of patients with Fanconi anaemia: conclusions from the Spanish Fanconi Anemia Research Network. *J Med Genet*. 2007;44:241-249.
11. Tootian S, Mahjoubi F, Rahnama M, Hormozian F, Mortezapour F, Razazian F, Manoochehri F, Zamani M, Nasiri F, Soleymani S, Seyedmortaz L. Cytogenetic investigation in Iranian patients suspected with Fanconi anaemia. *J Pediatr Hematol Oncol*. 2006 Dec;28(12):834-6.
12. Zanis-Neto J, Flowers ME, Medeiros CR, Bettencourt MA, Bonfim CM, Setúbal DC, Funke V, Sanders J, Deeg HJ, Kiern HP, Martin P, Leisenring W, Storb R, Pasquini R. Low-dose cyclophosphamide conditioning for haematopoietic cell transplantation from HLA-matched related donors in patients with Fanconi anaemia. *Br J Haematol*. 2005;130(1):99-106.
13. Yabe H, Inoue H, Matsumoto M, Hamanoue S, Koike T, Ishiguro H, Koike H, Suzuki K, Kato S, Kojima S, Tsuchida M, Mori T, Adachi S, Tsuji K, Koike K, Morimoto A, Sako M, Yabe M. Allogeneic haematopoietic cell transplantation from alternative donors with a conditioning regimen of low-dose irradiation, fludarabine and cyclophosphamide in Fanconi anaemia. *Br J Haematol*. 2006;134(2):208-12.