

# Acute Leukemic form of Blastic Plasmacytoid Dendritic Cell Neoplasm in Children

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## ABOUT THE STUDY

A previously healthy 2-year-old girl had a fever and cough for 2 days. With 76% blasts, peripheral blood showed marked leukocytosis (white blood cells, 75000/mL) (Figure 1).

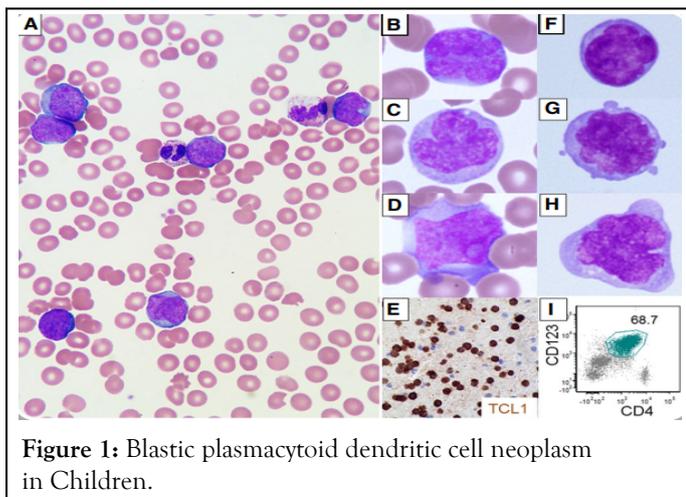


Figure 1: Blastic plasmacytoid dendritic cell neoplasm in Children.

## Blastic plasmacytoid dendritic cell neoplasm in children

**Panels A-D:** The blasts varied in size from medium to large, with agranular paleblue cytoplasm. The nuclei were irregular, folded or formed like flowers. A prominent nucleolus was seen in some of the specimens. Blasts were found in 87% of the cerebrospinal fluid [1].

**Panel E:** 47, X, der(X)t(X;8)(q24;q24.1), add(5)(p13), -6, del(6)(q13q27), +8, der(8), t(X;8), add(8)(q24.1) × 2, del(9)(q12q31), del(9)(q13q22), der(10;13)(q10;q10), add(12)(p13), -14, +3mar(20), del(9)(q12q31), del(9)(q13q22), der(10;13)(q10;q10), add(12)(p13),-14 MYC rearrangement t(X;8)(q24;q24.1) is confirmed by Fluorescence *In Situ* Hybridization (FISH).

FISH (Fluorescence *In Situ* Hybridization) showed a single deletion of the *ETV6* gene but no *MLL* gene rearrangement, *BCR/ABL1* translocation, or *ETV6/RUNX1* translocation. The patient was diagnosed with blastic plasmacytoid dendritic cell neoplasm and was in complete remission 4 weeks after starting high-risk acute lymphoblastic leukaemia therapy, according to a bone marrow biopsy. The recognized distinguish this case: young age, negative CD<sup>56</sup>, acute leukaemia without skin lesions, and central nervous system involvement [2].

**Panels F-H:** The lactate dehydrogenase level in the patient's blood was 3759 IU/L. The patient's lymphadenopathy was significant, but she had no skin lesions or hepatosplenomegaly. The blasts were positive for CD<sup>4</sup>, CD<sup>7</sup>, CD<sup>36</sup>, CD<sup>38</sup>, dim CD<sup>45</sup>, CD<sup>123</sup>, and HLA-DR by flow cytometry, but negative for the tested lineage markers CD<sup>2</sup>, CD<sup>3</sup> (surface and cytoplasmic), CD<sup>5</sup>, CD<sup>14</sup>, CD<sup>19</sup>, CD<sup>20</sup>, CD<sup>33</sup>, CD<sup>34</sup>, CD<sup>41</sup>, CD<sup>56</sup>, CD<sup>64</sup>, CD<sup>117</sup>, TdT, and myeloperoxidase by flow cytometry [3].

**Panel I:** The blasts tested positive for T-cell leukaemia 1 by immunohistochemistry.

## REFERENCES

- Mullighan CG, Miller CB, Radtke I, Letha A Phillips, James Dalton, Jing Ma, et al. BCR-ABL1 lymphoblastic leukaemia is characterized by the deletion of Ikaros. *Nature*. 2008;453(7191): 110-114.
- Kosmider O, Gelsi-Boyer V, Cheok M, Sophie Grabar, Véronique Della-Valle, Françoise Picard, et al. TET2 mutation is an independent favorable prognostic factor in myelodysplastic syndromes (MDSs). *Blood*. 2009;114(15):3285-3291.
- Tefferi A, Pardanani A, Lim KH, O Abdel-Wahab, T L Lasho, J Patel, et al. TET2 mutations and their clinical correlates in polycythemia vera, essential thrombocythemia and myelofibrosis. *Leukemia*. 2009;23(5):905-911.

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**Received:** 13-Jun-2022; Manuscript No. JLU-22-17918; **Editor assigned:** 17-Jun-2022; PreQc No. JLU-22-17918 (PQ); **Reviewed:** 07-Jul-2022; Qc No. JLU-22-17918; **Revised:** 11-Jul-2022, Manuscript No. JLU-22-17918 (R); **Published:** 18-Jul-2022, DOI: 10.35248/2329-6917.22.10.304.

**Citation:** Carugo S (2022) Acute Leukemic form of Blastic Plasmacytoid Dendritic Cell Neoplasm in Children. *J Leuk*. 10:304.

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