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Commentary

Importance of Bone Marrow Biopsy Test for Lymphosarcoma and its Matrices of Use

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DESCRIPTION

The frequence of bone marrow involvement in patients who suffer with Lymphosarcoma (LSA) and the particular value of the biopsy of marrow, as compared with the aspiration smear method, in the original staging of this complaint were delved. Certain physical findings and laboratory studies were anatomized to determine whether the presence of marrow irruption could be prognosticated. Of 75 cases, 47 (63%) cases were to have a positive marrow examination. The clinical stage of 40 of these 75 cases were changed to stage IV as bone marrow biopsy result; these included four of nine (44) stage I cases, 9 of 12 (75%) stage 5 cases, and 27 of 41 (65%) stage III cases.

Bone marrow biopsy often gives yielded positive results (62%) than did aspiration smears (38%). Little correlation was is determined between extent of complaint on original physical examination and marrow involvement. A normal hematocrit, white blood cell count, and/or platelet count didn't avert the presence of marrow irruption. The bone marrow biopsy method is a simple and precious procedure in the staging of lymphosarcoma. It uncovers unacquainted and wide conditions in those cases whose illness appears confined to indeed one or two node groups. The high frequence of marrow involvement in cases with LSA is substantiation that numerous cases have wide complaint at the time of opinion; therefore, marrow biopsy, when positive, is an inestimable test for their original staging. We prompt that it be performed routinely in all cases, irrespective of apparent clinical extent of complaint.

It indicating a high frequence of bone marrow involvement in cases with LSA indeed with supposedly limited clinical complaint, would not feel unique only to our cases. There was an equal distribution of cases in the original four clinical stages irrespective of whether a marrow was latterly performed. Therefore, it seems that the original clinical staging of the case didn't impact the decision to perform a marrow examination.

In discrepancy to Hodgkin's complaint where marrow involvement is plant in cases with advanced clinical complaint (stages III and IV), marrow involvement was observed in cases with LSA with putatively confined clinical findings. Of 21 cases who were stage I and II previous to marrow examination, 13 (61%) cases came stage IV after marrow examination. In discrepancy to the compliances of others, the data indicate that marrow involvement isn't a late finding in LSA.

The boipsy sections were far more dependable than the aspiration smears for detecting marrow involvement, for in 29 of the 47 cases (62%) with positive marrows it was the vivisection sections that yielded the definitive information. Bournes performed from the same cases at the same time were regarded as normal or had redounded in a dry valve. One explanation for this relates to the fact that clumps and clusters of carcinoma cells can be relatively thick and glutinous and not fluently aspirated. Therefore, only normal marrow cells may be aspirated and spread out on the smears, while the excrescence cells are left before. Likewise, as reported by Agress and lately emphasized by Liao, although excrescence cells may occasionally be aspirated, Wright-stained smears of these hypercellular millions may stain inadequately and are frequently delicate to estimate. Hence, their significance may be overlooked or misinterpreted. The superiority of marrow biopsy over aspiration smears isn't unique to LSA in this regard, for analogous findings have been observed in lymphomas metastatic to the marrow.

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