

**Acknowledgment**

This work was supported by the Applied Research Training Program of Jiangxi Province (No. 20181BBG78057) and the National Natural Science Foundation of China (No. 81760539).

**Keywords:** Acute lymphoblastic leukemia, Multiple myeloma, Therapy-related, Genetics, Immunophenotyping

**Anahtar Sözcükler:** Akut lenfoblastik lösemi, Multipl myelom, Terapi ilişkili, Genetik, İmmüfenotipleme

**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.

**References**

1. Vardiman JW, Thiele J, Arber DA. Acute myeloid leukaemia (AML) and related precursor neoplasms. In: Swerdlow SH, Campo E, Harris NL, (eds).

WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues. Lyon, IARC Press, 2008.

2. Cortes J, O'Brien S, Kantarjian H, Cork A, Stass S, Freireich EJ, Keating M, Pierce S, Estey E. Abnormalities in the long arm of chromosome 11 (11q) in patients with de novo and secondary acute myelogenous leukemias and myelodysplastic syndromes. *Leukemia* 1994;8:2174-2178.
3. Hawkins MM, Wilson LM, Stovall MA, Marsden HB, Potok MH, Kingston JE, Chessells JM. Epipodophyllotoxins, alkylating agents, and radiation and risk of secondary leukaemia after childhood cancer. *BMJ* 1992;304:951-958.
4. Lau LG, Tan LK, Koay ES, Liu TC. Acute lymphoblastic leukemia after tandem autologous stem cell transplantations for multiple myeloma. *Leukemia* 2005;19:299-301.
5. Foon KA, Thiruvengadam R, Saven A, Bernstein ZP, Gale RP. Genetic relatedness of lymphoid malignancies. Transformation of chronic lymphocytic leukemia as a model. *Ann Intern Med* 1993;119:63-73.
6. Makower D, Venkatraj U, Dutcher JP, Wiernik PH. Occurrence of myeloma in a chronic lymphocytic leukemia patients after response to differentiation therapy with interleukin-4. *Leuk Lymphoma* 1996;23:617-619.

©Copyright 2019 by Turkish Society of Hematology

Turkish Journal of Hematology, Published by Galenos Publishing House



Address for Correspondence/Yazışma Adresi: Zhang Zhanglin, M.D., The First Affiliated Hospital of Nanchang University, Department of Clinical Laboratory, Nanchang, P.R. China, Li Fei, M.D., Ph.D. The First Affiliated Hospital of Nanchang University, Department of Hematology, Nanchang, P.R. China  
Phone : +86-791-88697032  
E-mail : zhzl1984@alumni.sjtu.edu.cn, yx021021@sina.com ORCID: orcid.org/0000-0002-5799-8479

Received/Geliş tarihi: January 13, 2019

Accepted/Kabul tarihi: June 24, 2019

DOI: 10.4274/tjh.galenos.2019.2019.0018

## ALK+ Anaplastic Large Cell Lymphoma of Null Cell Phenotype with Leukemic Transformation and Leukemoid Reaction

Lösemi Transformasyonu ve Lökemoid Reaksiyon ile Giden “Null” Hücre Fenotipli ALK+ Anaplastik Büyük Hücreli Lenfoma

Shih-Sung Chuang<sup>1,2,3</sup>, Yen-Chuan Hsieh<sup>1</sup>, Hung-Chang Wu<sup>4</sup>

<sup>1</sup>Chi-Mei Medical Centre, Department of Pathology, Tainan, Taiwan

<sup>2</sup>National Taiwan University Faculty of Medicine, College of Medicine, Department of Pathology, Taipei, Taiwan

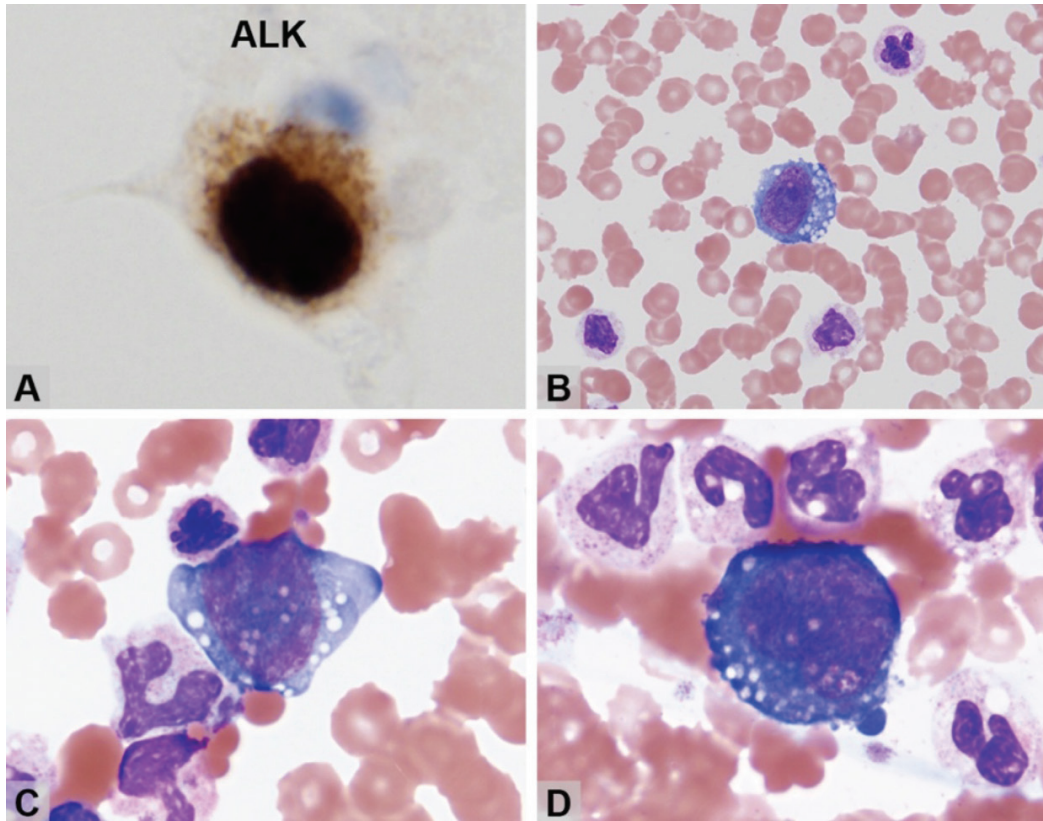
<sup>3</sup>Taipei Medical University School of Medicine, College of Medicine, Department of Pathology, Taipei, Taiwan

<sup>4</sup>Chi-Mei Medical Centre, Department of Hemato-Oncology, Tainan, Taiwan

**To the Editor,**

Anaplastic large cell lymphoma (ALCL) frequently involves both nodal and extranodal sites and is rarely leukemic. A 21-year-old male presented with abdominal pain. His complete blood count, which had been normal four months ago, showed increasing white cell counts from  $14.9 \times 10^9/L$  to  $95.5 \times 10^9/L$  in a month, with neutrophils ranging from 81.6% to 89.6%. Blood cultures were negative. Laparoscopic nodal biopsy showed sheets of medium-sized lymphocytes diffusely expressing CD30, TIA-1, granzyme B, and ALK, but not T-cell markers

including CD2, CD3, CD4, CD5, CD7, CD8, and  $\beta F1$ , indicating ALK+ ALCL of null cell phenotype. Bone marrow biopsy showed two small aggregates of tumor cells in a background of normal tri-lineage hematopoiesis. ALK immunostaining revealed singly scattered positive cells (Figure 1A) in addition to those in small aggregates. The staining pattern was both nuclear and cytoplasmic, indicating translocation  $t(2;5)(p23;q35)$ . We retrospectively reviewed the blood smear and found that 4.5% of the last peripheral smear were tumor cells, which were overlooked by the clinical laboratory. The leukemic cells were large with vesicular nuclei, irregular nuclear contours, and



**Figure 1.** A) ALK immunostaining revealed singly scattered positive cells in addition to those in small aggregates; B-D) leukemic cells were large with vesicular nuclei, irregular nuclear contours, and vacuolated basophilic cytoplasm.

vacuolated basophilic cytoplasm (Figures 1B-1D). The disease progressed rapidly, and the patient passed away shortly after the first cycle of CEOP chemotherapy. In advanced diseases, ALK-positive ALCL may rarely be associated with leukemoid reaction and leukemic transformation.

**Keywords:** ALK, Anaplastic lymphoma kinase, Anaplastic large cell lymphoma, CD30, Leukemoid reaction, Leukemic phase, Leukemic transformation

**Anahtar Sözcükler:** ALK, Anaplastik lenfoma kinaz, Anaplastic büyük hücreli lenfoma, CD30, Lökomoid reaksiyon, Lösemik faz, Lösemik transformasyon

**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.

©Copyright 2019 by Turkish Society of Hematology  
Turkish Journal of Hematology, Published by Galenos Publishing House



Address for Correspondence/Yazışma Adresi: Shih-Sung CHUANG, M.D., Chi-Mei Medical Centre,  
Department of Pathology, Tainan, Taiwan  
Phone : +886-6-2812811 #53686  
E-mail : cmh5301@mail.chimei.org.tw ORCID: orcid.org/0000-0003-3971-525X

Received/Geliş tarihi: January 15, 2019  
Accepted/Kabul tarihi: July 03, 2019

DOI: 10.4274/tjh.galenos.2019.2019.0021